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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493136080042 OMB No. 1545-0047

> Open to Public Inspection

		nue Service	I .							
			alendar year, or tax year begin C Name of organization	ning 07-01-2020 , and ending 06-	30-2021	D Employ	or idonti	fication number		
☐ Ad	dress d	pplicable: change	CHILD CARE OF SOUTHWEST FLORIDA INC			59-6198		ication number		
☐ Ini	me cha tial ret	urn	Doing business as							
☐ Am	nended	n/terminated I return	Number and street (or P.O. box if ma 6831 PALISADES PARK CT STE 6	ail is not delivered to street address) Room/s	suite	E Telephor				
⊔ Ар	piicatio	on pending	City or town, state or province, coun	try, and ZID or foreign postal code		(239) 2	78-1002			
			FT MYERS, FL 33912	rry, and zir or loreigh postal code		G Gross re	ceipts \$ 1	.1,963,084		
			F Name and address of principal	officer:	H(a) Is	s this a group re	turn for			
			LISA TORTORA 6831 PALISADES PARK CT STE 6			ubordinates?		□Yes 🗹 No		
			FT MYERS, FL 33912			are all subordinat ncluded?	.es	☐ Yes ☐No		
I Ta	x-exen	npt status:	☑ 501(c)(3)	insert no.) 4947(a)(1) or 527		f "No," attach a l	ist. (see	instructions)		
J W	ebsit	e:► WW	VW.CCSWFL.ORG		H(c) G	Group exemption	number	•		
K Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other	L Year of	formation: 1967	M State	of legal domicile: FL		
Pa	art I	Sum	mary							
			scribe the organization's mission or							
မ	<u>I</u>	O STREN	IGTHEN AND ENHANCE THE LIVES	OF CHILDREN AND THEIR FAMILIES.						
ĕ	-									
Governance										
205		Check th	ssets.	12						
	1		of voting members of the governing	the governing body (Part VI, line 1b)		•	4	12		
Activities &	l		·	endar year 2020 (Part V, line 2a)		•	5	139		
<u> </u>	l		nber of maintagas employed in car nber of volunteers (estimate if nec	6	47					
AC C	l		•	VIII, column (C), line 12		• •	7a			
	1			Form 990-T, line 39			7b	+		
	<u> </u>	1100 41110	accu publicas tuxusic ilicollic ilici	, , , , , , , , , , , , , , , , , , ,		Prior Year	7	Current Year		
	8	Contribut	cions and grants (Part VIII, line 1h)			7,791,	533	9,097,929		
	1	Program	455	2,867,063						
Ravenue	1	-	ent income (Part VIII, column (A), li	<u>, , , , , , , , , , , , , , , , , , , </u>	0	-616,807				
<u>~</u>	l	Other rev	090	-3,263						
	12	Total rev	enue—add lines 8 through 11 (mus	10,622,0	78	11,344,922				
	13	Grants a	913	6,475,323						
	14	Benefits	paid to or for members (Part IX, co	0						
SS.	15	Salaries,	other compensation, employee be	3,411,0	.,025 3,118,69					
US(16a	Profession	onal fundraising fees (Part IX, colun	nn (A), line 11e)			0	(
Expenses	ь	Total fund	raising expenses (Part IX, column (D), li	ne 25) ▶0						
ω.	17	Other ex	penses (Part IX, column (A), lines 1	.1a-11d, 11f-24e)		1,413,376				
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		10,729,3	314	10,953,241		
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		-107,2	236	391,681		
Net Assets or Fund Balances					Begin	ning of Current Y	ear	End of Year		
SS & Bala	20	Total ass	ets (Part X, line 16)			3,942,7	754	4,237,848		
절절	21	Total liab	ilities (Part X, line 26)			2,348,	514	2,251,927		
Zű	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		1,594,2	240	1,985,921		
	ırt II		ature Block							
				ned this return, including accompanyin Declaration of preparer (other than of						
any k	nowle	edge.								
		****	*			2022-05-13				
Sign		Signat	ure of officer			Date				
Here		LISA T	ORTORA CFO							
			r print name and title							
		· F	rint/Type preparer's name	Preparer's signature	Date		PTIN P0043789			
Paid	t	L			2022-05-12	self-employed				
Pre	pare	er F	irm's name	LLP		Firm's EIN ► 41-	0746749			
Use	On	ly 🎏	irm's address ► 4501 TAMIAMI TRAIL N	ORTH SUITE 200		Phone no. (239)	 262-8686			
			NAPLES, FL 341033548	3						
May +	he ID	S discuss	this return with the preparer show					Yes 🗌 No		
iay t	LIC TK	o discuss	and recard with the brebarer Show	above: (see manuchons)		· · · · ·	<u> </u>			

Check if Scheoliefly describe the olingTHEN AND ENHA d the organization of the prior Form 990 or "Yes," describe the	rganization's mission: ANCE THE LIVES OF CH undertake any significa r 990-EZ?	HILDREN AND TI	any line in this Part III	hich were not listed on								
iefly describe the o ingthen and enha d the organization of the prior Form 990 of the organization of the prior form 990 of the organization of th	rganization's mission: ANCE THE LIVES OF CH undertake any significa r 990-EZ?	HILDREN AND TI	HEIR FAMILIES.									
iefly describe the o ingthen and enha d the organization of the prior Form 990 of the organization of the prior form 990 of the organization of th	rganization's mission: ANCE THE LIVES OF CH undertake any significa r 990-EZ?	HILDREN AND TI	HEIR FAMILIES.									
d the organization of e prior Form 990 oo "Yes," describe the	undertake any significa r 990-EZ?	nt program ser		hich were not listed on								
e prior Form 990 or "Yes," describe the	r 990-EZ?	. 3	vices during the year w	hich were not listed on								
e prior Form 990 or "Yes," describe the	r 990-EZ?	. 3	vices during the year w	hich were not listed on								
"Yes," describe the			,									
•	se new services on Sch	the prior Form 990 or 990-EZ?										
•	36 HEW 36 VICES UII 3C	nedule O.										
d the organization of	cease conducting, or m	ake significant	changes in how it cond	ucts, any program								
rvices?					☐ Yes ☑ No							
"Yes," describe the	se changes on Schedul	e O.										
ection 501(c)(3) and	d 501(c)(4) organizatio	ns are required	to report the amount of									
ode:) (Expenses \$	3,074,306	including grants of \$	2,159,014) (Revenue \$	2,682,832)							
ee Additional Data												
ode:) (Expenses \$	7,375,451	including grants of \$	4,276,515) (Revenue \$	0)							
ee Additional Data												
ode:) (Expenses \$	137,258	including grants of \$	39,794) (Revenue \$	179,505)							
ee Additional Data												
Other program services (Describe in Schedule O.)												
xpenses \$	incl	uding grants of	\$) (Revenue \$)							
otal program serv	rice expenses ▶	10,587,0	15									
	d the organization rvices? "Yes," describe the escribe the organization sociol (3) an- penses, and reveni ode: e Additional Data ode: e Additional Data cher program services expenses \$	d the organization cease conducting, or movices? "Yes," describe these changes on Schedul escribe the organization's program services extion 501(c)(3) and 501(c)(4) organization penses, and revenue, if any, for each provide: "Yes," describe these changes on Schedul escribe the organization's program service provides and revenue, if any, for each provide: "Yes," describe these changes on Schedul escribe the organization's program services (Describe in Schedul escribes or schedul escribes and services (Describe in Schedul escribes). "Yes," describe these changes on Schedul escribe the organization of program services (Describe in Schedul escribes or schedu	"Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant rivices?	"Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it cond rvices?	"Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it conducts, any program rvices?							

Form	990 (2020)			Page 3
Pa	tiV 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 2	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> Part 2	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? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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
	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 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

Nο

Nο

Nο

16

17

18

19

20a

20b

21

Yes

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16

17

18

19

m '	990 (2020)			Pag		
art	Checklist of Required Schedules (continued)					
			Yes	N		
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		N.		
	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 25a	24a		N		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	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				
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		N		
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III					
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N		
	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		N		
	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		N		
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N		
)	35b					
	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		N		
	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		N		
	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			
	V Statements Regarding Other IRS Filings and Tax Compliance			_		
_	Check if Schedule O contains a response or note to any line in this Part V	. ;		ᆜ		
_	Enter the number reported in Box 2 of Form 1006. Fatar 0. Start and last.		Yes	1		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 337 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0					
	Enter the number of Forms wilze included in line 1a. Enter 101 in not applicable . 10 U	·		i		

