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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

SCANNED APR 2 3 2010

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

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	en to	∠ L en to Pub	ZUU en to Publica	ZUUO	ZUU O en to Public Inspectio

	For the	2008 calend	lar year, o	or tax year beginning Jul 1	, 2008, and	d ending	Jun			, 2009
В	Check if a	ipplicable		C Name of organization				D Employe	er iden	ntification Number
	Addre	ess change	Please use IRS label	Child Care Resource & Re	ferral Netv	work		37-1	295	5626
	Name	e change	or print or type	Number and street (or P O box if mail is not del		Room/sui	te	E Telepho		
		l return	See specific	207 W Jefferson				(309	3) (328-1892
	=	nination	Instruc-	City, town or country	State ZIP	code + 4		(30)	,,	720 1032
	\vdash		tions	,		1701		C 0		¢ 1 207 002
	\equiv	nded return	F N	Bloomington	<u>тт р</u> .		I(a) Ic this	a group return		\$ 1,207,082.
	Appli	ication pending		and address of principal officer			• •	affiliates incli		H
				WOMACK 207 W JEFFERSON BLOOM		1/04		attach a list		nstructions) Yes No
<u></u>		xempt status			17(a)(1) or 5	527				
<u>J</u>	Webs		w.ccrr					exemption nu	mber	
K		organization	X Corpora	ation Trust Association Other	L Year	of Formatio	on 1992	2 Ms	tate of	legal domicile IL
Pa		Summa								
		-	_	anization's mission or most significant ad						g families, child care
ø	_			<u>l_employers_in_their_purs</u>		<u>lity </u>	child_	care_a	ind_	family support
ă	_s	s <u>ervices</u>	<u>that</u>	both available and affor	<u>dable</u> _	- -				
Governance	_									
λον		heck this bo		if the organization discontinued its opera		l of more	than 25°	% of its as		L
৵				bers of the governing body (Part VI, line						13
8			•	t voting members of the governing body (Part VI, line 1b)				4	13
ŧ				yees (Part V, line 2a)					5	19
Activities &				eers (estimate if necessary)					6	0
٩				usiness revenue from Part VIII, line 12, o					7 a	
	b N	<u>et unrelated</u>	business	taxable income from Form 990 , line 3	[1	.	7b	<u> </u>
					<i>,</i> \		Р	rior Year	_	Current Year
Φ	8 C	ontributions	and gran	ts (Part-VIII, II)	<i>b</i> /		1	,103,6	49.	1,171,958.
Ž	9 P	rogram serv	ice reven	ue (Part VIII, June 2g) 5 2010	正/			27,7	01.	
Revenue					· \			1,8	42.	1,869.
Œ	, ~	tiller revenue	5 (1 W/C *1		nd_11e)			10,0	50.	33,255.
	12 T	otal revenue	- add lir	nes 8 through 1 (must equal Part VIII, co	olumn (A), line 12	2)	1	,143,2	42.	1,207,082.
	13 G	rants and si	mılar amo	ounts paid (Part IX Column (A), lines 1-3)			998,6	89.	23,459.
				nembers (Palt IX, column (A), line 4)						
	1			sation, employee benefits (Part IX, colur	nn (A). lines 5-10	2)				746,821.
ses				g fees (Part IX, column (A), line 11e)	(. 9)	- /	-			
Expenses						•	2500000		4 kobsis	5.5 (C. N. S. C. 11)
찟	1			nses (Part IX, column (D), line 25) 🕨		0.	334 (10.5)		X 80 9 %	2.00
		•	•	X, column (A), lines 11a-11d, 11f-24f)				130,6		
	18 T	otal expense	es Add Irr	nes 13-17 (must equal Part IX, column (A	(), line 25)		1	,129,3	77.	1,203,993.
	19 R	Revenue less	expenses	Subtract line 18 from line 12				13,8	65.	3,089.
b 8							Beau	nning of Y	ear	End of Year
	20 T	otal assets (Part X. III	ne 16)				289,3		236,261.
A B	1	otal liabilitie		•				126,5		
Net Assets or Fund Balancos			•	inces Subtract line 21 from line 20				162,7		
P	irt II						l	102,1	05.	103,032.
غيد	41.6411.08%									
		Under penaltie true, correct, a	s of perjury, nd complete	I declare that I have examined this return, including a Declaration of preparer (other than officer) is based	ccompanying schedule on all information of w	es and state hich prepar	ements, and er has any	I to the best o knowledge	tmykı ∡	nowledge and belief, it is
c:		D	1	1 1 Dow			1	2		≥9 /1D
Sig He		Signature-	at attract				l_ Da	<u> </u>	/_	<u> </u>
116	16	Signat ure	V S	1.22		_	\mathcal{T}	0		•
			Jan	nela Womack, to	-readi	~و		recordo	<u> </u>	
		Type or pr	int name an	d title						
				1 0 1 10 1	Date			heck if elf-		Preparer's identifying number (see instructions)
Pa		Preparer's	c-	Melleth				mployed ►		
Pr		signature	► RIC	HARD W PHILLIPS	03,	/22/10				
	rer's	Firm's name (d	or PHT	LLIPS & ASSOCTATES, CPAS,						
Üs		yours if self		O HUNT DRIVE, STE B				IAI ►		0
Or	пу	employed) address, and			TT (17(1	· · · · · ·		IN P	120	10) 450 0417
		ZIP + 4	NOR	·	IL 61761		<u> P</u>	hone no	(30	
IV/I O	y the IK	o aiscuss thi	s return v	vith the preparer shown above? (see inst	ructions)					X Yes No (

