Childcare Worldwide

2021 Form 990 Public Disclosure Copy

Larson Gross

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ΑF	or the	e 2021 calendar year, or tax year beginning and e	ending	_					
B (heck if	C Name of organization		D Employer identific	cation number				
X	Addre]					
	Name chang	Doing business as		95-36199	10				
	_Initial _return _Final _return/	,	Room/suite	E Telephone number 360-647-2283					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,849,453.				
	Amend	LYNDEN, WA 98264		H(a) Is this a group re	eturn				
	Application			for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
1 1	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions				
		e: ► WWW.CHILDCAREWORLDWIDE.ORG		H(c) Group exemptio	n number 🕨				
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1981 N	A State of legal domicile: CA				
	art I	Summary	•	•					
_	1	Briefly describe the organization's mission or most significant activities: ${ t CHILI}$	CARE	WORLDWIDE T	RANSFORMS				
Governance		CHILDREN'S LIVES BY EXPOSING THEM TO THE	GOSPE	EL OF JESUS	CHRIST,				
rna		Check this box if the organization discontinued its operations or dispos							
ě.	l .	·		3	9				
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			9				
ە دە		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			30				
ţį					13				
Activities &		Total number of volunteers (estimate if necessary)			0.				
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····						
		Onetributions and sweets (Dott) (III. Fire 41s)	-	Prior Year 4,066,617.	Current Year 3,491,611.				
ne		Contributions and grants (Part VIII, line 1h)		4,000,017.	0.				
Revenue	l .	Program service revenue (Part VIII, line 2g)		-					
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,385.					
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,100,002.					
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,646,794.	1,921,004.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		1,147,359.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 509,17	<u></u>	0.	0.				
ă				4-4-6	1=0 001				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		456,450.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,250,603.					
	19	Revenue less expenses. Subtract line 18 from line 12		849,399.	-638,301.				
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		4,277,259.	2,694,359.				
t As	21	Total liabilities (Part X, line 26)		1,178,124.	227,727.				
환	22	Net assets or fund balances. Subtract line 21 from line 20		3,099,135.	2,466,632.				
	art II	Signature Block							
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of m	y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	r has any knowledge.					
Sig	n	Signature of officer		Date	_				
Her	е	■ BILL NIENHUIS, PRESIDENT & CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	KEATON WERSEN-CPA		if self-employ	P01957642				
Pre	oarer	Firm's name LARSON GROSS PLLC	I		91-1663574				
-	Only	Firm's address 2211 RIMLAND DR., STE 422							
	•	BELLINGHAM, WA 98226		Phone no.36	0-734-4280				
Ma\	the IF	RS discuss this return with the preparer shown above? See instructions		1	Yes No				

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CHILDCARE WORLDWIDE TRANSFORMS CHILDREN'S LIVES BY EXPOSING THEM TO
	THE GOSPEL OF JESUS CHRIST, PROVIDING FOR THEIR PHYSICAL NEEDS AND
	SPONSORING THEIR EDUCATION. WE CONNECT SPONSORS WITH CHILDREN THROUGH
	CHRIST-BASED LIFE CENTERS. WITH SPONSORS AND LIFE CENTERS REMOVING
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	0, 0 0
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) A NOTE ABOUT 2021:
	THE PANDEMIC CONTINUED TO HAVE HUGE IMPACT ON OUR FINANCIALS IN 2021,
	WITH TWO SPECIFIC IMPACTS WE WOULD LIKE TO HIGHLIGHT. THE FIRST WAS
	THAT, AS IN 2020, IT CONTINUED TO BE DIFFICULT TO MOBILIZE FUNDING IN
	OUR FIELD PROGRAMS. SCHOOLS AND CHURCHES WERE CLOSED FOR LARGE CHUNKS
	OF THE YEAR AND FOR THE ENTIRE YEAR IN SOME AREAS. THEREFORE, WE ONCE
	AGAIN WERE HAMPERED IN OUR EFFORTS TO FUND SCHOOL FEES AND EDUCATIONAL
	EXPENSES, AS WELL AS TO FEED KIDS SPIRITUALLY AND PHYSICALLY AT LIFE
	CENTERS. OTHER EFFORTS WE REGULARLY ENGAGE IN SUCH AS WATER SYSTEMS AND
	SHELTER CONSTRUCTION WERE NEARLY IMPOSSIBLE TO MOBILIZE BECAUSE OF
	CONSTRAINTS WITHIN THE COUNTRIES DUE TO COVID RESTRICTIONS. (CONTINUED
	IN SCHEDULE O)
4b	(Code:) (Expenses \$ 239,296 • including grants of \$ 157,366 •) (Revenue \$
	THE LIFE CENTER - OUR CHILD SPONSORSHIP PROGRAM FOCUSES ON THE LIFE
	CENTER. BASED IN LOCAL CHURCHES, LIFE CENTERS ARE WHERE CHILDREN
	RECEIVE A CONSISTENTLY DELIVERED GOSPEL MESSAGE EVERY WEEKEND. A STRONG
	BIBLE CURRICULUM IS USED BY OUR TRAINED TEACHERS TO GUIDE CHILDREN
	THROUGH WHAT IT MEANS TO BE SAVED BY JESUS CHRIST. BIBLES ARE READILY
	AVAILABLE AT LIFE CENTER LOCATIONS, AND CHILDREN ARE ENCOURAGED TO
	BRING THEIR OWN COPIES OR USE THE PROVIDED COPIES. LIFE CENTER
	ACTIVITIES RUN FOR 3 HOURS AND INCLUDE A GROUP BIBLE LESSON, BIBLE
	MEMORIZATION EXERCISES, SMALL GROUP DISCUSSION, INDIVIDUAL COUNSELING,
	FOOD, CRAFTS, AND ORGANIZED GAMES. (CONTINUED IN SCHEDULE O)
4-	(Code:) (Expenses \$ 2,288,787 • including grants of \$ 1,763,638 •) (Revenue \$
40	(Code:) (Expenses \$ 2,288,787 including grants of \$ 1,763,638) (Revenue \$ 1,763,638) (Revenue \$ 1,763,638)
	INTERNALIZING THE LIFESAVING MESSAGE OF JESUS. CW STRIVES TO REMOVE THE
	MOST BASIC PHYSICAL BARRIERS KIDS FACE BY PROVIDING ACCESS TO CLEAN
	WATER, HEALTHY FOOD, CLOTHING, SHELTER, MEDICINE AND EDUCATION.
	WHENEVER POSSIBLE, WE PARTNER WITH LOCAL CHURCHES TO DELIVER RELIEF. IF
	ACCESS TO CLEAN WATER IS THE GREATEST NEED IN A COMMUNITY, CW WILL
	INSTALL A WATER CATCHMENT SYSTEM ON CHURCH PROPERTY WHERE WE OPERATE A
	LIFE CENTER. THE SYSTEM IS REPLENISHED DURING RAINY SEASONS AND SERVES
	THE CHURCH COMMUNITY WITH THOUSANDS OF GALLONS OF RAINWATER. THE WATER
	IS FILTERED TO STRAIN AWAY DIRT AND DANGEROUS PATHOGENS. (CONTINUED IN
	SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,528,083.
	Form 990 (2021

