

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 99()

### Return of Organization Exempt From Income Tax

	Under section 501(c), 527, or 494 (except black lung benefi	i7(a)(1) of the Internal Reve	nue Code	2009
Deputment of the Treasury Internal Revenue Service				One in in this to an
	► The organization may have to use a copy of			Open to Public Inspec
	year, or tax year beginning 7/01	, 2009, and ending		, 2010
Cherk d'Applicates Plea	ISTO USO	oformal	, ,	1013292
	PURI 1001 37		E Telepron	
	500 J.Toliet II. 60435		1	
∷   Mis	struc-		(81.3	5) 741-1163
Amended return	Del S.			
<u> </u>	Name and address of principal officer   Chris B:	zdon	Gi Gross in	
[ " · · · · · · · · · · · · · · · · · ·	me As C Above		H(b) Are all altholes incla	ided? Yes
Tax-exempt status X		1947(a)(1) or 527	if 'ho,' allach a list (	(אים יויין (איסווטנווים איני)
	childcarehelp.com		H(c) Grasp exemples in a	oder 🕨
Form of arganization,  X		L Year of Formation		the or legic derivate. IL
Part   Surnmary	Southern Adir.	E TENE O T GENERAL	<u> </u>	30 07 09 0 00 10 17 222
	ne organization's mission or most significan	tactivities. Child Car	ce Resource /	Referral
	ssistance to families as the	ev look for child	care for to	eir children.
Depending	on a family's size and incor			
	iltation with a child care			
2 Check this box	if the organization discontinued its op-	erations or disposed of mor	re than 25% of its :	issals
a monocrop voing	members of the governing body (Part VI, I	ine la)	· ·	3
4 Number of Indepe	endent voting members of the governing bo	dy (Part VI, line 1b)	-	4
E 6 For Millian Control	employees (Part V, line 2a)			5 6
6 ESEMPED	eled Obsiness revenue from Pari VIII, colum	on (C) lune 12	<u> </u>	7 a
, b Net ur related bur	sine Diposible income from Form 990-T, line	e 34 ,	;"	7b
JAN 1 0 2011			Prior Year	Current Yea
8 Contributions and	Part VIII, line 1h)		2,241,	
5 (	reve E (Part VIII, line 2g)		35, 7	
\$ 10 GO EM INCH	e Part VIII, column (A), lines 3, 4, and 7d)		3	47. 4
	ਬਾਦ∀Ⅲ, column (A), iines 5, €d, 8c, 9c, 10c		4, 3	
12 Stal revenue - a	add lines 8 through 11 (must equal Part VIII	l, column (A), line 12)	2,282,	
13 Grants and similar	ir amounts paid (Parl IX, column (A), lines	1 3)	[ 221,1	80. 171,3
14 Benefits baid to d	or for inembers (Part IX, column (A), line 4)	,		
	impensation, employee benefit. Part IX, co	alumn (A), lines 5-16)	1,537,5	<u>61. 1,</u> 426,9
ខ្លុំ 16a Projessional fund b Total fundrhising	raising fees (Part IX, column (A), line 11e)			
b Tota fundrhising	expenses (Part IX, column (D), line 25)	66,572.		
17 Other expenses (	Part IX, column (A), lines 11a 11d, 11f-24f)		591,4	57. 585, 4
18 - clai expenses A	Add lines 13-17 (must equal Part IX, column	1 (A), tine 25)	2,350,1	98. 2,183,7
,	senses Subtract line 18 from line 12	• • • • • • • • • • • • • • • • • • • •	-67, 2	
		the production of the second s	Beginning of 'Co	
20 Total habitities (Part	IX line 16)		227, 1	
21 Total habilities (P	,		84,7	
\$ <u>5</u> .	d balances. Subtract line 21 from line 20		142,7	03. 209,2
Part II Signature				
Lader to James of a		a program court of the transfer of the	month in the heart	Triknovaring, in the et its
Fill Colored Conde	ery . Lecture that there examined this settim, including it is because to decrease to have than theel is base	and the state of t	in this any american	17 10 10 10 17 1
Sign   Care	I the Board Pres		1/4/	(1)
Here Soft-Section in	(5)		Date	
► (D) (a)	& T Mikelial Brand Pr	rilar		
Type or or of older	me - al lile			
		12 ale	Chack it	Prepare researching in
		/2.21.		
Pre- Sustain 🕨		,		N/A
	Cray, Kaiser Ltd.			
USE 1,0 15 (15 )	1901 S. Meyers Road Ste 23	30	EIN - 11,	/A
Ombo Senciolos 🖿				
Only Smrthy	Oakbrook Terrace, IL 60181		Pho e no	(630) 953-4900
parer's Half marrie me C	Cray, Kaiser Ltd.	/1 -21-	- 10 fell enquoved	N/A