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
2	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	X
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		
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		$\frac{X}{X}$
	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>X</u>
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? If 'Yes,' complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Fait IV	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	·
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_	X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u> _
17		17	_	X
18	, , , , , , , , , , , , , , , , , , , ,	18		X
19		19		<u>X</u>
20		20		X
21		21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete	22	X	
23	Schedule J	23		<u>X</u>
	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ .	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	 	
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		X
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X (2008)

Part IV Checklist of Required Schedules (continued)

			Yes	<u>No</u>
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
;	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	-00]
	with other person(s) listed in Part VII, Section A)? If Yes, complete Schedule L, Part IV	28a		X
l	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	i	<u> x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		<u>x</u>
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		Х
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		Х
BA	4	Forn	າ 990	(2008)

TEEA0104 12/18/08

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Χ (gambling) winnings to prize winners? 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 19 2b 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 this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a Χ b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5 c Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). 7 <u>a</u> Χ a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e Χ benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Х 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х Χ b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10 a 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 11 a a Gross income from other 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) 11 b

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Form **990** (2008)

12 a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) Child Care Resource & Referral Network 37-1295626 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management					
	For each processes	'Yes' response to lines 2-7b below, and for a s, or changes in Schedule O See instructions	'No' response to lines 8 or 9b below, de	escribe the circumstances,		Yes	No
1 a	Enter the	number of voting members of the governing to	pody	1a 13			Ì
b	Enter the	number of voting members that are independ	ent	1b 13		- 1	
2	Did any conficer, di	fficer, director, trustee, or key employee have rector, trustee or key employee?	a family relationship or a business rela	ationship with any other	2		<u>X</u>
3	Did the or	ganization delegate control over managemen s, directors or trustees, or key employees to a	t duties customarily performed by or un management company or other person	der the direct supervision	3	l	Х
4		rganization make any significant changes to it prior Form 990 was filed?	ts organizational documents		4		X
5		rganization become aware during the year of	a material diversion of the organization	's assets?	5		Х
		organization have members or stockholders?	a material diversion of the organization	3 433013	6		<u>X</u>
		organization have members, stockholders, or	other persons who may elect one or m	ore members of the	7a		X
Ŀ		decisions of the governing body subject to app	proval by members, stockholders, or oth	er persons?	7b		<u>X</u>
8	-	rganization contemporaneously document the		·			
	the follow		meetings held of written details direct	taken daring the year by	8a	х	
	•	nning body. nmittee with authority to act on behalf of the g	roverning hody?		8b	^	
		organization have local chapters, branches, or	, ,		9a		<u>x</u>
	o If 'Yes,' o	loes the organization have written policies and ches to ensure their operations are consistent	d procedures governing the activities of	such chapters, affiliates,	9b		
10	Was a co	py of the Form 990 provided to the organization in Schedule O the process, if any, the organization	on's governing body before it was filed?	All organizations must	10	х	
11	ls there a	any officer, director or trustee, or key employe ion's mailing address? If 'Yes,' provide the na	e listed in Part VII, Section A, who can tames and addresses in Schedule O	not be reached at the	11		X
Sec	tion B.	Policies					
						Yes	No
12 a	Does the	organization have a written conflict of interes	t policy? If 'No,' go to line 13		12a	Х	
	to conflic		•	-	12b	Х	
(Does the Schedule	organization regularly and consistently monite O how this is done	or and enforce compliance with the poli	icy? If 'Yes,' describe in	12c	х	
13	Does the	organization have a written whistleblower pol	icy?		13	X	
14	Does the	organization have a written document retention	on and destruction policy?		14	Χ	
15	Did the p persons,	rocess for determining compensation of the for comparability data, and contemporaneous su	ollowing persons include a review and a obstantiation of the deliberation and dec	approval by independent ision	<i>k</i> }		7
	a The orga	nization's CEO, Executive Director, or top ma	nagement official?		15a	Χ	
1	b Other off	icers of key employees of the organization?			15b	X	
	Describe	the process in Schedule O (see instructions)					ا ا
16		organization invest in, contribute assets to, or ring the year?	participate in a joint venture or similar	arrangement with a taxable	16a		X
1	in joint v	nas the organization adopted a written policy of enture arrangements under applicable federal of the respect to such arrangements?	or procedure requiring the organization tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	16b		
Sec		Disclosures			1 100	<u> </u>	'
17		states with which a copy of this Form 990 is re	equired to be filed - Illinois				
18	Section	6104 requires an organization to make its Form Indicate how you make these available. Ch	ms 1023 (or 1024 if applicable), 990, ar neck all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	ıblıc
	∐ Own	website X Another's website	X Upon request				
19	Describe stateme	in Schedule O whether (and if so, how) the onts available to the public	organization makes its governing docum	nents, conflict of interest polic	y, and	financ	nal
20		e name, physical address, and telephone num a Womack 207 West Jeffers	· · · · · · · · · · · · · · · · · · ·		nizatior 309)_t		1 2 0 2
		a womack zu/ west Jeffers	ou at attent Discourting Con .				
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Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not		ate ar	ny of			rector,	trus			
(A)	(B) Average	Dec		•	c)	hat appl	I. A	(D)	(E)	(F)
Name and Title	hours per week	ें जिस्सारी से जिस्स्ट	and tensiee	Offi 1	a Key emphyee	Alight est coingensated	יצי חופו בני חופו	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kevin Gustin										-11.
President	0.50			X				0.	0.	0.
LaTasha Simmons										
Vice President	1.00			X				0.	0.	0.
Karla Lohnes	,									
Secretary	0.50			Х	_	ļ 1		0.	0.	0.
Greg Donovan										
Board Member	0.50	X		ļ				0.	0.	0.
Randy Llyod										
Board Member	0.50	X				<u></u>		0.	0.	0.
Poonam McAllister						ļ				
Board Member	0.50	X			L.,			0.	0.	0.
Anna Paxton										
Board Member	0.50	Х			<u> </u>			0.	0.	0.
Barbara McGaughan			ł							
Board Member	0.50	Х					<u> </u>	0.	0.	0.
Lori Kormah	•				Ì					
Board Member	0.50	Х	<u> </u>		<u> </u>			0.	0.	0.
Julie_Cotter										
Board Member	0.50	X			<u>L</u>	ļ	<u> </u>	0.	0.	0.
Pamela_Womack										
Treasurer	35.00	Х	ļ.,	X	X	X	ļ	83,450.	0.	0.
	ļ	!								
•		<u> </u>				-	_			
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	-				1	1				
					1		1	<u> </u>		