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	21		X

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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	25a		X
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		X
26	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	26	Х	
27	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		Х
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	X	
Pai	t 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			<u>Ш</u>
	_		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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year			77		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
0	sponsoring organization have excess business holdings at any time during the year?	8				
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:	9b				
а	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					
11	Section 501(c)(12) organizations. Enter:					
а	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.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			37		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ		
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.	17				

5

Form **990** (2021) **14850 1**

Part VI 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.

					Λ					
Sec	tion A. Governing Body and Management									
		1 1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>9</u>							
	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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form				Х					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
_	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 a		6		Х					
	more members of the governing body?		7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1							
~	persons other than the governing body?		7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		"							
		· ·	8a	х						
a				X						
b			OD	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable and addresses an School Ja O				Х					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		21					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		T.,						
40	Dilli di la		40	Yes	No X					
	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 c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х						
12a	1 7 7 9									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		۱						
	on Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?			X						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official		15a	X						
b	Other officers or key employees of the organization		15b		Х					
	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 arrange	ment with a								
	taxable entity during the year?		16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's								
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c)	3)s onl	/) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.									
		on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and fina	ncial						
	statements available to the public during the tax year.	/)		•						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records								
	JENNIFER SMITH, DIRECTOR OF FINANCE - 360-647-2283	}								
	8334 GUIDE MERIDIAN, LYNDEN, WA 98264									

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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.

(A)	(B)	organization compensat (C)						(D)	(E)	(F)
Name and title	Average	(do	not c	ition more	than	one	Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)							compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WILLIAM A. NIENHUIS	60.00	=	=	0	×	工也	F			
CEO/PRESIDENT		Х		Х				127,475.	0.	3,191.
(2) HOWARD LENNICK	1.00									
DIRECTOR		Х						0.	0.	0.
(3) JEFF MCSORLEY	1.00									
CHAIRMAN		Х						0.	0.	0.
(4) ALAN ARTMAN	1.00	ļ								
TREASURER	1 00	Х		Х				0.	0.	0.
(5) KARA MILLHOLLIN	1.00	١								•
DIRECTOR	1 00	Х						0.	0.	0.
(6) JUSTIN SCHOONOVER	1.00	X		х				0.	0.	0.
OTRECTOR AND SECRETARY (7) WILLIAM MILNE	1.00	₽		Λ				0.	0.	0.
SECRETARY	1.00	X		х				0.	0.	0.
(8) LAWRENCE THIESSEN	1.00	<u> </u>		22				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) MARK CHESTNUT	1.00	╫						•		
DIRECTOR AND CHAIRMAN		Х						0.	0.	0.
(10) MARK VANDER POL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) STACEY GIBSON	1.00									
DIRECTOR		Х						0.	0.	0.
		\vdash	_			_				
		1								
		⊢	_			\vdash				
		1								
		\vdash								
		1								
		\vdash								
		1								