1c

18 Exercise 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 1 198 by this retu	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b If a least one is reported on line 2a, did the preparation file all neutred federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effel (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Fres," has it field a Form \$90-1 for this year?" Note to line 3b, provide an explanation in Schedule 0. 3b If "Fres," and during the calendary year, did the organization free are signature or other authority over, a financial account; in a foreign country (such as a bank account, or other financial account); a foreign country (such as a bank account, and interest in, or a signature or other authority over, a financial account; in a foreign country. Sa Was the organization for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have to a prohibited that shelter transaction of a single state of the organization for FINCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Use of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions of the organization for solid any contributions of the organization include with every oblicitation an express statement that such contributions or gifts were not tax deductible? 6c Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services or Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the rumber of Forms \$252 filed during the year. 9d If "Yes," indicate the rumber of Forms \$252 filed during the year. 9d If "Yes," indicate the rumber of Forms \$252 filed during the year. 9d If "Yes," indicate the rumber of Forms \$252 filed during the year. 9d If "Yes," indicate the rumber		Tax Statements, filed for the calendar year ending with or within the year covered by			
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 3b fi "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 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;?). 5a le instructions for filing requirements for infincible Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a le instructions for filing requirements for infincible Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b or in the property of a prohibited tax shelter transaction at any time during the tax year? 5b or in the property of the organization that it was or is a party to a prohibited tax shelter transaction? 5c one of the property of the organization file form 8886-7? 6a Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax declacible as orbital accountributions? 6b organization that may receive deductible contributions under section 170(c). 7c organization shall may receive deductible contributions under section 170(c). 8 organization shall may receive deductible contributions under section 170(c). 9 organization shall may receive deductible contributions and party for goods and services for provided? 9 organization shall may receive deductible contributions under section 170(c). 9 organization shall may receive deductible contributions and party for goods and services for provided to the payor? 7b organization shall may receive deductible contributions under section 170(c). 9 organization shall may receive deductible contributions under section 170(c). 10 organization shall may receive deductible contributions under section 170(c). 11 organization shall may receive deductible contribu	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	⊒ I		No
a 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 accounts?) b If "Yes," enter the name of the foreign country: P. See instructions for filing requirements for Fince(FN Form 114), Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Daoes the organization have annual gross receipts that are normally greater than \$1,00,000, and did the organization solicit any contributions that were not tax deductble as charitable contributions. b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductble? 7b Organizations that may receive deductble contributions under section 170(c). a Dd the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year. 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? 7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the s			3a		No
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," for their the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line Sa or Sb, did the organization file Form 8885-T7 5 Did any taxable party notify the organization file Form 8885-T7 5 Did any taxable party notify the organization file Form 8885-T7 5 Did any taxable party notify the organization file Form 8885-T7 5 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7 Did by If "Yes," indicate the number of Forms \$282 filed during the year. 7 Did by If "Yes," indicate the number of Forms \$282 filed during the year. 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c? 7 Did the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-c? 7 Did the organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make any taxable distributions under s	b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Fines, to line Sa or Sb, did the organization file Form 8866-T? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 The Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 10 Did the organization meceived a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 Did the sponsoring organization smalntaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make adstribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund the property in the property in the property in the proper		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c 6 f "Yes," to line 5 a or 5b, did the organization file Form 8366-T? 6 a Does the organization have annual gross recipits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 16 Yes," did the organization include with even solicitation an express statement that such contributions or gifts were not tax deductible? 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? 6 b If Yes," indicate the number of forms \$282 filed during the year. 7 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization received a contribution of qualified intellectual property, did the organization file a Form \$288-C? 1 of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form \$288-C? 7 b If the organization make an intelligation of the sponsoring organization have excess business holdings at any time during the year? 9 sponsoring organization make any taxable distributions under section 4966? 9 c Did the sponsoring organization make and stribution of a donor, donor advised fund maintained by the sponsoring organization make and stribution to a donor, donor advised funds. 10 c Did the sponsoring organization make and stribution to a donor, donor advised funds. 11 o Did be organization shall be sponsoring organization organization organization organization orga		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 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 deductble as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductble? 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? d If "Yes," indicate the number of Forms \$252 filed during the year	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? 1 If "Yes," indicate the number of Forms \$282 filed during the year 2 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distribution suder section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization in file form: 10 Did the sponsoring organi	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? d If "Yes," indictace the number of Forms \$282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e			5c		
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services by If "Yes," idid the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7c 7c 7d 7d 7d 7d		not tax deductible?	6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? If "Yes," indicate the number of Forms \$282 filed during the year .		•			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? d If "Yes," indicate the number of Forms 8282 filed during the year		provided to the payor?	s 7a		No
Form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year			7b		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization send organization to a donor, donor advisor, or related person? 9 Did the sponsoring organization tender 900 Part VIII, line 12 10a 10b 10c 10a 10b 10b 11b 12a 12b 12a 12b 13a 13b 13b 13c		Form 8282?	7c		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7	d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12b 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 14a 15 F "Yes," enter the amount of tax-exempt interest received or accrued during the year. 15 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. 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. c Enter the amount of reserves on hand 7g 7h 7h 7h 7h 7h 7h 7h 7h 7h	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? **Sponsoring organization make any taxable distributions under section 4966? **a Did the sponsoring organization make any taxable distributions under section 4966? **a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? **a Did the sponsoring organizations. Enter: **a Initiation fees and capital contributions included on Part VIII, line 12 **b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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. Benter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in more than one states in which the organization is licensed to issue qualified health plans in m	_		7g		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?			7h		
a Did the sponsoring organization make any taxable distributions under section 4966?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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	0	Section 501(c)(7) organizations. Enter:			
a Gross income from members or shareholders			.		
a Gross income from members or shareholders			4		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			-		
b 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?			-		
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?			12a	\longrightarrow	
a Is the organization licensed to issue qualified health plans in more than one state?		12b	1		
Note. See the instructions for additional information the organization must report on Schedule O. 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					
which the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.	13a		
		which the organization is licensed to issue qualified health plans			
The Did the organization receive any payments for indoor taining services during the tax year:		200	143		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			\vdash	\longrightarrow	140
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			No
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	6	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No

orm	990 (2020)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction 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 12			
	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 12			
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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	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?			
	<u> </u>	16b		
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
17	List the states with which a copy of this form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶LISA TORTORA 6831 PALISADES PARK CT STE 6 FT MYERS, FL 33912 (239) 278-1002			

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	Γ
(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of :or/t	t cha unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) MARK WILKE VICE CHAIR	1.00	Х		х				0	0	0
(2) MARTIN NDUNGU PRESIDENT	0.50	х						0	0	0
(3) DON PINE VICE PRESIDENT	0.50	Х						0	0	0
(4) THOMAS FEURIG TREASURER	0.50	Х		x				0	0	0
(5) DR BARBARA MUNDY SECRETARY	1.00	Х		X				0	0	0
(6) JERRY SNYDERMAN DIRECTOR	1.00	х						0	0	0
(7) RICHARD B AKIN DIRECTOR	0.50	Х						0	0	0
(8) JESSICA ANDERSON DIRECTOR	0.50	Х						0	0	0
(9) WILLIAM BILL EMO DIRECTOR	1.00	Х						0	0	0
(10) FRED MASCHMIDT DIRECTOR	1.00	Х						0	0	0
(11) LANDON W MULLINAX DIRECTOR	0.50	Х						0	0	0
(12) JORDI TEJERO CHAIR	1.00			х				0	0	0
(13) CHRIS HANSEN CEO	40.00			x				122,028	0	28
(14) LISA TORTORA CFO	40.00			×				102,737	0	3,482

(A)

compensation from the organization \blacktriangleright 3

(B)

Part VII

Page 8

	Name and title	Average hours per week (list any hours for related	is both an officer and a director/trustee)							ortable ensation m the nization 2/1099-	Reportable compensation from relate organization (W-2/1099	on d ns	Estima amount o compens from organizati	ated of other sation the
		for related organizations below dotted line) for related organizations below dotted line) for lated organizations below dotted line) for lated organizations below dotted line) for migrated organizations below dotted line)							related organizations					
												_		
c 1	Sub-Total	art VII, Section	Α.			<u> </u>	*			224,765		0		3,510
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rece	eived mo	re than \$	100,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>	·					oyee,		-	mpensate • •	ed employee on	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							No						
5	4 140													
Se	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 comper											Преп	(C	<u> </u>
	Name a	and business addre	ess							De	scription of services		Comper	

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

(C)

(D)

(E)

		(2020)								Page 9
Part	VII				rocno	nce or note to any	/ line in this Bort VIII			П
		Check If Sched	auie_	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s 2	1 a	Federated campaig	gns	1	.a	97,863	'			
ons, Gifts, Grants Similar Amounts	b	Membership dues	•	. 1	b					
Am Gr		Fundraising events		<u> </u>	.c					
Contributions, Gifts, and Other Similar A		Related organization Government grants (or			d	7 570 070				
ıs. (All other contributions			.e	7,579,070				
itio: er S	ľ	and similar amounts i above	not ir	actuded I	lf	1,420,996				
Contribution and Other	g	Noncash contributions lines 1a - 1f:\$	s incl		g					
on pu	h	Total. Add lines 1a	a-1f		9	•	0.007.000			
<u> </u>						Business Code	9,097,929			
	2	SCHOOL READINESS				611710	1,179,003	1,179,003		
H.e							1,093,901	1,093,901		
e ve	b PARENT FEES			611710						
Ce H	(SERVICE AND COUNS	SULT	ING FEES		611710	443,071	443,071		
Program Service Revenue	١,	VOLUNTARY PRE-K				611710	151,088	151,088		
S						611710				
ogra	€	•								
Δ	ء ا	All other program								
		Total. Add lines 2				2,867,063				
	⊢	Investment income								
	:	similar amounts) .				•	•			
		Income from invest Royalties	mer.		ipt bc	ond proceeds	<u> </u>			
	Ī	,		(i) Real	-	(ii) Personal				
	_ ا	Cross ronts	6-							
		Less: rental	ба							
	"	expenses	6b							
	С	Rental income or (loss)	6c							
	,	d Net rental income	or	(loss)		· · · >	1			
				(i) Securit	ies	(ii) Other				
	72	Gross amount from sales of assets other than inventory	7a							
	b	Less: cost or other basis and	7b			616,80	- 17			
		sales expenses Gain or (loss)	7c			-616,80				
	ı	d Net gain or (loss)				<u> </u>	-616,807	7		-616,807
4)	ı	Gross income from fu		ising events						
an G		(not including \$ contributions reported	d on	of line 1c).						
eve		See Part IV, line 18			8a	2,818	3			
بر بح	ı	Less: direct expen			8b	1,355				4.460
Other Revenue	ľ	: Net income or (los	s) fr	om fundraisii	ng eve	ents b	1,463	3		1,463
	9a	Gross income from See Part IV, line 19	gam	ing activities.						
		Less: direct expen			9a 9b					
	ı	Dess: direct expend Net income or (los				es •				
	10	aGross sales of inve returns and allowa	ento	ry, less s	10a					
	ı	Less: cost of good	s so	ld	10a					
	l	□ Net income or (los			nvent	ory >				
		Miscellaneo	us R			Business Code				
	11	La MISCELLANEOUS				90009	-4,726	-4,726		
		•								
	'	.								
		d All other revenue	_							
		Total. Add lines 1				•		-		
	12	2 Total revenue. S	ee ir	nstructions .			-4,726			
						• •	11,344,922	2,862,337	"	0 -615,344 Form 990 (2020)

