ROBBINS & MORONEY, PA 222 SE 10th St Fort Lauderdale, FL 33316

Community Child Care Center of Delray Beach, Inc. 555 N.W. 4th Street Delray Beach, FL 33444



ROBBINS & MORONEY, PA 222 SE 10th St Fort Lauderdale, FL 33316 954-467-3100

November 30, 2022

CONFIDENTIAL

Community Child Care Center of Delray Beach, Inc. 555 N.W. 4th Street Delray Beach, FL 33444

Dear Stephanie:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

ROBBINS & MORONEY, PA

Filing Instructions

Community Child Care Center of Delray Beach, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due:

May 15, 2023

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/22 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

ROBBINS & MORONEY, PA

222 SE 10th St

Fort Lauderdale, FL 33316

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 9'90

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22C Name of organization D Employer identification number Check if applicable: Community Child Care Center of Address change Delray Beach, Inc. Doing business as Achievement Centers for Children 59-1264435 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 555 N.W. 4th Street 561-276-0520 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Delray Beach 5,554,718 G Gross receipts \$ Amended return Name and address of principal officer; H(a) Is this a group return for subordinates? Application pending Stephanie Seibel 555 N.W. 4th Street H(b) Are all subordinates included? Delray Beach 33444 If "No," attach a list. See instructions Tax-exempt status 501(c)(3) 501(c) (Website: www.achievementcentersfl.org H(c) Group exemption number Corporation Trust Year of formation: 1969 Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 108 6 Total number of volunteers (estimate if necessary) 305 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 7b Current Year 8 Contributions and grants (Part VIII, line 1h) 3,831 850 3,277, 936 Revenue 9 Program service revenue (Part VIII, line 2g) 1,658, 948 973,184 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37,855 112 24,000 24,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,552,653 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 315, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 31,636 95,991 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,361,790 3,620 369 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 657,093 1,234,733 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,628,159 373,453 -58,22119 Revenue less expenses. Subtract line 18 from line 12 924,494 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,236,828 715, 191 21 Total liabilities (Part X, line 26) 455,089 741,600 22 Net assets or fund balances. Subtract line 21 from line 20 495. 260, 102 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Stephanie Seibel CEO Type or print name and title Print/Type preparer's name Preparal's signature Check Paid Daniel Moroney self-employed P00849600 Preparer ROBBINS & MORONE 65-0356804 Firm's name Firm's EIN **Use Only** 222 SE 10th St Fort Lauderdale, 954-467-3100 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a 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 c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII X 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Checklist of Required Schedules (continued) Yes No 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 X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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 X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II X 26 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 27 Was the organization a party to a business transaction with one of the following parties (see the 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 b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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 10b 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 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 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. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization and educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule N. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	Pa	int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
b I all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 7 at 8 ingenter hand 25,00 um may be required to -6th. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any lime during the clehedar year, did the organization have an interest in, or a signature or other authority over. 4a All any lime during the clehedar year, did the organization have an interest in, or a signature or other authority over. 5 if marcial account is a foreign country such as a same account, security or other financial accounts; (FBAR). 5 If "Yes," either the name of the foreign country to Peace and a signature or other authority over. 5 if was the organization approach of the organization have an interest in, or a signature or other authority over. 5 if was the organization approach of the organization have an account, security or a probibility of the security of the signature of the foreign country to Peace and Financial Accounts (FBAR). 5 if was the organization approach organization have so file a party to a probibility of tax sheller transaction? 5 if was the organization approach organization have so file a party to a probibility of tax sheller transaction? 5 if was the organization accountation of the foreign country or organization and solicit any contributions that organization related with every solicitation an express statement that such contributions or office were not tax deductible? 6 if was organization organization organization that the account by the organization and party as a contribution and parity for goods and sentices provided to the payor? 6 if was did the organization related a payor? 6 if was did the organization related a payor? 7 if was did the organization related a payor? 7 if was did the organization related a payor? 8 if was did the organization organization and payor organization and payor organization and payor organization and payo	2a						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. If 'Yes,' has it filed a Form 990-T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3b A Asyn time during the calendary year, diff the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A syn time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If 'Yes,' raise the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 'Yes' to line the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 'Yes' to line the name of the foreign country (such as a post) to a prohibited tax sheller transaction? 5c If 'Yes' to line 5a or 1b, dut the reganization that It was or is a party to a prohibited tax sheller transaction? 6c If 'Yes' to line 5a or 1b, dut the reganization that It was or is a party to a prohibited tax sheller transaction? 6c If 'Yes' to line 5a or 1b, dut the reganization that It was or is a party to a prohibited tax sheller transaction? 6c If 'Yes' to line 5a or 1b, dut the reganization that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes' to line 5a or 1b, dut the reganization that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes' to line to reganization in cheen the name of the goods are services provided to the good account to the company of the promises are considered to the company of the promises are cons	120			108	100	1235	No.