Part III Statement of Program Service Accomplishments    See Schedule 0		e Resource & Refe			36-4	01329	2		Page 2
See Schedule 0    Did the organization undertake any significant program services during the year which were not listed on the prior Form \$90 or \$90 E2?   Yes   No If Yes, describe these new services on Schedule O   Did the organization cases conducting, or make significant changes in how it conducts, any program services?   Yes   No If Yes, describe these changes on Schedule O   Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services?   Yes   No If Yes, describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization undertake any significant changes in how it conducts, any program services by expenses Section 501(c)(3)   Did the organization services on Schedule Of the organization of the amount of years and services by expenses Section 501(c)(c)(3)   Did the organization services (specific the organization of the amount of years and services by expenses Section 501(c)(c)(c)   Did the organization services (specific the organization of the amount of years and services by expenses Section 501(c)(	Part III 'Statement of Pro	ogram Service Accor	nplishments						
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	<ol> <li>Briefly describe the organizat</li> </ol>	ion's mission							
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	See Schedule O	<b>-</b>							
Form 990 or 990-EZ?  If Yes, Secretic these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, describe these changes on Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes X No  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes X No  If Yes X No  If Yes X No  If Yes, describe the semption of the organization of the organi	`			. <b></b>					
Form 990 or 990-EZ?  If Yes, Secretic these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, describe these changes on Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes X No  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes X No  If Yes X No  If Yes X No  If Yes, describe the semption of the organization of the organi									
Form 990 or 990-EZ?  If Yes, Secretic these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, describe these changes on Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe these changes of the organizations and section Schedule O  If Yes X No  If Yes, describe these changes of the organizations and section Schedule O  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes, describe the semption of the organizations and section Schedule O  If Yes A No  If Yes X No  If Yes X No  If Yes X No  If Yes, describe the semption of the organization of the organi			_						
If Yes, describe these now services on Schedule O 3 Odd the organization ceases conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) expenses, and revenue, if any, for each program service reported.  4a (Code X) (Expenses \$ 1,860,434. including grants of \$ 171,388.) (Revenue \$ 2,210,688.) To provide training and referral services for child care in Will, Grundy, Kendall, and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code X) (Expenses \$ including grants of \$ 171,388.) (Revenue \$)  (Revenue \$)  4c (Code X) (Expenses \$	2 Did the organization undertak	e any significant program	services during the ye	ear which were not	listed on the prior				
3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  \[ \text{Ves} \text{ No} \] If Yes, 'describe these changes on Schedule O \]  4. Describe the exempt procective remarks for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization procective remarks for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code   (Expenses \$ 1,860,434. including grants of \$ 171,388.) (Revenue \$ 2,210,688.) To provide training and referral services for child care in Will, Grundy, Kendall, and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code  \text{ (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )	Form 990 or 990-EZ?						Yes	X	No
### describe the best changes on Schedule O ### Describe the exempl purpose acheevements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization's and section 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  #### 4a (Code *** *** (Expenses **)	If 'Yes,' describe these new s	ervices on Schedule O				_			
4 Code Code Code Community (Expenses \$	3 Did the organization cease co	enducting, or make signific	ant changes in how it	conducts, any pro	gram services?		Yes	X	No
and 501(c)(d) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported  4a (Code (Code Label) (Expenses \$ 1,860,434. including grants of \$ 171,388.) (Revenue \$ 2,210,688.)  To provide training and referral services for child care in Will, Grundy, Kendall, and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	If 'Yes,' describe these chang	es on Schedule O							
4a (Code (Expenses \$ 1,860,434. including grants of \$ 171,388.) (Revenue \$ 2,210,688.)  To provide training and referral services for child care in Will, Grundy, Kendall, and Kankake counties. Also, to provide parental education and training services for parents in the local area.  4b (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code (Expenses \$ including grants of \$ ) (Revenue \$ )	4 Describe the exempt purpose	achievements for each of	the organization's thre	ee largest progran	n services by expen	ses Se	ction 5	i01(c)	(3)
4a (Code	and 501(c)(4) organizations a	and section 4947(a)(1) trus	sts are required to repo	ort the amount of	grants and allocatio	ns to ot	hers, t	he tota	àl
To provide training and referral services for child care in Will, Grundy, Kendall, and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code (Expenses \$	expenses, and revenue, it any	y, for each program service	e reported						
To provide training and referral services for child care in Will, Grundy, Kendall, and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code (Expenses \$									
and Kankakee counties. Also, to provide parental education and training services for parents in the local area.  4b (Code (Expenses \$	4a (Code 🔭 ) (Expens	es \$ 1,860,434	including grants of	\$ 171,	388.) (Revenue	\$	2,21	0,68	38.)
4b (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code (Code (Code (Revenue \$ ) ) (Revenue \$ ) )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	To provide trainin	g and referral s	ervices for ch	ild care in	Will, Grundy	y, Ke	ndal	1,	