	Statement of Functional Functional				Page 10
P	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organization	ns must complete colu	ımn (A)
	Check if Schedule O contains a response or note to an		_	ns mast complete cold	(A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,856,711	4,856,711		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,618,612	1,618,612		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	257,676	245,385	12,291	
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	2,403,048	2,164,571	238,477	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	258,474	258,395	79	
10	Payroll taxes	199,460	180,789	18,671	
11	Fees for services (non-employees):				
a	ı Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				_
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	231,480	195,499	35,981	_
2	(A) amount, list line 11g expenses on Schedule O)	,	,	, i	
12	Advertising and promotion	28,955	25,069	3,886	
13	Office expenses	64,584	58,667	5,917	
14	Information technology	5,097	3,843	1,254	
15	Royalties				
16	Occupancy	299,165	279,491	19,674	
17	Travel	17,050	17,025	25	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	41,612	41,612		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,732	123,352	14,380	
23	Insurance	57,816	55,607	2,209	
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 & SUPPLIES	233,502	233,138	364	
	b REPAIRS AND MAINTENANCE	135,196	133,512	1,684	
	c INSTRUCTIONAL	65,620	59,825	5,795	
	d BAD DEBT	22,933	22,933		
	e All other expenses	18,518	12,979	5,539	
25	Total functional expenses. Add lines 1 through 24e	10,953,241	10,587,015	366,226	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).				

Form 990 (2020)

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19 20 21

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32

33

776.330

53,399

2,056,767

11,948

3,942,754

664,726

11.405

914,483

757,900

2.348.514

709,225

885,015

1,594,240

3,942,754

Page **11**

925,899

26,759

1,381,378

4,237,848

888,749

797,028

566,150

2.251.927

1,898,745

1,985,921

4,237,848

Form 990 (2020)

87,176

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

Accounts receivable, net

Pledges and grants receivable, net . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

		Beginning of year		End of year
1	Cash-non-interest-bearing	1,044,310	1	1,903,812
2	Savings and temporary cash investments		2	

		bedien 1990(1)(2))) and persons described in se		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
S	7	Notes and loans receivable, net		[
set.	8	Inventories for sale or use		[
Assets	9	Prepaid expenses and deferred charges									
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,421,812							
	ь	Less: accumulated depreciation	10b	1,040,434							
	11	Investments—publicly traded securities .									
	12	Investments—other securities. See Part IV, line	11 .								
	13	Investments—program-related. See Part IV, line	11 .								
	14	Intangible assets		[
	15	Other assets. See Part IV, line 11		[
	16	Total assets. Add lines 1 through 15 (must equ	ıal line	33)							
	17	Accounts payable and accrued expenses									
	18	Grants payable									
	19	Deferred revenue									
	20	Tax-exempt bond liabilities									
Š	21	Escrow or custodial account liability. Complete Part IV of Schedule D									
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons									
Ξ	23	Secured mortgages and notes payable to unrelated third parties									
	24	Unsecured notes and loans payable to unrelated	third	parties							
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,							
	26	Total liabilities. Add lines 17 through 25 .									
Fund Balances	27	Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions									
ä	28	Net assets with donor restrictions									
Func		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here ▶ 🗌 and							

31

32

33

٥ 29

Assets 30

3a

3b

Yes

Yes (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 59-6198583

Name: CHILD CARE OF SOUTHWEST

FLORIDA INC

Form 990 (2020)

Form 990, Part III, Line 4a:

THE ORGANIZATION CURRENTLY HAS 84 EMPLOYEES IN SOUTHWEST FLORIDA, SERVING AN AVERAGE OF 400 CHILDREN ANNUALLY AT 5 CHILD CARE CENTERS IN LEE AND HENDRY COUNTIES. THE ORGANIZATION'S CENTERS ARE ACCREDITED THROUGH THE NATIONAL ACCREDITATION COMMISSION (NAC) FOR EARLY CARE AND EDUCATION PROGRAMS. THE CENTERS PROVIDE FAMILIES WITH HIGH QUALITY, FAMILY CENTERS CHILD CARE, PREPARING CHILDREN FOR SCHOOL SUCCESS. THE CENTERS ARE 5 STAR RATED PROVIDING SCHOOL READINESS. VPK AND EARLY HEAD START PROGRAMS.

Form 990, Part III, Line 4b: THE ORGANIZATION ADMINISTERS THE CHILD CARE FOOD PROGRAM (CCFP), A FEDERAL PROGRAM THAT PROVIDES HEALTHY MEALS AND SNACKS TO CHILDREN PARTICIPATING IN CHILD CARE CENTERS AND FAMILY CHILD CARE HOMES. THIS PROGRAM ENTITLES CHILDREN TO RECEIVE NUTRITIONALLY BALANCED MEALS AND

SNACKS, WHILE PROVIDING CAREGIVERS WITH THE NECESSARY TRAINING, MENU PLANNING AND USDA NUTRITIONAL GUIDELINES. THE ORGANIZATION PAID

\$6,475,323 TO PROVIDERS WHICH SERVED APPROXIMATELY 130 CHILD CARE CENTERS, APPROXIMATELY 208 CHILD CARE HOMES DURING THE YEAR ENDED JUNE 30,

2021.

THE ORGANIZATION RETAINS A CONTRACT WITH THE DEPARTMENT OF CHILDREN AND FAMILIES, PROVIDING 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 COMPETENCY BASED EXAMS THAT ARE REQUIRED IN ORDER TO COMPLETE THE MANDATED TRAINING COURSES. THE ORGANIZATION PROVIDES TRAINING, COMPETENCY EXAMS AND

ONLINE COURSES IN FIVE COUNTIES: LEE, CHARLOTTE, HENDRY, COLLIER AND GLADES, DURING THE YEAR ENDED JUNE 30, 2021 THE ORGANIZATION HAD 12,296

Form 990, Part III, Line 4c:

PARTICIPANTS FOR ONLINE COURSES AND ADMINISTERED 8,178 EXAMS.

efile	e GR/	APHIC prii	t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493136080042
SCI	1FD	ULE A	Public	Charity Statu	e and Bul	blic Supp	ort	OMB No. 1545-0047
	m 99			organization is a sect			I	2020
990E	ZZ)		·	4947(a)(1) nonexe ► Attach to Form				2020
Depart	ment of	the Treasury	► Go to <u>www.ii</u>	rs.gov/Form990 for in			ormation.	Open to Public
Interna Name	l Reven e of th	nie Service ne organiza	tion				Employer identific	Inspection attion number
CHILD		OF SOUTHWES					59-6198583	
Pa	rt I	Reason	or Public Charity Sta	tus (All organization	s must comple	te this part.) S		
The o	rganiz	ation is not a	private foundation becaus	se it is: (For lines 1 thro	ough 12, check o	nly one box.)		
1		A church, c	onvention of churches, or a	association of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in section 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	er a cooperative hospital se	rvice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,	esearch organization opera and state:	ted in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ition operated for the bene [iv). (Complete Part II.)	fit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government o	or governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓		tion that normally received $\mathbf{0(b)(1)(A)(vi)}$. (Comple		s support from a	governmental ι	init or from the gener	al public described in
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ral research organization or ant college of agriculture.					ege or university or a
10		from activit investment	ition that normally received ies related to its exempt full income and unrelated bus see section 509(a)(2). (0	inctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11			tion organized and operate		r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	upporting organization open(s) the power to regularly	erated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	supporting organization sunt of the supporting organiolete Part IV, Sections A	zation vested in the sar				
С			unctionally integrated. A prganization(s) (see instruc					ited with, its
d		Type III n	on-functionally integrat integrated. The organizati). You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	pox if the organization rece or Type III non-functionall	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
g	Provi	de the follow	ing information about the	supported organization(
organization or (description 1-1		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No		
_								
Tota			tion Act Notice, see the	<u> </u>	Cat. No. 11285		 Schedule A (Form 9	

	amount snown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						39,352,538
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	7,434,708	7,145,196	8,101,877	7,791,533	8,879,224	39,352,538
8	Gross income from interest,	, ,	. ,	, ,		, ,	· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital			4,511	5,547		10,058
	assets (Explain in Part VI.)			.,	7		
11	Total support. Add lines 7 through 10						39,362,596
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation, check
	this box and stop here					▶ □	
s	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2020 (lin			olumn (f))		14	99.970 %
15	Public support percentage for 2019 Sc	hedule A, Part II, I	ine 14			15	99.970 %
16a	33 1/3% support test-2020. If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	юх
	and stop here. The organization quali	fies as a publicly s	supported organizat	tion			. ▶ ☑
b	33 1/3% support test—2019. If th	_		•	· · · · · · · · · · · · · · · · · · ·	•	
	box and stop here. The organization	qualifies as a pub	licly supported org	anization			. ▶⊔
17a	10%-facts-and-circumstances test is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization						▶ 🗆
ь	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization			3		. ,	. □
	supported organization						▶⊔
12							N□
	instructions					A (Form 990 or	
					Schedule	- A (1 UI III 3 3 U UI	220-LL1 2020