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If *Yes,* This is filed a form 990 or Tor this year? *I *Ves to file 3b, provide an explanation an Schedule O 4b If *Yes,* This is filed a form 990 or country (set with as a bank account, or other financial accounts; or the standors of the organization have an intensis in, or a signature or other authority over, a financial account in or foreign country (set with as a bank account, or other financial accounts; of the standors of the organization country be seen furniturations for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Vest the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Vest the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5d Vest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation on express statement that such contributions or gifts were not tax deductibles as charitable contributions? 6d Vest of the organization include with every solicitation on express statement that such contributions or gifts were not tax deductibles as charitable contributions or gifts were not tax deductibles as charitable contributions or gifts were not tax deductibles of \$7 made party as a contribution and party for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). 8 b Vest Vest Vest Vest Vest Vest Vest Vest	b				2b	X	
b If "Yes," has it filled a Form 990-T for Inis year? If I've? to line 3b, provide an explanation on Schedule O A All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," relate the name of the foreign country! See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," folio is a or b, did the organization that a five was or is a party to a prohibiletiz tac harbert runaraction? Bo IV I'ves, "other to line 5a or 7b, did the organization file Form 8888-1? If "Yes," other organization and unally gross receipts that are normally greater than \$100,000, and did the organization funds with were not tax deductible as charitable contributions? If "Yes," other organization and unally gross receipts that are normally greater than \$100,000, and did the organization ruled with every oblication an experse statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the organization include with every oblication an experse statement that such contributions or and services provided to the paper? To a contribution and partly for goods and services provided to the paper? To did the organization microlity the donor of the value of the goods or services provided? If the "Yes," did the organization mostly the donor of the value of the goods or services provided? If Yes, "did the organization and paper? To I'ves," did the organization microlity and paper? To I'ves," did the organization microlity and paper? To I'ves," did the organization receive any funds, directly or indirectly, or a personal brenefit contract? To I'ves," did the organization receive any funds, directly or indirectly, or a personal brenefit contract? To I'ves," did t			5.		1274	250	
4a Al any lime during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a freeing country (such as a shark account, securities account, or other financial accounts (FBAR). b If "exi," enter the name of the foreign country Sabra Association securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b IV Sas the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c IV "exi to line 5 a or 50, did the organization file Form 8885 - 17 (as a party to a prohibited tax sheller transaction? 5c IV "exi to line 5 a or 50, did the organization file Form 8885 - 17 (as a party to a prohibited tax sheller transaction? 5c IV "exi to line 5 a or 50, did the organization file Form 8885 - 17 (as a party to a prohibited tax sheller transaction? 5c IV "exi to line 5 a or 50, did the organization file Form 8885 - 17 (as a party to a prohibited tax sheller transaction? 6c IV "exi to line 5 a or 50, did the organization file Form 8885 - 18 (as a party to a prohibited tax sheller transaction? 6c IV "exi to line 5 a or 50, did the organization file Form 8885 as contributions or gifts were not tax deductible contributions under section 170(c). 6c IV the organization received a contribution or under section 170(c). 6d IV "exi, indicate the number of Forms 8282 filed during the year party as a contribution and parity for goods and services provided to the payor? 7c IV "exi, indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract? 7d IV the organization received a contribution of organization file Form 8885 as equired? 7f IV the organization received a contribution of organization file Form 8885 as equired? 7g IV the organization received as contribution of cars, bosts, ariginates, or other vehicles, did the organization file a Form 1098-C? 7g Sponsoring organizati						<u> </u>	X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4					3b		
b If "Yes," either the name of the foreign country > See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line Sa or bb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or bb, did the organization in Form 888-17? 5c If "Yes" to line Sa or bb, did the organization in Form 888-17? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization bare annual gross receipts that are normally greater than \$100,000, and did the organization to tax deducibible organization to tax deducibible? 6d Did the organization to tax deducibible? 6d Did the organization shall may receive deductible contributions under section 170(c). 6d Did the organization receive any payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d Did the organization enal, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8282 filed during the year 7d Did the organization received an contribution of qualified intellectual property, did the organization file Form 8289 as required? 7d If the organization received an contribution of qualified intellectual property, did the organization file Form 8290 as required? 7d If the organization received an contribution of qualified intellectual property, did the organization file Form 1998-0? 7d Sponsoring organization excessed a contribution of qualified intellectual property, did the organization file Form 1	4a						20
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 Does the organization have amount gross receipts that are normally greater than \$100,000, and did the organization structure than the variety of the development of the organization that was not tax deductible organization to solicit any contributions that were not tax deductible organization to solicit any contributions under section 170(c). 8 Diff Yes, "did the organization to include with every solicitation on exposes statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 Organizations that may receive deductible contributions under section 170(c). 11 Yes," did the organization notify the donor of the value of the goods or services provided? 12 Organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 13 Yes," indicate the number of Forms 2622 filed during the year 14 Did the organization received a contribution of guilding the year 15 Did the organization received a contribution of guilding the year 16 Did the organization received a contribution of guilding intellectual property, did the organization file a Form 1988-0? 17 If the organization received a contribution of guilding intellectual property, did the organization file a Form 1988-0? 18 Sponsoring organizations make any taxbellide intellectual property, did the organization file a Form 1988-0? 19 Sponsoring organizations make any taxbellide intellectual property, did the organization file a Form 1988-0? 19 Sponsoring organizations make any taxbellide intellectual property, did the organization file a Form 1980-0? 10 Did the sponsoring	14.		accou	int)?	4a		X
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Form 990 (2021) Community Child Care Center of 59-1264435 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 18 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 18 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Stephanie Seibel 555 N.W. 4th Street