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Pai	t VIII Statement of Revenue				
The same of the sa		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f		. `	,	
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue			***	,
_ &_	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 	1,869.	1,869.	0.	0.
	(i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss)		38 334 38 34 38 34 34 38 34 34 34 34 34 34 34 34 34 34 34 34 34		7 7 7 2 2 20000000000000000000000000000
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	_ *	\$ 5,7 cg.		
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)	<u></u>	5, 1	,	,
OTHER F	See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events			- and common of real to consumption of pump has an arrange, southing the	
	9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b	-			,
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	•			
	11a Fees 900099	14,255.	14,255.	0.	0.
	b Corporate Contract 900099	11,305.	11,305.	0.	0.
	c Miscellaneous 900099	7,695.	7,695.	0.	0.
	d All other revenue	22 055			
	e Total. Add lines 11a-11d	► 33,255.			ļ
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,207,082.	35,124.	0.	0.

All other organizations must complete column (A) but are not re	equired to complete columns (B), (C), and (D),
riii otilei organizations mast complete column (ri) bat are not re	equired to complete columns (b), (c), and (b).

	i	<u></u>		(0)	(P)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,459.	23,459.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			,,	
5	Compensation of current officers, directors, trustees, and key employees	626,885.	529,538.	97,347.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	64,641.	57,603.	7,038.	0.
10	Payroll taxes	55,295.	47,267.	8,028.	0.
11	Fees for services (non-employees)				
	a Management				
	b Legal				
	Accounting	5,510.	0.	5,510.	0.
	d Lobbying	5,510.		3,310.	<u> </u>
	e Prof fundraising svcs See Part IV, In 17		3 3 2 10 .		
			<u> </u>	\$ # `\$ <u>\$</u> '9	
	Investment management fees				
	g Other	1 1 5 7	1 107	20	
	Advertising and promotion	1,157.	1,127.	30.	0.
13	Office expenses				
14	Information technology	3,310.	3,310.	0.	0.
15	Royalties				
16	Occupancy				
17	Travel	3,837.	3,837.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,250.	3,718.	532.	0.
20	Interest				
21	Payments to affiliates	l			
22	Depreciation, depletion, and amortization	8,198.	8,198.	0.	0.
23		5,806.	3,713.	2,093.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	a Program Consultants & Contractual	47,605.	47,605.	0.	0.
	b Other Consultants & Contractual		7,887.	848.	0.
	c Food	2,454.	2,406.	48.	0.
	d Supplies	16,044.	14,246.	1,798.	0.
	e Local Transportation	25,136.	23,584.	1,552.	0.
	f All other expenses	301,671.	285,118.	16,553.	0.
	Total functional expenses Add lines 1 through 24f	1,203,993.		141,377.	0.
26		1,200,090.	1,002,010.	141,3/1.	
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