P	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.)	
Se	ection A. Public Support						
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and		` '	``		` '	
1	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						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
	from line 6.)						
36	ection B. Total Support		1	1	1	T	Т
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6						
	Gross income from interest,						
L0a	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.						
_	Add lines 10a and 10b.						
с 11	Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	l, fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.
	check this box and stop here	-			•	() ()	· —
-				<u> </u>			· · · · • · · ·
	ection C. Computation of Public S Public support percentage for 2020 (lin			column (f))		1 4 = 1	
15						15	
16	Public support percentage from 2019 S					16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 202	-		-		17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	<u> </u>
	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and						
	33 1/3% support tests—2019. If the						
U	not more than 33 1/3%, check this box	-			·		
20	· · · · · · · · · · · · · · · · · · ·	-	-				
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions	. ▶ ⊔

Page 4

5a

5b 5c

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9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).				
	III section 309(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.	3a	ı		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.				
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?				

	m section ses (a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the				
	determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported				

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b				

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pā	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
_	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
_	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
3				
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ($provide$ $details$ in $Part VI$). See instructions	8	
		1	I

7 Total annual distributions. Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to what details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020				

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				

2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI .		

g Applied to underdistributions of prior years	
h Applied to 2020 distributable amount	
i Carryover from 2015 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2020 from Section D, line 7:	
\$	
Applied to underdistributions of prior years	
b Applied to 2020 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater	

b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

d Excess from 2019.

e Excess from 2020.

Schedule A (Form 990 or 990-EZ) 2020 Page 8					
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).					
Facts And Circumstances Test						

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493136080042

Cat. No. 52283D Schedule D (Form 990) 2020

OMB No. 1545-0047

Supplemental Financial Statements

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

Open to Public

2020

Department of the Treasury

(Form 990)

tern	al Revenue Service	1990 for illistructions and the latest illion	IIIatioii.		spection
CHI	me of the organization LD CARE OF SOUTHWEST		Employer id	entification	number
	PRIDA INC		59-6198583		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye		r Accounts.		
		(a) Donor advised funds	(b) Func	s and other	accounts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ļ	Aggregate value at end of year				
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				Yes 🗌 No
i	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c] Yes □ No
Pa	rt II Conservation Easements.	s" on Form 000 Part IV line 7			
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·			
•	Purpose(s) of conservation easements held by the organ				
	☐ Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically imp	ortant land	area
	☐ Protection of natural habitat	☐ Preservation of a c	ertified historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for		ation at the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	:he organization	n during the	
ļ	Number of states where property subject to conservatio	n easement is located 🕨			
;	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violations,		
	and enforcement of the conservation easements it holds	5?		☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation ease	ements durii	ng the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	/ation easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		⁷ 0(h)(4)(B)(i)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the	•	,	and	
ar	the organization's accounting for conservation easement TIII Organizations Maintaining Collections		er Similar A	ssets	
C.I.	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.			
.a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	ic exhibition, education, or research in furthe			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:				
((i) Revenue included on Form 990, Part VIII, line 1		> \$_		
(i	ii)Assets included in Form 990, Part X \ldots \ldots \ldots		🕨 \$		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A		ncial gain, provi	ide the	<u> </u>
а	Revenue included on Form 990, Part VIII, line 1		• \$ _		
h	Assets included in Form 990 Part X		> \$		

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

 ${f c}$ Leasehold improvements

d Equipment

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

Sche	edule D (Form 990) 2020							Page 2
Par	t III Organizations Maintaining Collect	ions of Art, Hi	storical T	reası	ires, or Othe	r Similar A	ssets (con	tinued)
3	Using the organization's acquisition, accession, ar items (check all that apply):	d other records, c	heck any of	the fo	llowing that are	a significant i	use of its co	llection
а	Public exhibition		q 🗆	Loan	or exchange pro	ograms		
b	☐ Scholarly research		е 🗌	Othe	r			
С	Preservation for future generations							
4	Provide a description of the organization's collecting Part XIII.	ons and explain ho	ow they furt	her the	e organization's	exempt purpo	ose in	
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be						☐ Yes	□ No
Pa	rt IV Escrow and Custodial Arrangeme Complete if the organization answere X, line 21.		1 990, Part	: IV, li	ne 9, or repor	ted an amoi	unt on For	m 990, Part
1a	Is the organization an agent, trustee, custodian o included on Form 990, Part X?						☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	owing table			Δ	mount	
c	Beginning balance	·	-		1c			
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance				45			
2a	Did the organization include an amount on Form 9	990, Part X, line 2:	1, for escrov	v or cu	stodial account	liability?	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII. Ch						_	
	rt V Endowment Funds.							
	Complete if the organization answere	d "Yes" on Form						
		a) Current year	(b) Prior ye		(c) Two years back			Four years back
	Beginning of year balance	26,972	2	7,540	29,56	52	30,607	27,985
	Contributions	6,249		-568	-2,02	22	-1,045	2,622
	Net investment earnings, gains, and losses	0,249		-308	-2,02		-1,043	
	Grants or scholarships							
	Other expenditures for facilities and programs							
	Administrative expenses	55						
g	End of year balance	33,166		6,972	27,54	10	29,562	30,607
2	Provide the estimated percentage of the current y	ear end balance (line 1g, colu	ımn (a)) held as:			
а	Board designated or quasi-endowment ▶							
b	Permanent endowment >							
c	Term endowment ▶							
	The percentages on lines 2a, 2b, and 2c should ed	qual 100%.						
3а	Are there endowment funds not in the possession organization by:	of the organizatio	n that are h	ield an	d administered (or the		Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii) No
ь 4	If "Yes" on 3a(ii), are the related organizations lis Describe in Part XIII the intended uses of the organizations.			ζ.			3b	
	rt VI Land, Buildings, and Equipment.			- T\ (1:	11- C F		out V. Barri	
	Complete if the organization answere Description of property (a) Cost or other be (investment)		other basis (Book value
1-	Land		2	48,000				248,000
	Buildings			39,069		395,440		943,629
		1	1,5	,,,,,,	I	-20,0		5.5,525

193,330

641,413

97,439

547,555

95,891

93,858

1,381,378

Part VII	Investments—Other Securities.	D- 1 T) (1			D- 1 3/ 1'	10
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book	ine 11t		d of valuation	on:
(1) Einancia	I derivatives	value				
(2) Closely-	held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV, I	ine 110			
	(a) Description of investment			(b) Book value		nod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>			
Pait IX	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, li	ne 11d	. See Form 990, Pa		(b) Book value
(1)	(a) bescription					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liabil		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	income taxes	icy				(b) Book value
(2)						-
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		
	or uncertain tax positions. In Part XIII, provide the text of the footn 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec					

1

2

5

1

2

3

4

b

а

Schedule D (Form 990) 2020

Page 4

11,344,922

11,344,922

11,344,922

10,953,241

10,953,241

10,953,241

Schedule D (Form 990) 2020

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.)

2h 2c 2, but not on line 1:

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

2d 4a

2a

2b

2c

2d

4b

2a

4b

4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

1

2e 3

4c

5	Total expenses. Add lines 3 and 4	5	10,953,24				
Part XIII Supplemental Information							
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
	Return Reference	Explanation					

Add lines 2a through 2d . .

<u> </u>	orm 990) 2020 Supplemental Info	rmation (continued)	Page 5
Return Reference		Explanation	
			Schedule D (Form 990) 2020

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

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

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

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

OMB No. 1545-0047

Open to Public

DLN: 93493136080042

Inspection

ternal Revenue Service							
ame of the organization HILD CARE OF SOUTHWEST						Employer identific	ation number
LORIDA INC						59-6198583	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						e, and	☐ Yes 🗹 No
Describe in Part IV the org		-	-				
Part III Grants and Other that received more	Assistance to Dom than \$5,000. Part II	nestic Organizations a can be duplicated if ad-	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
Enter total number of secti Enter total number of othe							150

Department of the

Treasury

Explanation

PART I, LINE 2 - PROCEDURES THE FOOD PROGRAM RECIPIENTS ARE MONITORED BY FOOD PROGRAM STAFF ACCORDING TO STATE AND FEDERAL GUIDELINES. FAMILIES RECEIVING AID FOR MONITORING THE USE OF THROUGH THE "FAMILY FIRST" GRANT WERE PAID AND MONITORED BY CHILDREN'S ADVOCACY (SUBCONTRACTOR). **GRANT FUNDS**

Additional Data

4056 46TH ST VERO BEACH, FL 32967 BEAUTIFUL BLESSINGS EARLY

1609 10TH STREET SARASOTA, FL 34234

LEARN

Software ID:

42-1749321

Software Version:

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

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

(, , , , , , , , , , , , , , , , , , ,	(-)	(-) -: (()	(-)	(1)	
organization		if applicable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	ı
						ı

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,
or garrization		li applicable	l Alain	Casii	(book, inv, applaisal,
or government				l assistance	l other)

CHILD CARE FOOD

(a) Name and address or organization or government	(D) EIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
KALYNA CHILDCARE CENTER- DOROTHY WYNN	59-3569886		5,123				CHILD CARE FOOD

5,353

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 46-5416212 5.354 CHILD CARE FOOD GARGIULO EDUCATION CENTER INC 1414 RATI HEAD BLVD NAPLES.FL 34110

CHILD CARE FOOD

5.525

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

BILL AUSTEN YOUTH CENTER

315 SW 2ND AVENUE CAPE CORAL, FL 33991 59-1312996

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LITTLE DISCIPLES LEARNING 26-2069622 5.580 CHILD CARE FOOD CENTER PO BOX 3202 CLEWISTON, FL 33440

CHILD CARE FOOD

6.234

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

CSI SPECIAL CARE FL

304

530 SW 1ST ST SUITE 301-

FLORIDA CITY, FL 33034

27-4314132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-0120302 7.031 CHILD CARE FOOD LITTLE TRUMPETS ACADEMY 207 PINE LANE CLEWISTON, FL 33440 **EARLY BIRDS PRESCHOOL &** 02-0683741 7.142 CHILD CARE FOOD DAYCARE CENTER INC.