Delray Beach

561-276-0520

FL 33444

Form 990 (202) Community	Child	Care	Center	of	59-1264435	Page 1
Part VII (Compensation of Independent Cont	Officers,	Director	s, Trustees	, Key	Employees, Highest Compensated Em	ployees, and

Independent Contractors		
Check if Schedule O contains a re	sponse or note to any line in this Part VII	Π

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

anization nor an	y rela	ated	orga	niza	tion c	om	pensated any current office	er, director, or trustee.	
(B) Average hours per week (list any hours for related organizations below dotted line)	bo:	(do not ched box, unless officer and a			s both : r/truste	an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC]	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	200			
(A) Name and title	(B) Average hours per week	bo	o not e x, unle ficer a	Pos check ess pe nd a d	rson i irecto	s both r/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated a of othe mpensa	er	
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization d organ	e n and	5
(12) Steven Miskev	2.00			28652									
Director	0.00	X		_			_	0	0				0
(13) Barbara Murph Director	2.00 0.00	Х						0	0				Q
(14) Noreen Payne	2.00	x						0	0				O
(15) Amanda Perna	2.00							0	0				
Director (16) Rocki Rocking	0.00	Х						0	0				0
Director	2.00	Х						0	0				0
(17) Jamael Stewar	2.00	X						0	0				0
(18) Marcie Young,	DMD 2.00												
(19) Stephanie Sei	0.00 bel 40.00	X					_	0	0				0
CEO	20.00			Χ				202,348	0		2	0,6	644
1b Subtotal				-care				202,348			2	0,6	644
d Total (add lines 1b and 1c)							P	117,788 320,136				8,	
Total number of individuals (in reportable compensation from	cluding but not l	imite	d to				bov				- 4	9,.	390
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dir	ecto	r, tru	stee	, key	em _l	oloyi ial	ee, or highest compensated	d		3	Yes	No X
For any individual listed on line organization and related organization and related organization.	izations greater	thar	\$15	0,00	0? /	f "Ye	s," c	complete Schedule J for su	ch		4	Х	
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue i	comp	ens	atior	fror hedu	n an	y unrelated organization or	individual		5	14-4	X
Section B. Independent Contracto	rs												- 2.2
Complete this table for your five compensation from the organiant.	e highest compo zation. Report co	ensa omp	ited i ensa	ndep tion	oend for ti	ent d ne ca	onta	ractors that received more t dar year ending with or with	than \$100,000 of in the organization's tax ye	ear.			
Name and	(A) business address								(B) tion of services		Con	(C) npensati	ion
Safe 4 Play, LLC	TPT	2	24		311	3 (apel Hill Blvd.					
Boynton Beach Families First of Pa			34		333	3 1		Playground Equ est Hill Blvd.	ilpment			245	,405
West Palm Beach			34					Case Managemer	nt			107	,000
	***					9-85			7// 2/ 2/				
	·					385							
Total number of independent or received more than \$100,000	contractors (inclu	iding	but the	not	limite aniz	ed to	tho	se listed above) who	2				

-		Check if	Sche	dule O cont	ains a r	espor	ise or note	to any line in this	Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष	1a	Federated camp	aigns	7.00 V = 0.00 = 2.00	1a				Salate L. M. Julies		The section of the se
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b	Membership du	es	CHICAGO A AMARAMAN	1b						
	С	Fundraising eve	nts	*************	1c						
art.	d	Related organiz	ations		1d	1.	005,369				
S,E	е	Government grants (co		s)	1e		832,619		Sales of the		
Sis	f	All other contributions,	gifts, gran	its,		020		System 1			
bet	_	and similar amounts no Noncash contributions			1f	1,	439,948				the long of the second
EQ	9	lines 1a-1f			1g \$		- 1				
Se	h	Total. Add lines						3,277,936			
							Business Code	as a small areas	The second second	we do minimum.	(H 1 F 1 5 5 1
œ.	2a	Subsized C	hild (Care			624410	1,091,096	1,091,096		
و کِر	b	Parent Fee					624410	306,653	306,653	5%-5	
Se	С	Food Progr				100111100000000000000000000000000000000	624410	229,232	229,232		
Reve	d	Head Start					624410	217,719	217,719	*	
5	е	County Sum					624410	128,484	128,484		
4	f	All other program	n servi	ce revenue							ĺ
		Total. Add lines						1,973,184	CHARLES OF SHIRL	10000000000000000000000000000000000000	
	3	Investment inco									
		other similar am	ounts)				▶	19,868			19,868
	4	Income from inv	estmer	nt of tax-exemp	bond pr	oceeds	▶ [1	×	
	5	Royalties									
				(i) Real		(ii) f	Personal		WAS BUILDING		THE PARTY OF THE
	6a	Gross rents	6a	24	000						
	Ь	Less: rental expenses	6b								44.5
	c	Rental inc. or (loss)	6c	24	000	47					
	_d	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory 7a (i) Securities 7a 259, 7					24,000			24,000	
	7a			(i) Securities		(ii)	Other		5/19 THE 1/2/2/3		
				730							
ne	b	Less: cost or other							- Terum		
/en		basis and sales exps.	7b	239	486						
Re	С	Gain or (loss)	7c	20	244						
Other Revenue	d	Net gain or (loss	3)(******		>	20,244			20,244
8	8a	Gross income from	n fundrai	sing events				to the Tike State			profiles a large
		(not including \$									
		of contributions rep	orted or	n line					No de la companya de		
		1c). See Part IV, lin	ne 18	CONTRACTOR OF THE STATE OF THE	8a						
	b	Less: direct exp	enses		8b						
	С	Net income or (I	oss) fro	om fundraising	events	***			生物医液态 5 工具		
	9a	Gross income fr						F 50			SKILLER
		activities. See P	art IV,	line 19	9a						
	b	Less: direct exp	enses		9b					ESERVED DE	1.075
	C	Net income or (I	oss) fro	om gaming acti	vities						
	10a	Gross sales of i	nventor	y, less							
		returns and allow	wances	1	10a			PROPERTY OF THE	A ANTO COMMON DE		
	b	Less: cost of go	ods sol	ld	10b			224			
	С	Net income or (oss) fro	om sales of inve	entory		ale. is 🕨		AW2		
S							Business Code			uatiko Esylte	MORES ISI
e0	11a	SOUTH									
lan	b		E-14-14				l l				
Miscellaneous Revenue	C	N N N Y 1/2/11 11 (4/4/2/2/2/2				CONTRACTOR A					2000
N N	d	All other revenu	е	(1300)(100)(1111111)				200000	000000000000000000000000000000000000000		
	е	Total. Add lines	11a-1	1d				ntv 4650 % 0.00553 53	284 Bay 184	MENERAL CONFESSION	
	12	Total revenue.	See ins	structions				5,315,232	1,973,184	0	64,112