Pa	rt X	Balance Sheet						
				(A) Beginning of year		(B End of) year	
	1	Cash – non-interest-bearing		180,145.	1		95 <u>,</u> 7	47.
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		81,460.	4	11	19,1	29.
	5	Receivables from current and former officers, directors, to or other related parties. Complete Part II of Schedule L	rustees, key employees,		5			
1	6	Receivables from other disqualified persons (as defined to	inder section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B) Complet	e Part II of Schedule L		6			
S	7	Notes and loans receivable, net			7			
A S E T S	8	Inventories for sale or use			8			
s	9	Prepaid expenses and deferred charges		0.	9		1,8	49.
	10 a	Land, buildings, and equipment cost basis	0a 418,712.	<i>₹</i>			`	
	b	Less accumulated depreciation Complete Part VI of						
		Schedule D 1	0b 399,176.	27,734.	10 c		19,5	<u>36.</u>
	11	Investments — publicly-traded securities	<u> </u>		11			
	12	Investments – other securities See Part IV, line 11	1		12			
	13	Investments - program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			15			
\Box	16	Total assets Add lines 1 through 15 (must equal line 34)		289,339.	16	_	36,2	
	17	Accounts payable and accrued expenses Grants payable		27,183.	17		<u> 18,1</u>	<u>88.</u>
	18	18						
.	19	Deferred revenue	,	99,393.	19		22 <u>,</u> 2	<u>21.</u>
į	20	Tax-exempt bond liabilities			20			
ĝ	21	Escrow account liability Complete Part IV of Schedule D	ļ		21			
レーAB-L-T-ES	22	Payables to current and former officers, directors, trustee highest compensated employees, and disqualified person	es, key employees, ns Complete Part II	CONTRACT CON		La		
Ē		of Schedule L			22			
S	23	Secured mortgages and notes payable to unrelated third	parties		23			
	24	Unsecured notes and loans payable		<u></u>	24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		<u> 126,576.</u>	26		70,4	<u>09.</u>
Z E T		Organizations that follow SFAS 117, check here	and complete lines					
		27 through 29 and lines 33 and 34.			- <u></u> - -			
ASS	27	Unrestricted net assets		162,763.	27	1	65 <u>,</u> 8	52.
ĔTS	28	Temporarily restricted net assets	}		28			
O R	29	Permanently restricted net assets			29			
		Organizations that do not follow SFAS 117, check here	► and complete				ì	
FUZO	20	lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	-1 £ J		30			
Ā	31	Paid-in or capital surplus, or land, building, and equipme	i i		32	<u>-</u> .		
Ā	32	Retained earnings, endowment, accumulated income, or Total net assets or fund balances.	other tunds	162 763	33		C	
BALAZCES	33	Total liabilities and net assets/fund balances		162,763. 289,339.	34		65,8	
_	irt X			209,339.	1 34 1		36 <u>,</u> 2	. 61 .
	11 L X	Timanetal Statements and Reporting					Yes	No
1	Δα	counting method used to prepare the Form 990 Case	sh X Accrual	Other			163	110
		re the organization's financial statements compiled or rev				2a	X	
_		re the organization's financial statements audited by an ir	, ,	countain		2b	X	
				for oversight of the aud	lıt.			
		Yes' to 2a or 2b, does the organization have a committee lew, or compilation of its financial statements and selection				2c	X	
3	a As	a result of a federal award, was the organization required dit Act and OMB Circular A-133?	to undergo an audit or audi	its as set forth in the Si	ngle		١,,	
						3a	- <u>X</u>	
BA		Yes,' did the organization undergo the required audit or au	uits /			3b Form	X 990 (,5008,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