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	a Hi	gne	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box, offic	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		frorgand	pensa om the anizat d relat anizatie	e ion ed
		=	=	0	Š	工	ш.						
		-											
		-											
		\square											
1b Subtotal c Total from continuation sheets to Part VI							>	127,475.		0.		3,1	91.
d Total (add lines 1b and 1c) Total number of individuals (including but n)O 10	127,475.	000 of reportable	0.		3,1	91.
compensation from the organization	or invited to ti		11000						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from			4		Х
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsati	ion f	from	any	unr/			idual for services		5		X
Section B. Independent Contractors									\$100,000 of a series				
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens			
(A) Name and business	address	NC	INC	3				(B) Description of s	ervices		(C Comper	nsatio	n
Total number of independent contractors (i \$100,000 of compensation from the organization)		ot lir	mıte	a to	tno:	se lis	stec	a above) who received m	nore than			000	2000
											Form 9	၁ઝ∪ (2	2021)

132008 12-09-21

07040405 758095 14850

				LDCARE	WOR	LDWIDE			95-3619	910 Page 9
Pa	rt \	VIII	Statement of Re	venue						
			Check if Schedule O	contains a resp	onse	or note to any lir				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibutions) 1e grants, and above 1f lines 1a-1f 1g		3,491,611. Business Code	3,491,611.			
Program Service Revenue			All other program service	revenue						
-	_		Total. Add lines 2a-2f							
	3 4 5	ļ	Investment income (include other similar amounts) Income from investment of Royalties	of tax-exempt b	oond p	oroceeds	6,322.			6,322.
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Re 6a 6b 6c	al	(ii) Personal				
	7		Net rental income or (loss Gross amount from sales of assets other than inventory	(i) Secur		(ii) Other 1,351,520.				
evenue		С	Less: cost or other basis and sales expenses	7b 7c		1,922,560. -571,040.				
Other Re	8		Net gain or (loss)	ng events (not of		>	-571,040.			-571,040.
			contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from		. 8b					
	9) a	Gross income from gamin Part IV, line 19	ig activities. Se	е . 9а					
			Less: direct expenses							
	10		Net income or (loss) from		ies	>				
	IU	b	Gross sales of inventory, and allowances		10b					
_		Ü	Net income or (loss) from	Sales Of ITIVENT	.огу	Business Code				
Miscellaneous Revenue	11	la				Submices Oode				
ane	•	b								
e e e		С								
Misc			All other revenue							
~			Total. Add lines 11a-11d							

132009 12-09-21

2,926,893.

Part IX | Statement of Functional Expenses

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

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 004 004			
	individuals. See Part IV, lines 15 and 16	1,921,004.	1,921,004.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 666	66 620	64 000	
	trustees, and key employees	130,666.	66,639.	64,027.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	026 200	205 624	262 622	207 022
7	Other salaries and wages	936,300.	385,634.	263,633.	287,033
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	26 071	10 052	6 060	0 040
9	Other employee benefits	26,971. 79,262.	10,053. 34,771.	6,969.	9,949 22,316
10	Payroll taxes	19,202.	34,//1.	22,173.	22,310
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26,977.		26,977.	
С.	Accounting	20,911.		20,311.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	72,243.	1 193	30,300.	40,760.
40	column (A), amount, list line 11g expenses on Sch 0.)	87,325.	1,183. 3,588.	16,635.	67,102
12	Advertising and promotion	73,131.	14,524.	46,521.	12,086
13	Office expenses	4,736.	2,078.	1,453.	1,205
14	Information technology	4,750.	2,070.	1,433.	1,203
15 16	Royalties	82,745.	36,274.	26,098.	20,373
16 17	Occupancy	8,974.	2,196.	2,755.	4,023
17 18	Travel Payments of travel or entertainment expenses	0,574.	2,150.	2,733.	1,025
10	,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	1,517.		1,252.	265
20		= , 5 = 7 •			200
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,203.	14,688.	7,061.	7,454
23	_	3,162.		3,162.	.,
23 24	Other expenses. Itemize expenses not covered	-,		0,2023	
<u>_</u>	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 0.)				
а	SOFTWARE SUBSCRIPTION S	47,703.	28,129.	1,931.	17,643
b	EQUIPMENT EXPENSE	22,268.	7,296.	6,986.	7,986
C	STATE REGISTRATION FEES	10,640.	, = 2 3 4	.,	10,640
d		-,			-,
e	All other expenses	367.	26.		341.
25	Total functional expenses. Add lines 1 through 24e	3,565,194.	2,528,083.	527,935.	509,176
26	Joint costs. Complete this line only if the organization			,	• •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-09-21	L		L	Form 990 (2021

Form **990** (2021)