o n	Check if Schedule O contains a respons ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
3b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			Selia Los de la	enemia de
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	2000 SA AND SO			
	individuals. See Part IV, line 22	95,991	95,991		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	th control of the con			
	foreign individuals. See Part IV, lines 15 and 16		2		Transfer Tay
4	Benefits paid to or for members		31	Mikhama a mikistasa melani ba	
5	Compensation of current officers, directors,	agent to terranal		92.0 92.00	
	trustees, and key employees	214,660	150,262	64,398	
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	2,886,613	2,476,712	409,901	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,705	29,397	5,308	
9	Other employee benefits	265,902	225,236	40,666	
0	Payroll taxes	218,489	185,074	33,415	
11	Fees for services (nonemployees):				
a	Management	5			
b	Legal	5,302		5,302	
C	Accounting	43,853		43,853	
d	Lobbying		FI		
е	Professional fundraising services. See Part IV, line 17		THE STATE OF STREET	RUN-PNEWS TO	
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column				* * *
	(A) amount, list line 11g expenses on Schedule O.)	230,464	230,464		
12	Advertising and promotion				*
13	Office expenses	35,057	24,274	10,783	
4	Information technology	35,397	3,186	32,211	
15	Royalties				
16	Occupancy	274,719	244,465	30,254	***
17	Traval	4,714	660	4,054	
18	Payments of travel or entertainment expenses		330	1,7001	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,842	137	6,705	- 1400 Aven (41 Aven (42 Aven
20	Interest	0/012	10/	0,700	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	348,638	314,123	34,515	
23	Insurance	133,312	120,114	13,198	
24	Other expenses. Itemize expenses not covered	100,012	120,114		
e-TV:	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
		214,219	214 210		
a	Food Expense Program Supplies	65,820	214,219 65,820		
b	Miscellaneous	54,665	38,305	16,360	
C	Telephone	43,346			
d	All alban annual			The state of the s	
e	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	160,745	149,953	10,792	
25	Total functional expenses. Add lines 1 through 24e	5,373,453	4,590,065	783,388	
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				

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			819,574	1	768,262
2	Savings and temporary cash investments		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	721,853	2	54,687
3	Pledges and grants receivable, net			335,292	3	331,971
4	Accounts receivable, net			16,803	4	86,745
5	Loans and other receivables from any current or fo				11 13	
	trustee, key employee, creator or founder, substan	ntial contri	outor, or 35%		EX. 1%	
	controlled entity or family member of any of these	persons			5	
6	Loans and other receivables from other disqualified	d persons	(as defined		15	
3	under section 4958(f)(1)), and persons described in	n section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net		ACCUSAGE CONTROL OF THE PARTY		7	
8	Inventories for sale or use		MATERIAL PROPERTY OF THE PARTY		8	
9	Dropoid superses and deferred shares		***********************	47,851	9	43,743
10	a Land, buildings, and equipment: cost or other				220 - N	and Gimeschill and
	basis. Complete Part VI of Schedule D	10	a 8,478,405		8 11 11	
k	Less: accumulated depreciation	10	4,956,042	3,219,188	10c	3,522,363
11			1771111111111111111	1,303,086	11	1,153,694
12	Investments—other securities. See Part IV, line 11	1			12	
13	Investments—program-related. See Part IV, line 1	1			13	**
14			E(N.)(() EE(N.) () () E4 (4 E4		14	
15			1,773,181	15	1,753,726	
16	Total assets. Add lines 1 through 15 (must equal I	line 33)		8,236,828	16	7,715,191
17	Accounts payable and accrued expenses			162,647	17	216,943
18					18	
19	Deferred revenue	19	-57			
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete Par	hedule D		21		
22	Loans and other payables to any current or former	officer, d	rector,	SERVICE AND DESCRIPTION	San D	
	trustee, key employee, creator or founder, substan	ntial contri	outor, or 35%			
22	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrelate	d third pa	ties	to the second section of the contract of the second section of the section o	23	
24	Unsecured notes and loans payable to unrelated the	hird partie	\$		24	
25	, p-,-					
1	parties, and other liabilities not included on lines 1	7-24). Co	nplete Part X			
	of Schedule D		*	578,953		238,146
26	Total liabilities. Add lines 17 through 25			741,600	26	455,089
,	Organizations that follow FASB ASC 958, check	k here 🕨	<u>X</u>			
	and complete lines 27, 28, 32, and 33.			A SELECTION OF SHIP I ALL		
27	Net assets without donor restrictions			6,195,184	27	6,199,570
28	F - + 2 F - F - F - F - F - F - F - F - F - F			1,300,044	28	1,060,532
<u> </u>	Organizations that do not follow FASB ASC 958		- P			
	and complete lines 29 through 33.			THE TENED TO THE		
29	Capital stock or trust principal, or current funds				29	A AS AND
30		• Newton Williams - February		12	30	
31	Retained earnings, endowment, accumulated inco	me, or oth	ner funds		31	
27 28 29 30 31 32			F10 P25 (2 to 0,E1) (0 0 0 EE) (0 0 E)	7,495,228	32	7,260,102
33	Total liabilities and net assets/fund balances			8,236,828	33	7,715,191

orn	990 (2021) Community Child Care Center of 59-1264435			Pa	ge 12
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	erressi.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,33	15,	232
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,3	73,	453
3	Revenue less expenses. Subtract line 2 from line 1	3			221
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,49		
5	Net unrealized gains (losses) on investments	5			905
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		e.		
	32, column (B))	10	7,20	60.	102
Pa	art XII Financial Statements and Reporting		.,.	,	
	Check if Schedule O contains a response or note to any line in this Part XII				
			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		27000		A
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		257		383
	Schedule O.		338		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	F. (+ F.) (+ 1)	CCC- (CCCC)		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		100	100	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	10010	181	23	11-3
	separate basis, consolidated basis, or both:				1
	X Separate basis Consolidated basis Both consolidated and separate basis			10	18
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
277	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	in virtual	20		1.60
	Schedule O.			141 18	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		100		3 1 1 1 5
	Single Audit Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1148444	Ja		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ų.