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

3154 SUNRISE TRAIL P
PORT CHARLOTTE, FL 33952

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LEARNING CITY ACADEMY VII 83-2799854 7.165 CHILD CARE FOOD LLC

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

1491 EAST POINT DRIVE LEHIGH ACRES, FL 33936

8951 BONITA BEACH RD SE STE 297 BONITA SPRINGS, FL 34135				
LEHIGH CHILD CARE CENTER INC	65-1021516	7,166		CHILD CARE FOOD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-1324861 7.622 CHILD CARE FOOD SHELBY STREET STATION INC 107 SHELBY STREET AUBURNDALE, FL 33823 THY KINGDOM KIDS 83-3822253 7.808 CHILD CARE FOOD LEARNING ACADEMY INC. 2775 NW 46 ST

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

MIAMI, FL 33142

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 59-1845828 7.906 CHILD CARE FOOD YOUNGER SET CHILD CARE 3623 GOLF CART DRIVE NORTH FORT MYERS, FL 33917

8.135

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

SAN CARLOS CHILD CARE

1933 ACORN ROAD FORT MYERS, FL 33967 65-0685732

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-0394975 8.215 CHILD CARE FOOD THE LEARNING TREE SCHOOL INC

318 F GIBSON ST ARCADIA, FL 34266 ALL SUPERSTARS NEM 85-3793802 8.507 CHILD CARE FOOD

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

1313 LAUREL DRIVE N FORT MYERS, FL 33917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BELLA ROSE LEARNING 47-3000956 9.205 CHILD CARE FOOD CENTER 602 TOWER RD

9.347

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

PEACHTREE CITY, GA 30269

ANGEL'S CHILD CARE 45-2555348
DEVELOPMENT CENTER

3813 ALDEN WAY SARASOTA, FL 34232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ALL 4 KIDS LEARNING 86-1374588 10.585 ICHILD CARE FOOD

MEYER ANTOINETTE L608 E MORGAN ST BRANDON, FL 33510				
DC CHILDCARE CENTER INC	20-1382663	10.701		CHILD CARE FOOD

5105 26TH ST WEST BRADENTON, FL 34207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 61-1972730 10.774 CHILD CARE FOOD SUNSHINE LEARNING ACADEMY INC

272 E VIRGINIA AVE PUNTA GORDA, FL 33950 ALL ABOUT KIDZ LEARNING 46-3388612 10.783 CHILD CARE FOOD CENTER

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

3311 AVE G NW

WINTER HAVEN, FL 33880

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 11.003 TREEHOUSE DAY CARE LLC 14-1843430 ICHILD CARE FOOD 598 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 LITTLE JEWELS CHILD 46-3930737 11.193 CHILD CARE FOOD DEVELOPMENT CENTER 2540 S CRYSTAL LAKE DRIVE

LAKELAND, FL 33801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PRADO KIDS VISION 85-2981339 11.790 CHILD CARE FOOD 77 HOOK SQUARE MIAMI SPRINGS, FL 33166

11.929

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

GREAT KIDZ ACADEMY

1700 GEORGE JENKINS BLVD LAKELAND, FL 33815 84-1955541

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JACK & JILL PLAYSCHOOL 83-2779305 11.992 CHILD CARE FOOD DAYCARE LLC 898 US HWY 27 UNIT 2 3 MOORE HAVEN, FL 33471 20-2800197 12.736 CHILD CARE FOOD KIM'S HAPPY TIME CHILD CARE (2) INC

2932 DOUGLAS AVE FT MYERS, FL 33916

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-3818964 13.386 CHILD CARE FOOD BENTLEY & JAYDEN'S LEARNING CENTER LLC 6324 CORPORATE CT FORT MYERS, FL 33919 TRINITY CHRISTIAN ACADEMY 65-0675068 13.879 CHILD CARE FOOD

2141 CRYSTAL DRIVE FT MYERS, FL 33907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 65-0355018 15.169 CHILD CARE FOOD THE GUATEMALAN MAYA CENTER INC 500 HIGHLANDS AVE LAKE WORTH, FL 33460 LEARN PLAY GROW LEARNING 83-0598967 15.368 CHILD CARE FOOD

CENTER 2400 43RD ST VERO BEACH, FL 32967

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-4084289 15.449 CHILD CARE FOOD BIBLE BAPTIST CHURCH ACADEMY 1750 6TH AVE WEST UNIT 101 PALMETTO, FL 34221 BABYLAND CHRISTIAN 84-1977838 15.531 CHILD CARE FOOD

ACADEMY

2329 UNION STREETSTE 1 FORT MYERS, FL 33901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-1833374 15.725 CHILD CARE FOOD

BRIGHT FUTURES 47-1833374 15,725 CHILI 2465 KATHERINE ST FT MYERS, FL 33901

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

MIAMI, FL 33125

CSI SPECIAL CARE MIAMI 27-4314132 15,843 CHILD CARE FOOD 735 NW 22ND AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-5736327 16.017 CHILD CARE FOOD DISCOVERY DAY ACADEMY

INC 180 BASTLAN CRESCENT CLEWISTON, FL 33440 LITTLE DISCIPLES LEARNING 26-2069622 16.395 CHILD CARE FOOD CENTER INC #2

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

PO BOX 3202 CLEWISTON, FL 33440

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BUILDING BLOCKS DAYCARE 45-2543940 16.843 CHILD CARE FOOD AND PRESCHOOL #1 3200 SW 107 AVE MIAMI, FL 33165 BIG SMILES CHILD CARE & 27-0983923 17.045 CHILD CARE FOOD LEARNING CENTER

3439 SOUTH SR 29 LABELLE, FL 33935

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 85-3793802 17.819 CHILD CARE FOOD KIM'S KIDS LLC 1313 LAUREL DRIVE N FORT MYERS, FL 33917 END OF THE RAINBOW 81-5358622 17.830l CHILD CARE FOOD

LEARNING ACADEMY 3050 MICHIGAN AVE FORT MYERS, FL 33916

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-0714812 19.477 CHILD CARE FOOD CAPE CHILD DEVELOPMENT CTR INC 636 DEL PRADO BLVD CAPE CORAL, FL 33990

19.603

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

ABC PRESCHOOL

4839 PALM BEACH BLVD FORT MYERS, FL 33905 82-5489974

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-8554070 19.607 CHILD CARE FOOD CREATIVE KIDS CONNECTION LLC

408 75TH ST NW BRADENTON, FL 34209

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

OPA LOCKA, FL 33054

ROSAL PHANTE CHILD CARE 84-1939508 19.896 CHILD CARE FOOD 2570 SW 139 ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-5087209 20.194 CHILD CARE FOOD NAPLES PRESCHOOL ACADEMY 1275 SOUTH AIRPORT ROAD 84-2308641 20.276 CHILD CARE FOOD

NAPLES, FL 34104 NEXT JEN'ERATION KIDS ACADEMY I.C. 410 S COLLINS ST

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

PLANT CITY, FL 33563

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PICCOLO UNIVERSO 83-3143741 20.454 CHILD CARE FOOD PRESCHOOL 3410 SW 110 AVE MIAMI, FL 33165 NEST EARLY LEARNING 83-4562557 21.431 CHILD CARE FOOD

CENTER 6024 RADIO RD NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-4756724 21.594 CHILD CARE FOOD RISING STARZ CHILDCARE 375 N MAIN ST LABELLE, FL 33935

21,693

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

SHELBY STREET STATION INC.

107 SHELBY STREET AUBURNDALE, FL 33823 20-1324861

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-5462853 21.945 CHILD CARE FOOD SUNSHINE LEARNING CENTER 4143 TAMIAMI TRAIL E NAPLES, FL 34112 THE GUATEMALAN MAYA 65-0355018 21.984 CHILD CARE FOOD CENTER INC.