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		144,317.	1	158,415.	
	2	Savings and temporary cash investments			2,211,199.	2	2,373,809
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4	1,622		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges				9	14,131
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		45,753.			
	b	Less: accumulated depreciation		19,246.	1,889,568.	10c	26,507
	11	Investments - publicly traded securities		6,872.	11	78,507	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets	25 202	14	41 260		
	15	Other assets. See Part IV, line 11			25,303.	15	41,368
	16	Total assets. Add lines 1 through 15 (must ed			4,277,259.	16	2,694,359
	17	Accounts payable and accrued expenses		35,704.	17	53,727	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
<u>≣</u>		trustee, key employee, creator or founder, sub			171,000.		174,000
Lia	00	controlled entity or family member of any of the			971,420.	22	174,000
	23 24	Secured mortgages and notes payable to unr		_	J/1,420•	23	
	2 4 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin	•				
		of Schedule D	165 17-24	. Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			1,178,124.	26	227,727
	20	Organizations that follow FASB ASC 958, c					227,727
Ses		and complete lines 27, 28, 32, and 33.					
au	27				1,787,450.	27	1,597,695.
Ва	28	Net assets with donor restrictions	1,311,685.	28	868,937.		
P		Organizations that do not follow FASB ASC					
린		and complete lines 29 through 33.	,	,			
S O	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		3,099,135.	32	2,466,632.	
1	33	Total liabilities and net assets/fund balances			4,277,259.	33	2,694,359.

Ра	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	92	6,8	93.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.	
3	Revenue less expenses. Subtract line 2 from line 1	3				01. 35.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments						
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				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_				
	column (B))	10	2 ,	46	6,6	32.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		I				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		L	За		X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHILDCARE WORLDWIDE 95-3619910 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, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	7.		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` '	` ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	4,537,704.	4,125,948.	1,174,184.	4,066,617.	3,491,611.	17,396,064.
2	Tax revenues levied for the organ-						
	ization'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	4,537,704.	4,125,948.	1,174,184.	4,066,617.	3,491,611.	17,396,064.
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)						
	Public support. Subtract line 5 from line 4.						17,396,064.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4,537,704.	4,125,948.	1,174,184.	4,066,617.	3,491,611.	17,396,064.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4,802.	17,801.	7,261.	15,726.	6,322.	51,912.
_	and income from similar sources	4,002.	17,001.	7,201.	13,720.	0,322.	31,912.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17,447,976.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	=					
	organization, check this box and stor			· · · · · · · · · · · · · · · · · · ·			>
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11, o	column (f))		14	99.70 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.35 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st o	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990) 2021

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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar 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 per-						
formed, 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 bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
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, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.**
- **b** 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.**
- **c** 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.*
 - **b** 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10h		
lulo	10b	n 990	2021

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

CHILDCARE WORLDWIDE

Employer identification number 95-3619910

Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 20101 401000 141100	(a) i and and care accessing
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in		funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
Ū	for charitable purposes and not for the benefit of the donor		
	• •		
Pai		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organization	-	
	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	, , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ration easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ince 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		
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under FASB /		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

		KE MOKLDWI		laviaal T		Oth	ou Cinoi	95-36			age 2
Par	t III Organizations Maintaining C									ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at make s	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progr						
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	included	<u></u>	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:				_			
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided or	Part XIII]
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance				†						
2	Provide the estimated percentage of the curr	rent vear end haland	l ca (lina 1	a column (a)) hold ac.	ı			1		
a	Board designated or quasi-endowment	rent year end baland	%	g, coluitii (ajj rielu as.						
	Permanent endowment	%									
C	· ————										
0-	The percentages on lines 2a, 2b, and 2c sho	•			ما الما الما الما الما الما الما الما ا			:*:			
Sa	Are there endowment funds not in the posse	ession of the organiz	ation the	at are rielu a	and administ	ered for t	ne organ	ization	Г	Yes	No
	by:									163	110
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza				′				3b		
Bo:	Describe in Part XIII the intended uses of the		owment	tunas.							
Pai	t VI Land, Buildings, and Equipm Complete if the organization answere		O Dort IV	/ line 11e 9	Soo Form 00) Dort V	lino 10				
		1							<u> </u>		
	Description of property	(a) Cost or of basis (investr			t or other	. ,	ccumula [.] preciatio		(d) Book	value	}
		` `	nent)	Dasis	(other)	ue	preciatio	1			
	Land										
	Buildings										
	Leasehold improvements										
	Equipment				IE 752		10 0	146		· -	
	Other				15,753.		19,2	46.		, 5	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line	10c.)			. ▶	26	5,5	J/.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CHILDCARE WO	ORLDWIDE	95	-3619910 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	•
(a) Description of lightlifu.	5111 01111 330, 1 art 1V, 11110	The of The occioning 300, Fait X, line 20	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	edule D (Form 990) 2021 CHILDCARE WORLDWIDE				3619910	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With I	Revenue per F	Returr	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,932,	691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		5,798.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d			_	500
е	Add lines 2a through 2d			2e		798
3	Subtract line 2e from line 1			3	2,926,	893
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)					0
_C	Add lines 4a and 4b			4c	2,926,	003
D ₂	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	monte With	Evnoncos nor	5 Dotu		093
га			Expenses per	netu	111.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	3,565,	19/
1	Total expenses and losses per audited financial statements			1	3,303,	194
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				
a b	Donated services and use of facilities Prior year adjustments			-		
C	Other losses			-		
d	Other (Describe in Part XIII.)			-		
	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			3	3,565,	194
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а		4a				
b						
С	Add lines 4a and 4b			4c		0
5				5	3,565,	194
Pa	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part)	(I,

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

95-3619910

CHILDO	CARE WORLDWIDE	95-3619910
Part I	General Information on Activities Outside the United States. Complete if the organ	ization answered "Yes" on
	Form 990, Part IV, line 14b.	