	(A) Name and title	(B) Average hours per week	bo	x, unli	Pos check ess pe nd a c	rson	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(20) Michel Gaber	40.00									
CFC)	0.00	Х						117,788	0	28,746
A									•		
1 3 15											
2 14 640											
3 # x s											
e > 50											
* () ()	VAC(=+001	ranging break asar							1-		
1b c	Subtotal Total from continuation she	ete to Part VIII	Sact	ion /	on M.			>	117,788		28,746
d	Total (add lines 1b and 1c)						000 010	<u> </u>			
2	Total number of individuals (ir reportable compensation from	ncluding but not last the organization	imite n ▶	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
3	Did the organization list any for	ormer officer, dir	ecto	r, tru	stee	, ke	em)	oloye	ee, or highest compensate	d	Yes No
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related organization and related organization."	e 1a, is the sum nizations greater	of re	port	able	com	pens	atio			3 4
5	Did any person listed on line for services rendered to the o		rue							rindividual	5
-	ion B. Independent Contracto	ors									
1	Complete this table for your fi compensation from the organ	ization. Report c	ensa omp	ated ensa	inde ition	pend for t	lent o	onti	dar year ending with or with	nin the organization's tax ye	
	Name and	(A) business address						-	Descrip	(B) tion of services	(C) Compensation
*			-100 02		W.C						
		W				-					
_	Tabalanas		600 IF			10000					
2	Total number of independent received more than \$100,000	of compensation	uaing n froi	g but m the	not e org	ıımıt Janiz	ed to ation	tho	se listed above) who		

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Community Child Care Center of
Delray Beach, Inc.

5

Employer identification number 59-1264435

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing support (see (described on lines 1-10) other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990) 2021

(D)

(E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		F 9 9944		7		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,415,040	2,468,151	2,776,744	3,831,850	3,277,936	14,769,721
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,415,040	2,468,151	2,776,744	3,831,850	3,277,936	14,769,721
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						777,000
	tion B. Total Support		_u_u_u_asuro_ang			8 55 (c) C (c) (d) (d) (d) (53.84)	13,992,721
· ·	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,415,040	2,468,151	2,776,744	3,831,850	3,277,936	14,769,721
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,196	32,048	95,350	49,163	43,868	260,625
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	相对某些特别。			美国 使美国		15,030,346
12	Gross receipts from related activities, etc.					12	10,326,783
13	First 5 years. If the Form 990 is for the or	ganization's first, so	econd, third, fourth	or fifth tax year as	a section 501(c)	(3)	
0-	organization, check this box and stop her	e					>
S	tion C. Computation of Public Su			1149			
14	Public support percentage for 2021 (line 6	, column (f) divided	by line 11, column	ı (f))	. 100 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		93.10%
15	Public support percentage from 2020 Sch					15	95.24%
16a					3 1/3% or more, cl	neck this	
	box and stop here. The organization qual		10 10 TO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	33 1/3% support test—2020. If the organ				is 33 1/3% or mo	re, check	. —
17a	this box and stop here. The organization					197-1000-000-000-000	refeation -
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization meet Part VI how the organization meets the fac organization						. .
b	10%-facts-and-circumstances test—202	20. If the executation			406 - 47-		EXPRESS .
U	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						N
18	Private foundation. If the organization die	d not check a box o	n line 13 16a 16h	17a or 17h oboo	k this havend so		
7	instructions						.
	A transfer of the state of the		\$2.500 (0.000) 0.000 (0.000)			I desir den de la contra con	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under t	ne tests listed t	elow, please c	ompiete Part II	·)	*
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(,,	(-)		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			200			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			70.00			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	***					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	3 100		STANDE ASSESSMENT			\ <u>\</u>
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6					8-72	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			229			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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,				4840 18 18 18 18 18 18		
14	and 12.) First 5 years. If the Form 990 is for the or	ganization's first	Locand third face	h or fifth towards	oo o oostion 5041	\/2\	L
17	organization, check this box and stop her		secona, thira, roun	n, or filth tax year	as a section 501(c)(3)	
Sec	tion C. Computation of Public Su		tage		<u> </u>		
15	Public support percentage for 2021 (line 8	ratheration by the		nn (f))		15	%
16	Public support percentage from 2020 Scho					16	%
-	tion D. Computation of Investme			1.0014-14-14-1-19			
17	Investment income percentage for 2021 (I			3. column (fl)		17	%
18	Investment income percentage from 2020 S			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
19a	33 1/3% support tests—2021. If the orga			e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3%, check this be						▶ 🗆
b	33 1/3% support tests—2020. If the orga						The same of the sa
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	publicly supported	organization)
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	> [

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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,
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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 organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		Target
1	ang mart	
Part	Polyage.	
2	A CONTRACT	90,500
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10a	8 1	nine est
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		3.088	A CON
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	25	75	THE REAL PROPERTY.
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		W. 1981.	
0 4	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
4	Did the government and the second sec	Druifs.	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		70.00	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1000		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1.7		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	2002	SSEED OF THE	BHAR
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-,
2	Did the organization operate for the benefit of any supported organization other than the supported	71 52 (1		No.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	185		200
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		12737	-Syrin
Sacti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Jecti	on C. Type it Supporting Organizations			N .
1	Were a majority of the organization's directors or trustops during the tay year also a majority of the directors		Yes	No
, a	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	2,000		
	or management of the supporting organization was vested in the same persons that controlled or managed	15.5		
	the supported organization(s).	ATTENDED		E 17 19 50
Secti	on D. All Type III Supporting Organizations			
	on on the state of		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 14/2	103	NO
8	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		W.	I KI
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	300		The state of
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	A-14
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Mossia	(ASWell)	3000
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	all (SSIRE)	A
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	EEL	D) 198	
3.7	a significant voice in the organization's investment policies and in directing the use of the organization's	14.78		1 313
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1387	Carlo.	
	supported organizations played in this regard.	3	March 1	SCACE.
Secti	on E. Type III Functionally Integrated Supporting Organizations	1 9 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5)		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ructions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	No.		12855
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	33	HE &	30163
	those supported organizations and explain how these activities directly furthered their exempt purposes,	W. B.	151	
	how the organization was responsive to those supported organizations, and how the organization determined		o	31.12
	that these activities constituted substantially all of its activities.	2a		112200000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		JE WA	No. 19
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	15	Lia Li	(7.5)
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			1100
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			- Maria
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			3279
75.5°	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	-55	- 111	23-115
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

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emergency temporary reduction (see instructions).