1615 LAKE AVE LAKE WORTH, FL 33460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22.114 CHILD CARE FOOD HEAD OF THE CLASS 83-2987759 LEARNING CENTER

22.232

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

1836 KATHLEEN RD LAKELAND, FL 33805

250 N TUTTLE AVE SARASOTA, FL 34237 65-0433063

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1729568 22.277 CHILD CARE FOOD ANGEL OF HOPE CHRISTIAN

ACADEMY 3856 EVANS AVE SUITE 4 FORT MYES, FL 33901

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

HEALTH PARK CHILD DEVLMHS 59-0714812 22.467 CHILD CARE FOOD

16150 ROSE RUSH COURT

FORT MYERS, FL 33908

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-1629660 22.472 CHILD CARE FOOD BONITA SPRINGS YMCA 27200 KENT ROAD BONITA SPRINGS, FL 34134 20-2889260 22.536 CHILD CARE FOOD CROSSROADS CHILDREN

CENTER

4726 N TAMIAMI TRAIL SARASOTA, FL 34234

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-2738286 23.112 BRIGHT HORIZON ACADEMY ICHILD CARE FOOD 550 EAST FLORIDA AVE MELBOURNE, FL 32901 CREATIVE KIDS LEARNING 82-4270252 23.448 CHILD CARE FOOD CENTER LLC

904 STARBIRD ST EUSTIS, FL 327264735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 32-0302268 23.450 CHILD CARE FOOD MOTHER'S DAY CARE CENTER INC

1035 WINDSOR DR FORT MYERS, FL 33905

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

KISSIMMEE, FL 34746

LITTLE WARRIORS ACADEMY 84-1984083 23.681 CHILD CARE FOOD 3301 FOREST DR

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 47-2927188 24.178 CHILD CARE FOOD LE BUNNIES EARLY LEARNING ACADEMY INC

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

ATTN MIRIAM JATO122 VENICE FAST BLVD VENICE, FL 342934122

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

DORAL, FL 33178

(b) EIN

DORAL PRESCHOOL CORP 27-0857529 24.805 CHILD CARE FOOD 11402 NW 41 ST 107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-3336469 25.054 CHILD CARE FOOD LITTLE DOLPHINS DAYCARE II 1046 NE 215TH ST MIAMI, FL 33179

25.186

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

ESTERO FARLY LEARNING

19660 S TAMIAMI TRAIL FORT MYERS, FL 33908

CENTER

82-4774113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICA'S LITTLE LEADERS 45-4228547 25.368 CHILD CARE FOOD ACADEMY 2570 NW 152 TERRACE OPA LOCKA, FL 33054 65-0930157 25.663 CHILD CARE FOOD CHRISTIAN PLAYMATES PRE

SCHOOL & DAY CARE INC 660 PINE STREET FORT MYERS, FL 33916

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 81-5032858 25.792 CHILD CARE FOOD SUNKIDZ PRESCHOOL DBA ABC LEARNING CENTER 13610 LEARNING COURT FT MYERS, FL 33919 FLLTE'S SMALL WORLD 82-3160010 25.950 CHILD CARE FOOD

3115 W LAMBRIGHT ST TAMPA, FL 336144616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SURROUNDED BY LOVE CHILD 81-4655595 26.684 CHILD CARE FOOD

DEVELOPMENT CENTER 802 NORTH 7TH STREET FORT PIERCE, FL 34950

26.807

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

LITTLE STEPS II INC.

17051 S DIXIE HIGHWAY MIAMI, FL 33157

26-2738292

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 82-4499732 26.872 CHILD CARE FOOD BUILDING BLOCKS DAYCARE AND PRESCHOOL #2

DBA KENDALL LAKES KINDER ACADEMY142 8 SW 62 ST MIAMI, FL 33183 81-1758021 26.949 CHILD CARE FOOD

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

LET'S LEARN EARLY LEARNING CENTER 2118 1ST STREET W

BRADENTON, FL 34208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-1491223 26.980 CHILD CARE FOOD ALL SUPERSTARS - NFM 1313 LAUREL DRIVE

NORTH FORT MYERS, FL 33917

HAPPY TIME LEARNING 20-2800197 ACADEMY

CHILD CARE FOOD

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

1650 MEDICAL LANESUITE 1 FORT MYERS, FL 33907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-0714812 27.631 CHILD CARE FOOD LEE MEMORIAL CHILD DEV CENTER INC

2335 CLIFFORD STREET FORT MYERS, FL 33901 MY LITTLE FAMILY LEARNING 35-2663497 28.122 CHILD CARE FOOD CENTER INC

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

18433 PINES BLVD PEMBROKE PINES, FL 33029

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LITTLE DOLPHINS DAYCARE 46-3295178 28.545 ICHILD CARE FOOD 1575 NE 205TH ST MIAMI, FL 33179 CHILD CARE FOOD

LIGHTHOUSE MONTESSORI 45-2713993 28.661 CHRISTIAN CENTER 650 NW AIROSO BLVD

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

PORT ST LUCIE, FL 34983

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-1156201 28.729 CHILD CARE FOOD FOUNDATIONS EARLY LEARNING CENTER 4118 CORONADO PKWY CAPE CORAL, FL 33904 BRIGHT CHILDREN DAY CARE 27-4294802 28.934 CHILD CARE FOOD

2122 WEST 68TH STREET HIALEAH, FL 33016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-7160360 29.041 CHILD CARE FOOD GOLISANO CHILDREN'S HOSPITAL PPEC

15901 BASS ROAD SUITE 106 FORT MYERS, FL 33908				
GLAD KIDS DBA THE HEIGHTS CENTER INC15570 HAGIE DRIVE	45-5595206	29,249		CHILD CARE FOOD

FORT MYERS, FL 33908

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government OUR KIDS WEST LLC 82-1839717 29.571 CHILD CARE FOOD 4112 DUCK CREEK WAY ELLENTON, FL 34222

30.122

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

FREE TO GROW ACADEMY

5304 7TH STREET EAST BRADENTON, FL 34203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 57-8765030 30.143 CHILD CARE FOOD ALL ABOUT CHILDREN 447 N LIME AVE SARASOTA, FL 342375124 84-1878499 30.346 CHILD CARE FOOD

CONSCIOUS MINDS INTERNATIONAL CENTER LLC 10450 NW 19TH AVE

MIAMI, FL 33147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 65-0583996 31.531 CHILD CARE FOOD NICAEA ACADEMY OF SOUTHWEST FLORIDA INC 3221 CHIOLITA BLVD S

CAPE CORAL, FL 33914				
THE HEIGHTS CENTER INC DBA THE HEIGHTS CENTER INC15570 HAGIE DRIVE	45-5595206	31,862		CHILD CARE FOOD

FORT MYERS, FL 33908

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ARE FOOD

COVENANT ACADEMY	27-2302261	32,130		CHILD CAR
PRESCHOOL & DAYCARE LLC				
309 EAST TRINDAD AVE				
CLEWISTON, FL 33440				

32.797

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

ALPHABET ZOO II

810 LAFAYETTE ST CAPE CORAL, FL 33904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-1382663 32.810 CHILD CARE FOOD DC CHILDCARE CENTER INC 5105 26TH ST WEST BRADENTON, FL 34207 CHERRY BLOSSOM LEARNING 84-3346875 33.031 CHILD CARE FOOD CENTER

2933 SW 3RD AVE MIAMI, FL 33129

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-3425465 33.580 CHILD CARE FOOD KINDER KOLLEGE ENRICHMENT CTR INC 3592 CENTRAL AVE ALTURAS, FL 33820 IMAGINE CHILD CARE & 46-4969882 33.619 CHILD CARE FOOD LEARNING CENTER

901 LOCKE ST AVON PARK, FL 33825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-5450380 33.937 CHILD CARE FOOD HOPE MONTESSORI ACADEMY INC 2715 ATLANTIC BLVD

34.062

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

VERO BEACH, FL 32960

MOOREHOUSE ACADEMY
2770 S UNIVERSITY DRIVE ST

MIRAMAR, FL 33026

303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 83-2187137 34.524 CHILD CARE FOOD GARDEN OF INFANTS DAYCARE LLC 3114 LEE BLVD UNIT A2 LEHIGH ACRES, FL 33971 THE CHILDREN'S HOUSE 84-5161700 35.032 CHILD CARE FOOD

LEARNING CENTER 2310 HUNTER BLVD NAPLES, FL 34116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 32-0224313 35.814 CHILD CARE FOOD A NEW BEGINNING EARLY CHILD CARE LEARNING CENTER LLC PO BOX 1363 SARASOTA, FL 34230

35,937

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

PATCHES PPEC FT PIERCE

4300 OKEECHOBEE RD FT PIERCE, FL 34947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KINDERLAND PLACE INC I 65-0867979 37.013 CHILD CARE FOOD 12330 WEST LINKS DRIVE 60-6804405 37.693 CHILD CARE FOOD

FORT MYERS, FL 33913

J & A DOMINGUEZ LLC 60-6804405 A/K/A KIDDIE PLANET822 TAMIAMI TRAII

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

PORT CHARLOTTE, FL 33953

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE SALVATION ARMY 58-0660607 37.747 CHILD CARE FOOD 3180 ESTEY AVENUE

38.143

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

NAPLES, FL 34104 GTG CARE LLC

4475 SW 8TH ST MIAMI, FL 33134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-2666037 38.470 CHILD CARE FOOD DISCOVERY EMPORIUM INC 529 NW PRIMA VISTA BLVD SUITE 101

39.415

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

PORT ST LUCIE, FL 34983
M&M FAMILY CARE

807 PEACHTREE ST COCOA, FL 32922

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-4783333 39.769 CHILD CARE FOOD LITTLE KIDS LEARNING

9145 NW 27 AVE MIAMI, FL 33147 PRECIOUS JEWELS ACADEMY 73-1685567 39.811 CHILD CARE FOOD 2700 LEON AVENUEPO BOX

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

3085 SARASOTA, FL 34234

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 65-0774156 40.586 CHILD CARE FOOD MY FIRST STEPS OF BRADENTON

3815 26TH ST WEST BRADENTON, FL 34205 ALWAYS CHILDREN DAY CARE 83-1181514 40.830 CHILD CARE FOOD LLC

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

20000 SW 110TH CT MIAMI, FL 33189

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEADING BY EXAMPLE 30-0625672 41.218 CHILD CARE FOOD CHILDCARE INC

CHILDCARE INC
6427 LAMBERT LANE
NEW PORT RICHEY, FL 34652

ADVANCED LEARNING
ACADEMY LLC

CHILD CARE FOOD

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

1012 DONALD RD N FT MYERS, FL 33917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-2104307 41.918 CHILD CARE FOOD LITTLE BUTTERFLY LEARNING CENTER 151 F 9TH ST HIALEAH, FL 33010 26-0216411 43.930 CHILD CARE FOOD