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (a) Region (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND GRANTS TO RECIPIENTS THE CARIBBEAN LOCATED IN REGION 165,183. GRANTS TO RECIPIENTS 182,854. SOUTH ASIA 0 LOCATION IN REGION GRANTS TO RECIPIENTS LOCATION IN REGION SUB-SAHARAN AFRICA 0 1,355,275. GRANTS TO RECIPIENTS LOCATION IN REGION 0 SOUTH AMERICA 176,524. EAST ASIA AND THE GRANTS TO RECIPIENTS PACIFIC 0 LOCATION IN REGION 41,168. 3 a Subtotal 0 1,921,004. **b** Total from continuation 0. sheets to Part I

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

Schedule F (Form 990) 2021

c Totals (add lines 3a

and 3b)

1,921,004.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	CHILD SPONSORSHIP,		ELECTRONIC			
			OTHER	165,183.	FUNDS TRANSFER	0.		
			CHILD SPONSORSHIP,	44.460	ELECTRONIC			
		PACIFIC	OTHER	41,168.	FUNDS TRANSFER	0.		
			FOOD DISTRIBTUION,					
			CHILD SPONSORSHIP,		ELECTRONIC			
		SOUTH AMERICA	LIFE CENTERS, OTHER	176 524.	FUNDS TRANSFER	0.		
			,	,				
			FOOD DISTRIBTUION,					
			CHILD SPONSORSHIP,		ELECTRONIC			
		SOUTH ASIA	LIFE CENTERS, OTHER	55,879.	FUNDS TRANSFER	0.		
			CHILD SPONSORSHIP,		ELECTRONIC			
		SOUTH ASIA	OTHER	126,975.	FUNDS TRANSFER	0.		
		SUB-SAHARAN	CHILD SPONSORSHIP,		ELECTRONIC			
		AFRICA	LIFE CENTERS, OTHER		FUNDS TRANSFER	0.		
						- •		
			FOOD DISTRIBUTION,					
			CHILD SPONSORSHIP,		ELECTRONIC			
		AFRICA	LIFE CENTERS, OTHER	783,557.	FUNDS TRANSFER	0.		
			recognized as charities by the	<u> </u>				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	

Schedule F (Form 990) 2021

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2021 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) omnlete this

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
MANAGEMENT MONITORS THE USE OF GRANTS FUNDS THROUGH WEEKLY CALLS WITH
U.S. AND FIELD STAFF IN EACH REGION, COLLABORATIVE DOCUMENTS THAT ALLOW
THE ORGANIZATION AND FOREIGN AFFILIATES TO SHARE INFORMATION, MONITORING
OF WEEKLY ATTENDANCE AT EACH LIFE CENTER, RECEIPT OF WEEKLY VIDEOS AND
PICTURES OF PROJECTS, REVIEW PROCESS OF EACH PROJECT INCLUDING PROPOSALS,
BUDGETS AND REVIEW OF ACTUAL EXPENDITURES, STRONG RELATIONSHIPS WITH THE
FIELD AUDITORS AND FREQUENT REVIEW OF FINANCIAL RECORDS OF EACH FIELD
OFFICE.

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

CI	HILDCARE	MOKTDMT		95-3619910										
Part I Excess Benef	it Transacti	ons (section 50	1(c)(3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga	anizati	ons o	nly).					
Complete if the or	ganization ansv	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, P	art V,	line 40	Db.					
1 (a) Name of disqualified po	(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction													
(a) Name of disqualified pe	15011	person and or	ganiza	ation	(0) Description of train	Sactio	""		Ye	es	No		
										Щ				
										+				
										_				
										+				
2 Enter the amount of tay in	augrad by the a	rachization man	00010	or dia	auglified neveene dus	ing the year under								
2 Enter the amount of tax in section 4958	-	•	•		•			> \$						
3 Enter the amount of tax, if					anization			• \$						
	,, ee <u>_</u> ,				ga			•						
Part II Loans to and/	or From Int	erested Pers	sons											
Complete if the or	ganization ansv	vered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lir	e 26;	or if th	ne orga	anizatio	on			
reported an amou	nt on Form 990	, Part X, line 5, 6	, or 22	2.										
` '	(b) Relationship	(c) i dipose		an to or	(e) Original	(f) Balance due	(g)		(h) Ap	ard or	(i) W			
interested person	with organization	of loan		zation?	principal amount		defa	ult?	cómm		agreer	nent?		
		DOGE DEE		From	100 000	174 000	Yes	No	Yes	No	Yes	No		
DR. G.M. LANGE	FOUNDER	POST-RET	X		199,000.	174,000.		Х	X	 		X		
									-					
									1					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

174,000.