(see instructions).

rai	t v Type III Non-runctionally integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purp	ooses	The state of the s	
2	Amounts paid to perform activity that directly furthers exempt purpos			
	organizations, in excess of income from activity	SHORTS IS		
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations	3 0 00	
5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required—provide de	etalis in Part VI)		
7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6			<u> </u>
8		L.	<u> </u>	
O	Distributions to attentive supported organizations to which the organi (provide details in Part VI). See instructions.	zation is responsive		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount			4111
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6	医性多别性性 奶		WAS 045
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
17.000	instructions.			TO CARLO SERVE TO CAROLINA SEA
3	Excess distributions carryover, if any, to 2021		KANTZAKION ENVIXOREZUE	
<u>a</u>	From 2016			第三条
D	From 2017		GOWERN CONTRACTOR	
	From 2018			。 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
d	From 2019		nite Dellas Langue de	
	From 2020	ESCHEDARI ARTERISTORIA	CANADA MEMBERS III	A DESCRIPTION OF STREET
	Total of lines 3a through 3e		Secretary and more and the	SIGNAMENT LINES
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount	- minorate Swittenberg	Separation and the separation of the separation	THE PROPERTY OF THE PARTY OF TH
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	TEN District State of the Control of		
4	Distributions for 2021 from			
	Section D, line 7: \$		MARKETAL OF STREET	
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
7/4/6/2	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
- 2	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.	And the service of th		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:		E Matter Profession De	
	Excess from 2017			
	Excess from 2018			
	Excess from 2019	1		
	Excess from 2020			
	Excess from 2021			
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Schedule A (Forr	m 990) 2021	Community	Child Car	re Center of	59-1264435	Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Provide IV, Section A, lines 1 ; Part IV, Section C, I	the explanation, 2, 3b, 3c, 4b, one 1; Part IV, Setion B, line 1e;	ns required by Part 4c, 5a, 6, 9a, 9b, 9 Section D, lines 2 a Part V, Section D,	t II, line 10; Part II, line 17a or c, 11a, 11b, and 11c; Part IV, nd 3; Part IV, Section E, lines lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Community Child Care Center of

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Schedule B (Form 990) (2021)

Employer identification number

2021

Delray Beach, Inc. 59-1264435 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules $\overline{
m X}$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 /3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Community Child Care Center of

Employer identification number 59-1264435

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Delray Beach 100 NW 1st Avenue Delray Beach FL 33444	\$ 143,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 2	United Way of Palm Beach County 2600 Quantum Blvd. Boynton Beach FL 33426	\$ 89,976	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
3	Community Child Care Center of Delray Beach Foundation, Inc. 345 N.W. 5th Avenue Delray Beach FL 33444	\$ 1,005,369	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Pechter Community Foundation 8230 210th Street South Boca Raton FL 33433	\$ 198,821	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US Small Business Administration 409 3rd Street, SW Washington DC 20416	\$ 399,914	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Palm Beach County Division of Human Services 810 Datura Street West Palm Beach FL 33401	\$ 99,122	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Community Child Care Center of

Employer identification number 59-1264435

Part I	Contributors (see instructions). Use duplicate copies of Pa		
(a) No.	(b)Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	Jim Moran Foundation 100 Jim Moran Blvd. Deerfield Beach FL 33442	\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Libra Foundation 96 NE 4th Avenue Delray Beach FL 33483	Total contributions \$ 115,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Frederick DeLuca Foundation 500 E. Broward Blvd., Suite 2300 Fort Lauderdale FL 33394	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Leslie L. Alexander Foundation 111 E. Atlantic Avenue, Suite 320 Delray Beach FL 33444	\$ 130,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11	Town of Palm Beach United Way 440 Cocoanut Row, M201 Palm Beach FL 33480	\$ 105,700	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
12	Palm Healthcare Foundation 700 South Dixie Highway, Suite 205 West Palm Beach FL 33401	\$ 128,650	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Community Child Care Center of

Employer identification number 59-1264435

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Sun Life Financial P.O. Box 9106 Wellesley Hills MA 02481	\$ 100,197	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• 1987		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Содода		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
V - 450 00000	**************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* ******		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2.0000		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Community Child Care Center of Delray Beach, Inc. 59-1264435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