NICAEA ACADEMY OF SWFL INC 2200 SANTA BARBARA BI VD

NAPLES, FL 34119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-0795261 44.213 CHILD CARE FOOD SONRISE ACADEMY INC. 1403 SE 16TH PLACE CAPE CORAL, FL 33990 PATCHES PPEC - FL CITY 65-1012818 45.743 CHILD CARE FOOD

335 S KROME AVE SUITE 104 FLORIDA CITY, FL 330344906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 14-1879521 46.034 CHILD CARE FOOD HORIZONS UNLIMITED CHRISTIAN ACADEMY 2674 DR MIK JR WAY SARASOTA, FL 34234

47.598

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

WORLD OF LEARNING

4129 N PINE ISLAND RD SUNRISE, FL 333516005

ACADEMY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 59-1461291 48.016 CHILD CARE FOOD FOUNDATIONS AT ENGLEWOOD UNITED

METHODIST CHURCH 700 E DEARBORN ST ENGLEWOOD, FL 34223				
COMMUNITY UNITED METHODIST PRESCHOOL	59-1233481	48,110		CHILD CARE FOOD

3114 OKEECHOBEE ROAD FORT PIERCE, FL 34947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE SALVATION ARMY 58-0660607 48.160 CHILD CARE FOOD

3180 ESTEY AVE
NAPLES, FL 34104

SMART GENERATION ACADEMY 82-0845186

48,160

48,160

CHILD CARE FOOD

48,160

CHILD CARE FOOD

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

4610 NW 9TH CT PLANTATION, FL 33317

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-1596780 49.149 CHILD CARE FOOD KINDERI AND PLACE II 4928 PARK MEADOW LANE FORT MYERS, FL 33907

49.389

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

NEW LIFE ASSEMBLY OF GOD

5146 LEONARD BLVD S LEHIGH ACRES, FL 33973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 65-0452603 52.626 CHILD CARE FOOD MIS' MARY'S DAY CARE INC 1297 BARRETT ROAD

NORTH FORT MYERS, FL
33903

AN APPLE A DAY ACADEMY 46-1179857 53.015

CHILD CARE FOOD

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

4055 BEE RIDGE RD SARASOTA, FL 34233

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-1887737 54.645 CHILD CARE FOOD STEP BY STEP CHILD CARE 3596 EVANS AVE FORT MYERS, FL 33901

55.051

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

JUST FOR KIDS ACADEMY

3638 EVANS AVE FORT MYERS, FL 33976

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 65-0936271 59.565 CHILD CARE FOOD PALMER PRESCHOOL 3808 SEAGO LANE FORT MYERS, FL 33901 LITTLE BLESSINGS 47-3565842 59,586 CHILD CARE FOOD

3596 BROADWAY AVE FORT MYERS, FL 33901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 84-1955541 59.833 GREAT KIDZ ACADEMY INC ICHILD CARE FOOD 1700 GEORGE JENKINS BLVD LAKELAND, FL 33815 HEAD OF THE CLASS 83-2987759 60.247 CHILD CARE FOOD LEARNING CENTER 1836 KATHLEEN RD

LAKELAND, FL 33805

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1255526 63.064 CHILD CARE FOOD CCA ALLSTARS AFTERSCHOOL 1035 E OAK ST ARCADIA, FL 34266 ALL ABOUT KIDZ LEARNING 46-3388612 64.104 CHILD CARE FOOD CENTER 3311 AVE G NW

WINTER HAVEN, FL 33880

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-2770190 67.710 CHILD CARE FOOD TEACHABLE MOMENTS LEARNING CENTER LLC 4200 32ND ST W BRADENTON, FL 34205 CHILD CARE FOOD

HOUSE OF J BABY'S 82-5463400 68.245 CHILDCARE

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

1300 MANATEE AVENUE EAST BRADENTON, FL 34208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BEAUTIFUL BLESSINGS EARLY 42-1749321 70.742 CHILD CARE FOOD LEARN 1609 10TH STREET

72.599

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

SARASOTA, FL 34234
WOODEN SHOES CHILD CARE

CENTER 4875 SWIFT RD SARASOTA, FL 34231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1255526 87.891 CHILD CARE FOOD CHILDREN'S CHOICE ACADEMY 1051 E OAK ST ARCADIA, FL 34266

ARCADIA, FL 34266

KIDDIE ACADEMY OF PORT SAINT LUCIE
3411 SW DARWIN BLVD

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

PORT ST LUCIE, FL 34953

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-3610832 95.844 CHILD CARE FOOD LITTLE KINGDOM CHILD 1000 N KROME AVE HOMESTEAD, FL 33030 FOR KIDS ONLY OF VERO 59-2447306 98.141 CHILD CARE FOOD BEACH INC

2044 16TH ST

VERO BEACH, FL 32960

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 32-0561444 101.151 CHILD CARE FOOD VICTORY ACADEMY LEHIGH LLC 1201 TAYLOR LANE LEHIGH ACRES, FL 33936 ODYSSEY CHILD CARE CENTER 83-1052914 101.936 CHILD CARE FOOD

INC

4246 EVANS AVE FORT MYERS, FL 33901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-3305861 108.794 CHILD CARE FOOD LAUGH & LEARN ACADEMY 202 3RD AVE EAST BRADENTON, FL 34208 ALL ABOUT KIDS LEARNING 83-2878951 116.296 CHILD CARE FOOD CENTER

3839 N HAVERHILL RD WEST PALM BEACH, FL 33417

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Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	ıs			01	MB No.	1545	-0047
(Form 990 or 990	-EZ)	► Complet	e if the orga	nization	answered "Yes	on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26	5,	20	1	Λ
			27, 28a,		8c, or Form 99 ch to Form 996			юь.				20		U
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5 Enter the ar	nount o	r tax, ir air	y, on mic 2, e	ibove, rein	ibarsea by the o	rgamzacion :		•			Ψ —			
Con	nplete if	the organi	From Inter zation answe n Form 990, l	red "Yes" o	n Form 990-EZ,	Part V, line 3	38a, or Form 99	0, Par	t IV,	line 26	; or if	the org	aniza	tion
(a) Name of	(b) Re	lationship	(c) Purpose	(d) Loan	to or from the	(e) Original	(f) Balance	(g)	In		1)) Wri	
interested person	with or	organization of loan	orga	anization?	principal amount	due	default?		Approved by board or		agreement?			
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(a) Name of filter	esteu p		erested perso	n and the	(c) Amount	or assistance	(a) Type o	JI 0331.	scarre		(e) i u	1 0036 0	1 433	stance
			organizat	ion										
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's revenues?	
				Yes	No	
(1) TERI HANSEN	SPOUSE OF CEO	28,140	MARKETING SERVICE		No	

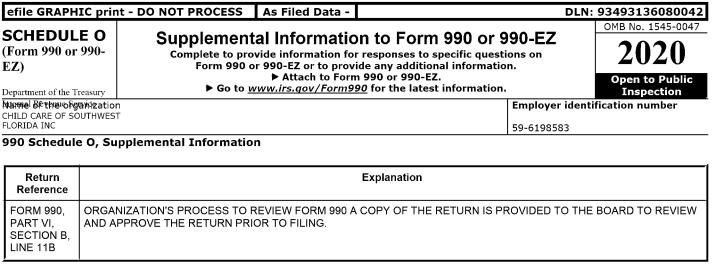
Part V **Supplemental Information**

Explanation

Schedule I. (Form 990 or 990-F7) 2020.