lame (of the	organization							Employer	ıdentıficat	ion number		
Chi	ld	Care Resourc	e & Referral	Network					37-12	95626	5		
Part	: 1	Reason for Pub	olic Charity Status	s (All organizations	must c	omple	te this	part.)	(see ı	nstruct	ions)		
The c				e it is (Please check onl									
1	\bigcap	A church, convention	n of churches or asso	ciation of churches descr	ibed in s	ection 1	70(b)(1	χΑχι).					
2	Ħ			(ii). (Attach Schedule E				~ ~/					
3	Ħ			organization described in		170(h)	(1γΑγίί). (Atta	ch Sche	dule H)			
4	Ħ			in conjunction with a ho						•	r the hospit	el's	
•	ш	name, city, and stat		in conjunction mand in	opital ac	SCHECU	iii seedi	on 17 0 (.	יאיאריא	, בוונכ	i ilic nospii	u. 5	
5			rated for the benefit o	f a college or university of	owned or	operate	ed by a	governn	nental u	nit descri	ibed in sec	tion	
6	Ш			overnmental unit describe									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	닏	•											
9	X	An organization that normally receives (i) more limit 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization organization	anized and operated e	exclusively to test for pub	lic safety	/ See s	ection 5	09(a)(4)). (see i	nstructio	ns)		
11		An organization organize publicly support	anized and operated e	exclusively for the benefit escribed in section 509(a)	of, to po (1) or so	erform to	he functi 09(a)(2)	ons of, See s e	or carry ection 50	out the 9	purposes of Check the	f one or box tha	r at
				ation and complete lines		_				. 🗀	T 101	Other .	
_		a ∐ Type!	b Type II	c Type III		-	_			a [Type III-		
е	Ц	than foundation mai 509(a)(2)	x, I certify that the org nagers and other than	anization is not controlle one or more publicly sup	a directly oported (y or indi organiza	rectly by itions de	one or scribed	more a	squalifie on 509(a	d persons ()(1) or sect	otner .10N	
f		If the organization recheck this box	eceived a written dete	rmination from the IRS th	nat is a T	Type I, T	ype II o	r Type I	ll suppo	rtıng org	anızatıon,		
g		Since August 17, 20	006, has the organizat	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?	ĺ	Yes	No
		(i) a person who below, the gov	directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	gether v	vith pers	sons des	cribed i	n (II) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ibed in (i) above?							11 g (iı)		
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove [?]						11 g (iii)		
h		Provide the followin	g information about th	e organizations the organ	nızatıon	support	S						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col I in your rning nent?	the organ	(i) of	organizati	s the ion in col zed in the 5 ?	(VII) Amoun	t of Supp	ort
					Yes	No	Yes	No	Yes	No			
_													
									<u> </u>		_		
		·				ļ							
Total	1		`	*									