SCI	edule D (Form 990) 2021 COMMUNITO				264435		age Z
P	art III Organizations Maintainin	g Collections of A	rt, Historical Tre	easures, or Othe	r Similar Assets	(continued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the follo	wing that make signif	icant use of its		33 - 35 -
а	Public exhibition	d Lo	an or exchange progr	ram			
b	Scholarly research	e Ot	her				
С	Preservation for future generations		THE LANGEST SERVICES		Andrew Trees		
4	Provide a description of the organization's c	ollections and explain h	ow they further the or	ganization's exempt r	ourpose in Part		
	XIII.		,	gameanon o onompt p	on pood in trait		
5	3 - ,						١
D	art IV Escrow and Custodial Ar		t of the organization's	collection?	/	Yes	No
	art IV Escrow and Custodial Art Complete if the organization 990, Part X, line 21.	and the state of t	on Form 990, Part	t IV, line 9, or repo	orted an amount	on Form	
1a	Is the organization an agent, trustee, custod	lian or other intermedia	y for contributions or	other assets not			
	included on Form 000, Deet V2	E CT E C ET E C	173			Yes	No
b	If "Yes," explain the arrangement in Part XII						
	, ,	TO THE RESERVE AND ADDRESS.				Amount	-
С	Beginning balance				1c		-
ď	The state of the s					¥	
	Additions during the year				10		
4	Distributions during the year				1e		_
f	STATE AND A STATE OF A				1f		1
	Did the organization include an amount on F					Yes	No
	of "Yes," explain the arrangement in Part XII	I. Check here if the expl	anation has been pro	vided on Part XIII		100	
	art V Endowment Funds.	1 457 11	F 000 D				
	Complete if the organization	79.00	77	T			20
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years t	
1a	Beginning of year balance	1,670,575	1,670,575	1,670,575	1,670,57	5 1,670,	575
b	Contributions						
C	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						2
6	Other expenditures for facilities and						
	programs		1				
f	Administrative expenses			VIII. 17 37 37 47 17 17 17 17 17 17 17 17 17 17 17 17 17			
9	End of year balance	1,670,575	1,670,575	1,670,575	1,670,57	5 1,670,	575
2	Provide the estimated percentage of the cur	rent year end balance (line 1g, column (a)) h	eld as:		Si 32) We	7.5570
а	Board designated or quasi-endowment	66.62%					
b	Permanent endowment > 33.38 %						
c							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%					
2-		78		distribution of Economic			
30	Are there endowment funds not in the posse	ession of the organization	on that are held and a	aministered for the			
	organization by:					Yes	No
	(i) Unrelated organizations						X
	(ii) Related organizations					3a(ii) X	
b	o If "Yes" on line 3a(ii), are the related organiz	cations listed as require	d on Schedule R?			3b	Χ
4	Describe in Part XIII the intended uses of th	e organization's endow	ment funds.			MIII -Wat	
P	art VI Land, Buildings, and Equ	ipment.					30,40000
	Complete if the organization	n answered "Yes" o	on Form 990, Parl	t IV, line 11a. See	Form 990, Part	X. line 10.	
	Description of property	(a) Cost or other bas			ccumulated	(d) Book value	
		(investment)	(other	, MAGN. 1997A	preciation		
44	a Land			4,068		374,	060
10001					740 621		
	Buildings		6,09	4,215 3	,740,631	2,353,	J & 4
	Leasehold improvements		0.01	2 100	035 133	=	77.
C	4-0	,	2,01	0,122 1	,215,411	794,	/11
	e Other						
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	(, column (B), line 10c	:))	3,522,	363
		5955		-Na			

Schedule D (F	form 990) 2021 Community Child Care	e Center of	59-1264435	Page
Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11b. See Form 990, Par	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial		at ta		
	eld equity interests			
(3) Other	Organisation and a second control of the participation of the second control of the seco	o(t)		
(A)		ere:		
(B)		V)		
(C)				
(D)		40		
(E) (F)	(1111) (11) (11) (11) (11) (11) (11) (1	WI		
(G)				1-19-
(H)		3.1		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	ESTERNATION AND ADDRESS OF	With the second second second
Part VIII	Investments – Program Related.		12, W#4, N 10, 10, 10, 11, 11	THE MEANUE OF THE PARTY OF THE
	Complete if the organization answered "Yes" of	on Form 990 Part IV I	ine 11c See Form 990 Par	t X line 13
-	(a) Description of investment	(b) Book value	(c) Method of va	
	887 18		Cost or end-of-year n	
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(2)				
(3)	 			
(4)				0.0000
(5)				
(6)				51 - 202
(7)				
(8)				
(9)				
Part IX	Other Assets. Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV, I	ine 11d. See Form 990, Pai	rt X, line 15.
_(1)	Interest in Assets He	ld by Others		1,670,57
(2)	Right-of-Use Asset			83,15
(3)		W ONL D		
(4)				
_(5)				
_(6)				
(7)				200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
(8)				
(9)	//			1 750 70
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV, I	line 11e or 11f. See Form 9	1,753,72 90, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			(w) dook value
	rred Employee & Comp. Benefit	108 AVC 4		154,99
10 CO.	Liability	<u></u>		83,15
(4)				00/10
(5)				
(6)		****		
(7)				
(8)				8 W
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		Zanamanan mana b	238,14
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	The state of the s	
	liability for uncertain tax positions under FASB ASC 740. C			

5 Total ex	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,373,45
	Supplemental Information.		
	scriptions 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; s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, li	ne
- thursenmous		*******	
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Schedule D (Form 990) 2021 Community Child Care Center of Part XIII Supplemental Information (continued)	59-1264435	Page 5
Part XIII Supplemental Information (continued)	**	
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SCHEDULE I (Form 990)

Department of the Treasury

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.

Name of the organization Community Child Care Center of

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

2021

Open to Public Inspection

Employer identification number

Delray Beach, Inc.	2502	VA (VAR) (MAX (MAX 4.5)				5	59-1264435
Part I General Information on Grants and A	Assistance						
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance. Describe in Part IV the organization's procedures for monit 	e?						X Yes
Part II Grants and Other Assistance to Dom Part IV, line 21, for any recipient that re	nestic Organ	nizations	and Domestic Go				wered "Yes" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)		5 G					
The state of the s							
(3)	· · ·						
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(4)				:			
(5)	7.61						
(6)							
(7)							
(0)	4						
(8)							
(9)	,						
 Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line 1 	table				***********		NATARITANA AT ANNA MANANANA

Part III Grants and Other Assistance Part III can be duplicated if ad			rganization answere	d "Yes" on Form 990, Part	IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Assistance	66	87,952			
2 Scholarship Program	17	8,039			
3					
4					
5					
6		12.0			
7					
Part IV Supplemental Information. F	Provide the information re	equired in Part I, line 2	2; Part III, column (b); and any other additional i	information.
Part I, Line 2 - Procedur Records are maintained sh					
funds were used.					

2 - 13 - 15 - 15 - 15 - 15 - 15 - 15 - 15	(44) (4 (44) (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	**************************************			
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A STATE OF THE PROPERTY OF THE	productive confidence in the				acarramina da martina d
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Community Child Care Center of Delray Beach, Inc.