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Total

Schedule L	(Form 990)	2021	CHILDCARE	WORLDWIDE	
Part IV	Busine	ss Trans	actions Involving In	terested Persons	; ;

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
		4.0.00		Yes	No
ABRAHAM NIENHUIS	RELATED TO CEO/PRES		COMPENSATIO		X
WALTER NIENHUIS	RELATED TO CEO/PRES	/4,661.	COMPENSATIO		X
Part V Supplemental Information. Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERES	STED PERSON	IS:		
(A) NAME OF PERSON: DR. G	M. LANGE				
(B) RELATIONSHIP WITH ORGA	ANIZATION: FOUNDER AN	ID FORMER F	RESIDENT/CE	0	
(C) PURPOSE OF LOAN: POST-	-RETIREMENT BENEFIT				
SCH L, PART IV, BUSINESS	FRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: ABRAHA	AM NIENHUIS				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON ANI	ORGANIZAT	ION:		
RELATED TO CEO/PRESIDENT					
(D) DESCRIPTION OF TRANSAC	CTION: COMPENSATION				
(A) NAME OF PERSON: WALTER	R NIENHUIS				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON ANI	ORGANIZAT	'ION:		
RELATED TO CEO/PRESIDENT					
(D) DESCRIPTION OF TRANSAC	CTION: COMPENSATION				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

CHILDCARE WORLDWIDE

Employer identification number 95-3619910

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING FOR THEIR PHYSICAL NEEDS, AND SPONSORING THEIR EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BARRIERS, CHILDREN GROW SPIRITUALLY AND PHYSICALLY INTO THRIVING

PRODUCTIVE ADULTS.

THE BIBLICAL GOSPEL IS THE PRIMARY MESSAGE WE DELIVER TO

UNDERPRIVILEGED CHILDREN AND WE PROVIDE HOLISTIC CARE TO REMOVE ANY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL AND THROUGHOUT ALL AREAS OF THEIR LIVES.

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

BARRIER TO FULLY HEARING AND UNDERSTANDING THE GOOD NEWS OF JESUS

CHRIST. WITH CHRIST AS THEIR CORNERSTONE, CHILDREN CAN SUCCEED IN

ALL OF THIS MEANS THAT 2021 SAW US ONCE AGAIN STRUGGLING TO GET FUNDS

OUT TO THE CHILDREN AND COMMUNITIES WE SERVE, FORCING US TO STOCKPILE

DONATIONS FOR BRIGHTER DAYS.

A SECOND MAJOR FINANCIAL IMPACT OCCURRED DUE TO A DECISION WE MADE TO

SELL OUR OFFICE BUILDING. THE PANDEMIC HAD FORCED US ALL TO EXPERIENCE

WORKING FROM HOME, AND MUCH TO OUR SURPRISE WE DISCOVERED THAT IT WAS A

BEAUTIFUL FIT FOR OUR ORGANIZATION. MANY EMPLOYEES THRIVED IN THE WFH

SCENARIO, AND OUR OPERATIONS BECAME MORE EFFICIENT AND STREAMLINED. ALL

THE WHILE OUR BUILDING WAS SITTING EMPTY WHILE WE CONTINUED TO MAKE

MORTGAGE PAYMENTS. THEREFORE, WE MADE THE DECISION TO CUT OUR LOSSES

132211 11-11-21

Schedule O (Form 990) 2021 Page **2**

Name of the organization CHILDCARE WORLDWIDE

Employer identification number 95-3619910

AND SELL THE BUILDING MID-YEAR. IT WAS A HUGE BLESSING FOR US TO UNLOAD

THE BURDEN OF THAT BUILDING. IT ALLOWED US TO FIND A SMALL, REASONABLY

PRICED OFFICE LEASE THAT COULD ACCOMMODATE A FEW STAFF PLUS GROUP

MEETINGS AND RELIEVED US OF THE MORTGAGE PAYMENT AND MAINTENANCE

EXPENSES. HOWEVER, ON PAPER, THE SALE WAS A MAJOR LOSS, MOSTLY DUE TO

THE BUILDING HAVING BEEN VALUED DURING A REAL ESTATE BOOM WHEN PRICES

WERE AT THEIR HIGHEST. SO, WHILE WE ENDED UP IN A MUCH BETTER PLACE IN

OUR MONTHLY BUDGET WITH EXTRA CASH IN OUR WHERE MOST NEEDED FUND, THE

YEAR-END FINANCIALS SHOW A LARGE LOSS IN THE ADMINISTRATIVE CATEGORY,

AFFECTING OUR PROGRAM VS. SUPPORT PERCENTAGES SIGNIFICANTLY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE CENTER CHURCH PARTNERSHIPS ARE CHOSEN BASED ON THE FOLLOWING