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

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	Red the box on his	e 5 or rai(1)						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	T	(f) Total	
	Gifts grants contributions and	(a) 2004	(6) 2000	(0) 2000	(4) 2007	(6) 2000	\dashv	(i) Total	
	membership fees received (Do not include 'unusual grants ')	914,962.	846,147.	1,006,235.	1,103,649.	1,171,95	9.	5,042,952.	
-	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business	56,781.	36,445.	14,097.	37,751.	33,25	5.	178,329.	
4	under section 513 Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
-	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons	971,743.	882,592.	1,020,332.	1,141,400.	1,205,21	4.	5,221,281.	
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
c	; Add lines 7a and 7b								
8	Public support (Subtract line								
	7c from line 6)	a Marine Agreement	4,442,45 4,47,42		and the second		5- 57	5,221,281.	
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·							
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total	
9	Amounts from line 6	971,743.	882,592.	1,020,332.	1,141,400.	1,205,21	4.	5,221,281.	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,568.	2,318.	1,898.	1,842.	1,86	9	9,495.	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	1,568.	2,318.	1,898.	1,842.	1,86	9.	9,495.	
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<u>5,230,776.</u> ▶□	
	tion C. Computation of Pu								
				o 12 polyma (f)			15	00 02 %	
	Public support percentage for 20	· ·	•			 	15	99.82%	
	Public support percentage from 2						16	99.77%	
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 17 0.18 %								
	· · · · · · · · · · · · · · · · · · ·			-	nn (r))	 -	17	0.18%	
	Investment income percentage fr				4 luna 15 1		18	0.00%	
	a 33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	blicly supported o	ganızatıon		► [X]	
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organızatı	on	and line 18	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A	(Form 990	or 990-E	EZ) 2008	Ch	ild	Care	Res	source	e &	Refer	ral	Network	37-1295626	Page 4
Part IV	Supplem	ental	Informa	ation	Con	plete	this	part to	prov	ide the	exp	planation re	37-1295626 quired by Part II, rmation. (see instr	line 10;
	Part II, II	ne 1/2	or 1/1	o; or i	Part	ii, line	12	Provid	ie an	y otner	add	itional info	mation. (see instr	uctions)
					- -				- -	- 				
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization				Employer	Identification	numbe	er
Chi	ld Care Resource & Referral 1	Network			37-12	95626		
Par	tl Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth o Form 990, Part IV, line	er Similar Funds e 6.	or Acc	ounts C	omplete	ıf	
		(a) Donor advised	funds	(b) F	unds and	other acco	ounts	
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)	-						
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor	or advisors in writing that the	assats hold in donor	advisod				
5	funds are the organization's property, subject t	o the organization's exclusive	legal control?		[Yes		No
6	used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No							
Pai	t II Conservation Easements Comple	ete if the organization ar	nswered 'Yes' to	Form 99	90, Part	IV, line	7	_
_1	Purpose(s) of conservation easements held by	the organization (check all that	at apply)					
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of a	an historica	ally import	tant land a	rea	
	Protection of natural habitat		Preservation of o	ertified his	storic stru	cture		
	Preservation of open space		_					
2	Complete lines 2a-2d if the organization held a	qualified conservation contrib	oution in the form of	a conserva	ation ease	ment on th	ne las	t day
	of the tax year							
	T. ()				Held at	the End of	the '	rear
	a Total number of conservation easements			2 a				
	b Total acreage restricted by conservation easements 2b							
	c Number of conservation easements on a certified historic structure included in (a)							
_	d Number of conservation easements included in (c) acquired after 8/17/06 2d							
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►							le
4	Number of states where property subject to co	nservation easement is located	d ►					
5	Does the organization have a written policy recenforcement of the conservation easement it has been supported by the conservation of the conservat		g, inspection, violatio	ns, and		Yes		No
6	Staff or volunteer hours devoted to monitoring,	, inspecting, and enforcing eas	sements during the y	ear 🟲 🙎				
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easem	nents during the year	·				_
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the red	quirements of section	า		Yes		No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial s	n its revenue and ex tatements that descr	pense stat ibes the o	tement, ar rganızatıo	nd balance n's accour	shee nting t	et, and for
Pa	rt III' Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	I Treasures, or C D, Part IV, line 8	Other Sir	milar As	sets		
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or res	earch in furtherance	and baland of public	ce sheet w service, p	orks of art rovide, in f	t, hist Part >	orical (IV,
,	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	ic exhibition, education, or res	revenue statement earch in furtherance	and baland of public	service, p	rovide the	follov	orical ving
	(i) Revenues included in Form 990, Part VIII,	line 1			► 5	\$ \$		
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items	r sımılar assets for f	inancial ga	ain, provid	le the follo	wing	
	a Revenues included in Form 990, Part VIII, line	1			► 9	\$		
	b Assets included in Form 990, Part X				► ;	\$		

Schedule D (Form 990) 2008 Child	Caro Posour	co & Pofori	ra l	Notwork	37-129	5626	•	Page 2
Part III Organizations Maintai								
Using the organization's accession that apply)								
		d 🗆 Loan o	r ovch	nange programs				
Public exhibition Scholarly research		e Other	ii excii	lariye programs				
—	tions	e 🗀 Otrier						
c Preservation for future genera		المراجع المراجع المحاد						
Provide a description of the organ Part XIV Provide the viscos did the organization.			-			111		
5 During the year, did the organizati assets to be sold to raise funds ra	ther than to be main	tained as part of	the or	ganization's collec	otion?	Yes	Γ	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrangen	nents Comple	ete ıf	organization a		Form 99	0, Pa	irt
1 a le the organization an agent trust	ee custodian or oth	er intermediary fo	or con	tributions or other	assets not	,		
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or oth	er intermediary it	or corr	tributions or other	2336(3110)	Yes		No
b If 'Yes,' explain the arrangement i						_	_	-
, ,	·	_				Amount		
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year								
f Ending balance					1f			
2a Did the organization include an ar	mount on Form 990 (Part X line 21?			<u> </u>	Yes		No
b If 'Yes,' explain the arrangement	•	art X, mic 21				□ .03	<u> </u>	1,40
Part V Endowment Funds Cor		ation answers	74 iV	as' to Form 90	n Part IV line 10			
Tait V Elidowillelle I dilds Col	(a) Current year	(b) Prior year	—т	(c) Two years back			our years	hack
1 - Beginning of year balance	(a) Current year	(b) Filol year			(u) Three years back	(E) (C)		Dack
1 a Beginning of year balance		, ',		<u>*</u>				
b Contributions		ļ			·	-		
c Investment earnings or losses	,	,						
d Grants or scholarships				<u> </u>	3			٠,٠
e Other expenditures for facilities and programs					3	- 		
f Administrative expenses		ļ			94 1	- 4	<u></u>	
g End of year balance	<u> </u>	'*	_ <		1 20 12	1 >		
Provide the estimated percentage	-	ince held as						
a Board designated or quasi-endow	ment ►	8						
b Permanent endowment	%							
c Term endowment ►	%							
3a Are there endowment funds not in organization by	the possession of th	ne organization th	nat are	e held and admini	stered for the	Г	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
	raani-ationa lietad or	racured on Cab	ماريام م	Do		3b		
b If 'Yes' to 3a(II), are the related o	-					30		
4 Describe in Part XIV the intended					lina 10			
Part VI Investments-Land, B						T (1) 5		
Description of investment	(a) Cos	st or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Depreciation	(a) B	ook Va	ilue
1 a Land						 		
b Buildings						 		
c Leasehold improvements						ļ		
d Equipment	<u> </u>	0.		418,712.	399,176.		19	<u>,536.</u>

Schedule **D** (Form 990) 2008

19,536.