Employer identification number 59-1264435

Doing Business As - Additional Names Achievement Centers for Children and Families

Form 990 - Organization's Mission

Achievement Centers delivers stronger outcomes for children and families in under resources communities by using evidence-based approaches that are informed by 54 years of experience. Achievement Centers serves hundreds of local children and families each year from three locations in Delray Beach. Employing a comprehensive program model, children have access to resource in a supportive environment and families serve as the foundation of their growth. Our core programs (early learning, afterschool, summer and teens) offer a continuum of affordable care for children from 1 year through high school. Families are also served through our Family Strengthening and Economic Stabilization services which benefit the community by stabilizing families in crisis.

Form 990, Part III, Line 4a - First Accomplishment

Achievement Centers for Children & Families (ACCF) was established in 1969 to provide early childhood education services to children of low-income working families in the Delray Beach, FL area. ACCF has grown from two teachers serving 20 children to more than 100 professional staff providing educational and critical family services to 700 children and their families each year. Our Early Learning Programs are accredited by the National Association for the Education of Young Children and in 2022 we received a

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Community Child Care Center of

Employer identification number

59-1264435

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domic or foreign o	ile (state To ountry)	(d) tal income	(e) End-of-year assets	(f) Direct contro entity	
(1)							
(2)				<u>;</u>			
	400				i		
(3)							
4)							
5) 10.000 *** *** *** *** *** *** *** *** **							
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	_ Complete if the or tax year.	l ganization ansv	l vered "Yes" оп F	orm 990, Part I	V, line 34, becaus	se it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f)	Section 51: controlled Yes	2(b)(1
1) Community Child Care Center of Delray Beach Foundation, Inc. 345 N.W. 5th Avenue 65-1023099	Raise funds for Community Child Care Center of		501-2			163	
Delray Beach FL 33444	Delray Beach	FL	501c3	7	N/A		- 1

Delray Beach, Inc.

(3)

(4)

(5)

Part III Identification of Related Organizat because it had one or more related or	ions Taxable rganizations t	as a	Partnership. I as a partner	Complete if the ship during the	e organizati tax year.	on answered "Ye	es" on	For	n 990, P	art IV, line	34,		2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(g) Share of end year asset		(h) Dispr portion alloc	o- Co ate amou ? of Si (Fi	(i) de V—UBI ant in box 20 chedule K-1 orm 1065)	Gene mana partr	al or Pe ging or er?	(k) ercentage wnership
1)								,			100		
2)													
												1	
3)													
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Part IV Identification of Related Organizat line 34, because it had one or more related to the second secon	i ons Taxable elated organiz	as a	Corporation s treated as a	or Trust. Com corporation or	plete if the o	rganization answithe tax year.	wered	"Ye:	s" on For	m 990, Pa	art I\	<u>',</u>	18 T. J.
(a) Name, address, and EIN of related organization	(b) Primary activit	у	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	er	Sha	g) re of ear assets	(h) Percent owners	age	51: co	(i) ection 2(b)(13) ntrolled entity?
							_					Yes	No.
1)	2												
2)													
3)													
										8			
4)													

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ra	Transactions with Nelated Organizations. Complete if the organization a	answered res on r	ona 330, Fait IV, line .	54, 35b, 01 30.			*1
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations listed	in Parts II-IV?		3575	95	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
c	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)			(1 to 1 to	1e		Х
				CANADA CONTRACTOR OF SEXULATION OF STREET		15.44	35%
f	Dividends from related organization(s)				1f	7.5%	Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
	ease of facilities, equipment, or other assets to related organization(s)				1i		X
					E1967		Valentia
k	_ease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)			*************	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	***********	**************************************	OCK-01 CA-01 1 OT A-01 01 TA-01 OX COX COOL 0.31	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		******************************		1n		X
	Sharing of paid employees with related organization(s)				10	Х	
16TE 2				1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	33.11	diju i -	7787
р	Reimbursement paid to related organization(s) for expenses				1p		X
- 60	Reimbursement paid by related organization(s) for expenses			ACT OF STATE AND ACT OF STREET, AND THE STATE AND ACT OF	1g		X
7	refigures to the control of the cont		(*************************************	DESCRIPTION OF THE PROPERTY OF	T-SVI	T. Carlo	5861
r	Other transfer of cash or property to related organization(s)				1r	and and	Х
	Other transfer of cash or property from related organization(s)				1s	\neg	X
	f the answer to any of the above is "Yes," see the instructions for information on who must complete the						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	it involve	d	
(1)	Community Child Care Center of Delray Beach Foundation, Inc.	c	1,005,369				
(2)	Community Child Care Center of Delray Beach Foundation, Inc.	0	67,820				
(3)				÷.			<u></u>
(4)							

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	Name, address, and EIN of entity Primary activity Legal Predominant domicile (state or foreign from tax under		Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?				i) eral or aging ner?	(k) Percentage ownership	
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
e distribution de la companya de la														
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Schedule R ((Form 990) 2021	Community	Child	Care Ce	enter of	Ţ	59-1264435	Page 5
Part VII	Suppleme	ntal Information.						
	Provide ad	ditional informatio	n for respo	nses to que	stions on Scl	hedule R. S	See instructions.	
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Form 886

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or Community Child Care Center of print Delray Beach, Inc. 59-1264435 Number, street, and room or suite no. If a P.O. box, see instructions. 555 N.W. 4th Street File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See Delray Beach FL 33444 instructions 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (other than individual) 03 09 Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 07 Form 990-T (corporation) Stephanie Seibel 555 N.W. 4th Street The books are in the care of ▶ Delray Beach FL 33444 Telephone No. ▶ 561-276-0520 Fax No. If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 05/15/23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or \blacktriangleright X tax year beginning 07/01/21, and ending 06/30/22If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0 using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.



Department of the Treasury Internal Revenue Service Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2022
Notice date	December 5, 2022
Employer ID number	59-1264435
To contact us	Phone 877-829-5500
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Page 1 of 1

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Important information about your June 30, 2022, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2022, Form 990, Return of Organization Exempt From Income Tax. Your new due date is May 15, 2023.

What you need to do

File your June 30, 2022, Form 990 by May 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- · Keep this notice for your records.