- > THE CHURCH AND PASTOR'S STATEMENT OF FAITH (SOF) ALIGNS WITH CW'S.
- > THE CHURCH AND PASTOR AFFIRM ALIGNMENT TO THE SOF ANNUALLY.
- > THE CHURCH AND PASTOR HAVE A COMMITMENT TO GOSPEL EVANGELISM AND DISCIPLESHIP.
- > THE PASTOR AND CHURCH LEADERSHIP ENTHUSIASTICALLY ENDORSE CW'S VISION

 FOR LCS, AND ARE WILLING TO GET INVOLVED TO MINISTER TO THE FAMILIES OF

 SPONSORED CHILDREN.
- > THERE IS A COMMITMENT TO A LONG-TERM PARTNERSHIP.
- > THE PASTOR AND CHURCH LEADERSHIP EMBRACE THE BENEFITS OF HAVING AN LC
 IN THEIR CHURCH:
- > AN EXCELLENT EVANGELISTIC OPPORTUNITY.
- > A WAY FOR THE CHURCH TO BE "SALT AND LIGHT" TO THEIR COMMUNITY.
- > THE CHURCH IS SEEN AS HAVING AN IMPACT IN THE COMMUNITY/NEIGHBORHOOD.
- > A WAY TO HELP SOME OF THEIR CONGREGATION'S FAMILIES, BUT NOT

CRITERIA:

Schedule O (Form 990) 2021 Page 2

Name of the organization Employer identification number CHILDCARE WORLDWIDE 95-3619910

EXCLUSIVELY.

- > AN OPPORTUNITY FOR VOLUNTEER SERVICE FOR THEIR MEMBERS.
- > A SHEPHERDING MINISTRY FOR PASTORS, LEADERS, AND FUTURE LEADERS.
- > AN ADDITIONAL DISCIPLESHIP OPPORTUNITY FOR SPONSORED CHILDREN.
- > A NETWORKING OPPORTUNITY WITH OTHER LIKE-MINDED PASTORS AND CHURCHES.
- > A TRAINING CENTER FOR LEADERS AND CONGREGATION ON MINISTRY TO CHILDREN AND THEIR FAMILIES.
- > MEMBERS OF THE CONGREGATION ARE AVAILABLE TO VOLUNTEER. IN SERVING AT

 THE LC, THEY ARE MINISTERING ON BEHALF OF CW, UNDER THE OVERSIGHT OF

 THE CHURCH'S LEADERSHIP, AND UNTO THE LORD.
- > CHURCH VOLUNTEERS ARE LED BY THE LEAD-TEACHER EMPLOYED BY CW.
- > VOLUNTEERS ARE TRAINED AND FOLLOW THE GUIDELINES OF THE LC.

CHILDREN MEET AT A SINGLE LIFE CENTER AND ARE TAUGHT BY ONE TEACHER WHO

IS SUPPORTED BY TWO OR MORE LOCAL CHURCH VOLUNTEERS. STAFF OF CW MAKE

MONTHLY OR QUARTERLY CHECKS ON THE LIFE CENTERS TO ENSURE THAT THE

CURRICULUM IS BEING PRESENTED WELL, CHECK ON THE CHILDREN, AND HELP THE

CHILDREN WRITE LETTERS TO THEIR SPONSORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

A CENTRALLY LOCATED WATER SYSTEM REMOVES THE NEED FOR CHILDREN TO WALK

MILES TO COLLECT WATER FROM CONTAMINATED SOURCES. CHILDREN AND THEIR

FAMILIES STAY HEALTHY WHEN THEY CAN ACCESS CLEAN WATER FROM A CHURCH

WITHIN THEIR COMMUNITY.

THE FAMILIES OF SPONSORED CHILDREN OFTEN DO NOT HAVE ENOUGH RESOURCES

TO ADEQUATELY FEED THEMSELVES. KIDS COME TO THE LIFE CENTER HUNGRY AND

132212 11-11-21

Schedule O (Form 990) 2021

34

Schedule O (Form 990) 2021 Page **2**

Name of the organization CHILDCARE WORLDWIDE

Employer identification number 95-3619910

IN NEED OF NUTRITIOUS FOOD. CW PREPARES AND SERVES FOOD TO THE KIDS AT

THEIR LIFE CENTER EACH WEEKEND. OTHER CW FOOD PROGRAMS EXIST TO ENSURE

THE MOST IMPOVERISHED FAMILIES HAVE ENOUGH TO EAT.

ACCESS TO EDUCATION IS IMPORTANT TO PROVIDE OPPORTUNITY FOR SPONSORED

CHILDREN. CW PAYS A PORTION OF THE SCHOOL FEES CHARGED BY LOCAL SCHOOL

DISTRICTS SO KIDS CAN STAY ENROLLED.