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

BAA

Schedule D (Form 990) 2008 Child Care Resour			5626 Page 3
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
	-		
	 		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ►			
Part VIII Investments-Program Related (See I	orm 990, Part X, line	e 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
			
	<u> </u>		
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)	-		
Part IX Other Assets (See Form 990, Part X,	line 15)		
(a) De	escription		(b) Book value
			
Total. Column (b) Total (should equal Form 990, Part X, col		•	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount	_	
Federal Income Taxes	-		
		_	`
		_[
		_	
		-	
		-	
		-	
		-	
		-	
		_	
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)	•	_	
In Part XIV provide the text of the footpote to the organization	ion's financial statements t	hat reports the propagation's liability	for upportain toy

	ld Care Resource & Referra		7-12956	526Page 4
	hange in Net Assets from Form 9	990 to Financial Statements		
1 Total revenue (Form 990, Part	VIII,column (A), line 12)			1,207,082.
2 Total expenses (Form 990, Par	t IX, column (A), line 25)			1,203,993.
3 Excess or (deficit) for the year	Subtract line 2 from line 1			3,089.
4 Net unrealized gains (losses) of	n investments			
5 Donated services and use of fa	cilities			
6 Investment expenses				
7 Prior period adjustments			-	
8 Other (Describe in Part XIV)			-	
9 Total adjustments (net) Add III	nes 1.8		-	
	per financial statements. Combine lines 3.	and 9		3,089.
	Revenue per Audited Financial Sta		Return	3,009.
	r support per audited financial statements		1	1,207,082.
	t not on Form 990, Part VIII, line 12			2/20//0021
a Net unrealized gains on investi		2a		
b Donated services and use of fa		2b	\dashv	
		2c		
c Recoveries of prior year grants	,			
d Other (Describe in Part XIV)		2 d		
e Add lines 2a through 2d			2e	1 007 000
3 Subtract line 2e from line 1		1 1	3	1,207,082.
	0, Part VIII, line 12, but not on line 1			
•	uded on Form 990, Part VIII, line 7b		_	
b Other (Describe in Part XIV)		46		
c Add lines 4a and 4b			4c	
	l 4c. (This should equal Form 990, Part I, I		_ 5	1,207,082.
Part XIII Reconciliation of I	<u>Expenses per Audited Financial S</u>	Statements With Expenses p	er Return	<u> </u>
 Total expenses and losses per 	audited financial statements		1	1,203,993.
2 Amounts included on line 1 bu	t not on Form 990, Part IX, line 25 [.]			
a Donated services and use of fa	acilities	2 a		
b Prior year adjustments		2 b		
c Losses reported on Form 990,	Part IX, line 25	2c		
d Other (Describe in Part XIV)		2 d		
e Add lines 2a through 2d			2 e	
3 Subtract line 2e from line 1			3	1,203,993.
	0, Part IX, line 25, but not on line 1:	1	- T	., ,
	uded on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	adda on com ssept are ting mie vs	4b	-\	
c Add lines 4a and 4b		[1 5]	4c	
	nd 4c (This should equal Form 990, Part I,	line 19 V	5	1,203,993.
Part XIV Supplemental Info		me 18)		1,203,933.
Complete this part to provide the de	scriptions required for Part II, lines 3, 5, a	nd 9, Part III, lines 1a and 4, Part IV	, lines 1b a	nd 2b, Part V,
line 4, Part X, Part XI, line 8, Part X	(II, lines 2d and 4b, and Part XIII, lines 2d	and 4b		
				

Schedule D (Form 990) 2008 Child Care Resource & Referral Network	37-1295626	Page 5
Schedule D (Form 990) 2008 Child Care Resource & Referral Network Part XIV Supplemental Information (continued)		
_~====		
		- -