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

Return Reference



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT-OF-INTEREST STATEMENT & FRAUD MITIGATION: REASON FOR STATEMENT: CCSWFL, AS A NONP ROFIT, TAX-EXEMPT ORGANIZATION DEPENDS ON GRANTS, STATE FUNDING AND CHARITABLE CONTRIBUTION SO FROM THE PUBLIC. MAINTENANCE OF ITS TAX-EXEMPT STATUS IS IMPORTANT BOTH FOR ITS CONTINU DED FINANCIAL STABILITY AND FOR THE RECEIPT OF GRANTS AND PUBLIC SUPPORT. THEREFORE, THE OP ERATIONS OF CCSWFL FIRST MUST FULFILL ALL LEGAL REQUIREMENTS. THEY ALSO DEPEND ON THE PUBLIC TRUST AND THUS ARE SUBJECT TO SCRUTINY BY AND ACCOUNTABILITY TO BOTH GOVERNMENTAL AUTHO RITIES, MEMBERS OF THE PUBLIC AND ITS MEMBERSHIP. CONSEQUENTLY, THERE EXISTS BETWEEN CCSWF L AND ITS BOARD OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES A FIDUCIARY DUTY THAT CAR RIES WITH IT A BROAD AND UNBENDING DUTY OF LOYALTY AND FIDELITY. THE DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES A FIDUCIARY DUTY THAT CAR RIES WITH IT A BROAD AND UNBENDING DUTY OF LOYALTY AND FIDELITY. THE DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF CCSWFL HO NESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL, AND JUDGMENT FOR THE SOLE BENEFIT OF CCSWFL. THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH CCSWFL OR KNOWLEDGE GAINED THERE FROM FOR THEIR PERSONS CONCERNED: THIS STATEMENT IS DIRECTED NOT ONLY TO BOARD MEMBERS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF COSWFL. THIS INCLUDES ALL EMPLOYEES PURCHASING DECISIONS, ALL OTHER PERSONS WHO MIGHT BE DESCRIBED AS "MANAGEMENT PERSONNEL, AND ALL WHO HAVE PROPRIETARY INFORMATION CONCERNING CCSWFL. KEY AREAS IN WHICH CONFLICT MAY ARISE: CONFLICTS OF INTEREST MAY ARISE IN THE RELA TIONS OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES WITH ANY OF THE FOLLOWING THIRD PAR TIES: PERSONS AND FIRMS SUPPLYING GOODS AND SERVICES TO CCSWFL PERSONS AND FIRMS FROM WHOM CCSWFL LEASES PROPERTY AND EQUIPMENT PERSONS AND FIRMS WITH WHOM CCSWFL IS DEALING OR PLANNING TO DEAL IN C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IVING PERSONAL GIFTS OR LOANS FROM THIRD PARTIES DEALING WITH CCSWFL. RECEIPT OF ANY GIFT IS DISAPPROVED EXCEPT GIFTS OF NOMINAL VALUE THAT COULD NOT BE REFUSED WITHOUT DISCOURTESY. NO PERSONAL GIFT OF MONEY SHOULD EVER BE ACCEPTED. INTERPRETATION OF THIS STATEMENT OF POLICY: THE AREAS OF CONFLICTING INTEREST LISTED IN THE ABOVE SECTIONS AND THE RELATIONS IN THOSE AREAS THAT MAY GIVE RISE TO CONFLICT, AS LISTED HEREIN ARE NOT EXHAUSTIVE. CONCEIVA BLY, CONFLICTS MIGHT ARISE IN OTHER AREAS OR THROUGH OTHER RELATIONS, IT IS ASSUMED THAT THE DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATION BY SIMILARITY. THE FACT THAT ONE OF THE INTERESTS DESCRIBED HEREIN EXISTS DOES NOT MEAN NECE SSARILY THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL THAT UPON FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES THAT IT IS NECESSARILY ADVERSE TO THE INTERESTS OF CCSWFL. HOWEVER, IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE INTERESTS DESCRIBED HEREIN SHA LL BE DISCLOSED ON A TIMELY BASIS AND ALWAYS BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHA LL BE THE CONTINUING RESPONSIBILITY OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES TO SC RUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. DISCLOSURE POLICY AND PROCEDURE: DISC LOSURE SHOULD BE MADE ACCORDING TO CCSWFL'S STANDARDS. TRANSACTIONS WITH RELATED PARTIES M AY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: A. A MATERIAL TRANSACTION IS FULLY DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION; B. THE RELATED PART IS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: A. A MATERIAL TRANSACTION IS FULLY DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION; B. THE RELATED PART IS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: A. A MATERIAL TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION; B. THE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	1. CODE OF ETHICAL CONDUCT: PERSONAL AND PROFESSIONAL INTEGRITY: ALL STAFF, BOARD MEMBERS, AND MEMBERS OF CHILD CARE OF SOUTHWEST FLORIDA, INC. ("CCSWFL") WILL ACT WITH HONESTY, IN TEGRITY, AND OPENNESS IN ALL THEIR DEALINGS AS REPRESENTATIVES OF THE ORGANIZATION. CCSWFL AND ITS MEMBERSHIP VALUES RESPECT, FAIRNESS, AND INTEGRITY, MISSION: CCSWFL HAS A CLEARLY STATED MISSION AND PURPOSE, APPROVED BY THE BOARD, IN PURSUIT OF THE PUBLIC GOOD. ALL OF ITS EFFORTS SUPPORT THAT MISSION AND ALL WHO WORK FOR OR ON BEHALF OF OR ARE MEMBERS OF THE ORGANIZATION UNDERSTAND AND ARE LOYAL TO THAT MISSION AND PURPOSE, GOVERNANCE: CCSWFL HAS AN ACTIVE GOVERNING BODY, THE BOARD OF DIRECTORS, WHICH IS RESPONSIBLE FOR SETTING THE MISSION AND STRATEGIC DIRECTION OF THE CCSWFL AND OVERSIGHT OF THE FINANCES, OPERATIONS, AN D POLICIES OF THE CCSWFL. THE BOARD IS RESPONSIBLE FOR THE FOLLOWING: INSURING THAT ITS BO ARD MEMBERS HAVE THE REQUISITE SKILLS AND EXPERIENCE TO CARRY OUT THEIR DUTIES AND THAT ALL BOARD MEMBERS UNDERSTAND AND FULFILL THEIR GOVERNANCE DUTIES ACTING FOR THE BENEFIT OF C CSWFL, MEMBERSHIP AND ITS PUBLIC PURPOSE HAVING A CURRENT CONFLICT-OF-INTEREST POLICY THAT INSURES THAT ANY CONFLICTS OF INTEREST OR THE APPEARANCE THEREOF ARE AVOIDED OR APPROPRIA TELY MANAGED THROUGH DISCLOSURE, RECUSAL, OR OTHER MEANS OBTAINING A STATEMENT OF PERSONAL COMMITMENT THAT PROVIDES ATTESTATION TO THE COMMITMENT TO CCSWFL'S GOALS AND VALUES THE H IRING, FIRING, AND REGULAR REVIEW OF THE PERFORMANCE OF ITS CHIEF EXECUTIVE, AND INSURES THAT THE COMPENSATIONS OF THE CHIEF EXECUTIVE AND APPROPRIATE STAFF PROVIDE THE BOARD WITH TIMELY AND COMPREHENSIVE INFORMATION SO THAT THE BOARD WITH TISD UTIES INSURING THAT CCSWFL PROMOTES WORKING RELATIONSHIPS WITH BOARD WITH INTEGRITY AND HONESTY INSURI NG THAT CCSWFL PROMOTES WORKING RELATIONSHIPS WITH BOARD WITH INTEGRITY AND HONESTY INSURI NG THAT CCSWFL PROMOTES WORKING RELATIONSHIPS WITH BOARD WITH INTEGRITY AND HONESTY INSURI NG THAT POLICIES OF COSWFL SERIES HIS NUTLIES INSURING THAT POLICIES O

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FORM 990, PART VI, SECTION B, LINE 15	ELIABLY. THIS SHOULD INCLUDE THE FOLLOWING CONSIDERATIONS: SPENDS AN ADEQUATE AMOUNT ON AD MINISTRATIVE EXPENSES TO ENSURE EFFECTIVE ACCOUNTING SYSTEMS, INTERNAL CONTROLS, COMPETENT STAFF, AND OTHER EXPENDITURES CRITICAL TO PROFESSIONAL MANAGEMENT COMPENSATES STAFF AND A NY OTHERS WHO MAY RECEIVE COMPENSATION, REASONABLY AND APPROPRIATELY ENSURES THAT ALL SPEN DING PRACTICES AND POLICIES ARE FAIR, REASONABLE, AND APPROPRIATE TO FULFILL THE MISSION O F CCSWFL ENSURES THAT ALL FINANCIAL REPORTS ARE FACTUALLY ACCURATE AND COMPLETE IN ALL MAT ERIAL RESPECTS ADHERE TO FUNDING GUIDELINE TO ASSURE TIMELINESS OF REIMBURSEMENTS TO THE MEMBERSHIP AND TO FULFILL CCSWFL OBLIGATIONS TO MEMBERSHIP CONTRACT/AGREEMENTS OPENNESS AND DISCLOSURE: CCSWFL PROVIDES COMPREHENSIVE AND TIMELY INFORMATION TO ITS MEMBERSHIP AND ST AKEHOLDERS AND IS RESPONSIVE IN A TIMELY MANNER TO REASONABLE REQUESTS FOR INFORMATION. ALL INFORMATION ABOUT CCSWFL WILL FULLY AND HONESTLY REFLECT THE POLICIES AND PRACTICES OF THE NETWORK. BASIC INFORMATIONAL DATA ABOUT CCSWFL, SUCH AS THE FORM 990, WILL BE POSTED ON LINE OR OTHERWISE MADE AVAILABLE TO THE PUBLIC. ALL FINANCIAL AND ORGANIZATIONAL REPORTS WILL BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. LEGAL COMPLIANCE: CCSWFL IS KNOWLED GEABLE OF, AND COMPLES WITH, LAWS AND REGULATIONS. FUNDRAISING: THE CCSWFL BOARD WILL, AT TIMES, SOLICIT FUNDS FROM THE PUBLIC, INDIVIDUAL DONORS OR CORPORATIONS, THROUGH SPECIAL EVENTS. MATERIALS USED TO SOLICIT FUNDS TRUTHFULLY AND ACCURATE IN ACCURATELY REFLECT THE MEMBERSHIP A DIMISSION OF CCSWFL. CCSWFL AND ITS BOARD DISCLOSES IMPORTA NT AND RELEVANT INFORMATION TO POTENTIAL DONORS. IN RAISING FUNDS FROM THE PUBLIC, CSWFL THE WAY THE RESOURCES WILL BE UTILIZED, AND THEIR CAPACITY TO USE DONATIONS EFFECTI VELY FOR THEIR INTENDED PURPOSE, FURTHER, THEY WILL BE INFORMED OF THE IDENTITY OF THOSE S ERVING ON CCSWFL'S GOVERNING BOARD AND TO EXPECTS HE BOARD THEIR CAPACITY TO USE DONATIONS EFFECTI VELY FOR THEIR INTENDED PURPOSES FOR WHICH THEY ARE GIVEN RECEIVE APPROPR

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FORM 990,	THE REPORTED VIOLATION OR SUSPECTED VIOLATION WITHIN FIVE BUSINESS DAYS, UNLESS THE SUBMIS SION OF
PART VI,	THE VIOLATION IS ANONYMOUS. ALL REPORTS WILL BE PROMPTLY INVESTIGATED AND APPROPRI ATE CORRECTIVE
SECTION B,	ACTION WILL BE TAKEN IF WARRANTED BY THE INVESTIGATION. 2. THE CEO AND CFO DETERMINES AND APPROVES

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FORM 990, PART VI, SECTION C.