OTHER PROGRAMS HELP CW PROVIDE CHILDREN WITH ADEQUATE MEDICAL CARE,
CLOTHING AND SHELTER FOR THEIR FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS DELIVERED TO THE CEO/PRESIDENT AND DIRECTOR OF FINANCE. THE FORM IS REVIEWED LINE-BY-LINE, COMPARING THE FIGURES TO THE AUDITED FINACIAL STATEMENTS AND ACCOMPANYING NOTES WHEREVER POSSIBLE. THE FORM AND SCHEDULE ARE REVIEWED FOR CORRECT AND COMPLETE INFORMATION. IF THERE ARE ANY QUESTIONS OR CONCERNS, THE DIRECTOR OF FINANCE WILL CONSULT WITH THE INDEPENDENT ACCOUNTING FIRM AND THE ISSUE WILL BE RESOLVED TO THE SATISFACTION OF BOTH PARTIES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ON A YEARLY BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD. RAISES OR BONUSES FOR

THE CEO ARE PROVIDED IN WRITING BY THE CHAIRMAN OF THE BOARD ON BEHALF OF

THE ENTIRE BOARD.

Schedule O (Form 990) 2021	Page 2
Name of the organization CHILDCARE WORLDWIDE	Employer identification number 95-3619910
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANI	ZATION'S WEBSITE
ON A TIMELY BASIS AS THEY BECOME AVAILABLE. THE GOVERNING	DOCUMENTS AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC E	BY REQUEST.
	_

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D)LAND	03/15/17	L				540,000.				540,000.			0.	
2	(D)LAKEWAY BUILDING	03/15/17	SL	39.00	MM1	16	1,260,000.				1,260,000.	123,846.		16,154.	140,000.
3	(D)LAKEWAY IMPROVEMENTS	03/15/17	SL	15.00	1	16	157,883.				157,883.	40,348.		5,263.	45,611.
4	(D)SIGN AND COVER	02/24/17	SL	15.00	1	16	2,413.				2,413.	617.		80.	697.
5	(D)OFFICE/FURNITURE	03/15/17	SL	7.00	1	16	21,445.				21,445.	11,744.		1,532.	13,276.
6	(D)HVAC UNIT	10/31/17	SL	39.00	MM1	16	66,037.				66,037.	5,362.		847.	6,209.
7	(D)FENCING	03/21/18	SL	15.00	1	16	7,409.				7,409.	1,358.		247.	1,605.
8	(D)REPLACEMENT LIGHTING	01/23/19	SL	15.00	1	16	2,994.				2,994.	383.		133.	516.
9	(D)LEGAL FIRE FILE	10/15/82	SL	5.00	1	16	465.				465.	465.		0.	465.
10	(D)COMPUTER ROOM CABINET	06/15/84	SL	5.00	1	16	158.				158.	158.		0.	158.
11	(D)FILE CABINET-4DRAWER	09/15/82	SL	5.00	1	16	228.				228.	228.		0.	228.
12	(D)PRESIDENTS DESK	08/25/97	SL	7.00	1	16	443.				443.	443.		0.	443.
13	(D)OFFICE FURNITURE	09/18/97	SL	7.00	1	16	1,028.				1,028.	1,028.		0.	1,028.
14	(D)DESK FOR D.H	03/15/99	SL	5.00	1	16	506.				506.	506.		0.	506.
15	(D)OFFICE FURNITURE	08/30/02	SL	7.00	1	16	650.				650.	650.		0.	650.
16	(D)TABLES/CHAIRS/SHELVES	12/31/05	SL	5.00	1	16	3,212.				3,212.	3,212.		0.	3,212.
17	(D)SECURITY SYSTEM	03/31/15	SL	5.00	1	16	1,501.				1,501.	1,501.		0.	1,501.
18	(D)COMPUTER-TECH	08/31/15	SL	5.00	1	16	542.				542.	542.		0.	542.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	NEOPOST POSTAGE METER	11/09/16	SL	7.00	1	16	14,484.				14,484.	8,622.		2,069.	10,691.
20	DELL INSPIRON DESKTOP 3668	06/01/17	SL	5.00	1	16	566.				566.	406.		113.	519.
21	(D)DELL INSPIRON 3650	07/06/17	SL	5.00	1	16	516.				516.	361.		69.	430.
22	TH SERVER	07/30/18	SL	5.00	1	16	6,136.				6,136.	2,966.		1,227.	4,193.
23	REFURB MACBOOK PRO	11/04/19	SL	5.00	1	16	3,651.				3,651.	852.		730.	1,582.
24	PANASONIC LUMIX DIGITAL CAMERA	11/16/19	SL	5.00	1	16	3,694.				3,694.	800.		739.	1,539.
25	VIDEO PROJECTOR	05/31/07	SL	5.00	1	16	721.				721.	721.		0.	721.
	* TOTAL 990 PAGE 10 DEPR						2,096,682.				2,096,682.	207,119.		29,203.	236,322.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,096,682.			0.	2,096,682.	207,119.			236,322.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						2,067,430.			0.	2,067,430.	192,752.			217,077.
	ENDING BALANCE						29,252.			0.	29,252.	14,367.			19,245.
	ENDING ACCUM DEPR LESS DISPOSITIONS											19,245.			
	ENDING BOOK VALUE											10,007.			