SCHEDULE 1 (Form 990)		טֿ	ants and Oth Governmen	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.	o Organization als in the U.S.	Ġ,		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Comple	ete if the organizatio	Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.Attatch to Form 990.	orm 990, Part IV, lines . J.	21 or 22.	<u> </u>	Open to Public Inspection
Name of the organization							Employer identification number 37-1295626	ation number
Part General Info	al Information on Gr	1,0	ance					
	tion maintain record ia used to award the	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	amount of the grant	the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntees' eligibility for the	grants or assistance, a		X Yes No
Part II Grants and Other Assistance to Governments and Part II Grants and Other Assistance to Governments and 990, Part IV, line 21 for any recipient that received Part IV and Schedule I-1 (Form 990) if additional st	Other Assistar V, line 21 for an	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,00 Part IV, and Schedule I-1 (Form 990) if additional space is needed		Describe in Part IV the organization's procedures for monitoring the use organization answered "Yes" on Form [1] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Completed in the states one results one r	e if the organizatecipent received	ion answered 'Ye more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	s of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations	ganizations				A A	
3 Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Enter total number of other organizations For Privacy Act and Paperwork Reduction	ons ction Act Notice, see	the Instructions for	Form 990.	TEEA3901 12/19/08	12/19/08	Sched	Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 Child Care Resource & Referral Network

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance					ional information.	racts_that	<u>lications</u>					 	 	 	
(e) Method of valuation (book, FMV, appraisal, other)					I, line 2, and any other additional information.	and stated in our contracts that	as use the statewide applications	ated				1		 	.
(d) Amount of non-cash assistance					o provide the information required in Part I, line	statewide by IDHS	as_well	<u>applicatins are updated</u>	1 			 - 			
(c) Amount of cash grant	23, 459.				ovide the information	mandated	ibility requirements	rements and appli	_time						
(b) Number of recipients	2	_		_	ete this part to pro	quirements are	their eligibi		ntract renewal	 					
(a) Type of grant or assistance	Scholarship				Part IV Supplemental Information. Complete this part t	Pt_I_Line_2Eligibility_requirements	Pt_I_Line_2we_will_follow_their_elig	Pt_I_Line_2provided_each_yearRequi	Pt_I Line_2annually_at_contract_rene						

BAA

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Child Care Resour	rce & Referral Network	37-1295626
Pt_VI-A, Line 10	The Executive Director and the Fiscal Consultar	nt_work_with
	the auditor to prepare the 990. The Executive	
	Director and the Fiscal Consultant review final	_ 990
	_before it is filed	
Pt_VI-B, Line 120	The agency has had a policy in place within its	s_Board
	materials. This policy is being revised and upo	dated
	The Executive Director, Executive Committee mem	mbers
	and the Nominating Committe monitor this annual	lly
	as new Board members are recruited and existing	members
	are reviewed.	
Pt_VI-B, Line 15	The Executive Committee of the Board reviews, o	deliberates_and
-	_approves/decides compensation for all staff at	<u>the</u>
	_agencyThis is done annually, typically in th	ne_spring
	or when proposed funding information is received	red_from_IDHS,
	IDOT and other funders. The full Board then app	proves
	the entire budget including salary and benefit	information
	_at the next full Board meeting after the proce	ess is complete.
Pt_VI-A, Line 8	Written meeting minutes are prepared for each I	3oard
	_meeting.	
Pt_VI-C, Line 19	Governing documents, the conflict of interest p	policy,
	_and audited financial statements are available	upon
-	request at the organizations main office. In a	addition,
	the financial statements and tax information re	eturns
	are put on file with the Illinois Attorney Gene	eral who
	_publishes these documents on its Web Site	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d	Describe the exempt purpose achievements for each of the organization's other program
	services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
	report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
	each program service reported

Code	Description:	Social service programs related to training day
Expenses	67,855.	care providers and providing subsidies to income
Grants Of	0.	qualified applicants including counseling and
Revenue	23,820.	technology enhancement grants

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2008

Name(s) shown on return Identifying number Child Care Resource & Referral Network 37-1295626 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 \$250,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2008 Tax Year Using the General Depreciation System Section B -(a) (b) Month and (C) Basis for depreciation (d) (f) Method (e) (g) Depreciation Classification of property year placed in service (business/investment use deduction Recovery period only see instructions) 19a 3-year property **b** 5-year property 40,648 SL 7,691 c 7-year property 4,485 7 SL507 d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on

22

8,198.

Child Care Resource & Referral Network 37-1295626 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes.' is the evidence written? Yes No (c) Business (d) (e) (f)(g) (h) (i) Basis for depreciation Elected Type of property (list vehicles first) Date placed Method/ Depreciation deduction Cost or Recovery investment (business/investment section 179 cost USE use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 2/ Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (a) (b) (c) (d) (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes No Yes Yes Yes Yes Yes No No No No No 34 Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person 36 Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI | Amortization (b) (d) **(f)** (a) (c) (e) Description of costs Date amortization Amortizable Amortization Amortization Code begins amount section period or for this year 42 Amortization of costs that begins during your 2008 tax year (see instructions) Amortization of costs that began before your 2008 tax year 43

44

Total. Add amounts in column (f) See the instructions for where to report