4b (Code (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code (Code (Code (Revenue \$ ) ) (Revenue \$ ) )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )									r
4b (Code (Expenses \$						<b>-</b>			
4c (Code (Co	<del></del>	<del>-</del>							
4c (Code (Co									<del>-</del>
4c (Code (Co									
4c (Code (Co							:		
4c (Code (Co									
4c (Code (Co									
4c (Code (Co			· <del>-</del>						
4c (Code (Co			· <del>-</del>						
4c (Code (Co									
4c (Code (Co		<u></u>						-	
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4b (Code (Repens	es \$	_ including grants of	\$	) (Revenue	\$			)
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )			·						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )									
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	<del>_</del>		. <b></b>						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )			- <b></b> -	- <b>-</b>					
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )			· <b>-</b>				:		
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )			. <b>-</b>						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )									
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )									
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )				<del>_</del>				- <b></b>	
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )				. <b></b>				- <b></b>	
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )								<b>-</b>	
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )			<del></del>						
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4c (Code (Expens	es \$	including grants of	\$	) (Revenue	Ś			)
(Expenses \$ including grants of \$ ) (Revenue \$ )		·				.—			
(Expenses \$ including grants of \$ ) (Revenue \$ )							:		
(Expenses \$ including grants of \$ ) (Revenue \$ )			· <del></del>						
(Expenses \$ including grants of \$ ) (Revenue \$ )									
(Expenses \$ including grants of \$ ) (Revenue \$ )									
(Expenses \$ including grants of \$ ) (Revenue \$ )						<b></b>			
(Expenses \$ including grants of \$ ) (Revenue \$ )									
(Expenses \$ including grants of \$ ) (Revenue \$ )									
(Expenses \$ including grants of \$ ) (Revenue \$ )								- <b></b>	
(Expenses \$ including grants of \$ ) (Revenue \$ )									
(Expenses \$ including grants of \$ ) (Revenue \$ )			. <b></b>						<del>-</del>
(Expenses \$ including grants of \$ ) (Revenue \$ )									<del>-</del>
(Expenses \$ including grants of \$ ) (Revenue \$ )	Ad Other program comment (De-	cribo in Sabadula (C.)							
		•	ato of . ¢	\ /D-	wanun ¢			,	
4e rotal program service expenses \(\bigsim\) 1,000,434.				) (Re	veriue ş			)	
	46 Total program Service expen	3€3 ► 1,000	7,434.						

,			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	ı
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 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 similar funds or 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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
9	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, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI		, w	
•	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			,
•	• 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			
	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		**************************************	
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X XX	
•	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? If 'Yes,' complete Schedule D, Part X			<u> </u>
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 /	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X	3		
13	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 United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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		X
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	17		<u>x</u>
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		X
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	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) Child Care Resource & Referral
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		X
ŀ	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	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, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
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		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		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		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and $V$ , line $I$	34_		X
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		X
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
ВАА				(2009)

Part V. 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 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 39 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2bl 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 Х З а b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 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) 4 = **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 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? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7<sub>b</sub> c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make 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 a Gross income from other members or shareholders 11 a 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

BAA

Form 990 (2009)

\$ 10 E

12b

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

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 in Schedule O. See instructions.

Sect	tion A	Governing Body and Management					
						Yes	No
		number of voting members of the governing body	1 a	1	—(		
b	Enter the	number of voting members that are independent	1b	1	0		
2	Did any officer, d	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	elation	nship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other pers	under on?	the direct supervision	3		х
4		rganization make any significant changes to its organizational documents	• • •		4		X
		prior Form 990 was filed?					
5		ganization become aware during the year of a material diversion of the organizatio	n's as	ssets?	5		Х
		organization have members or stockholders?			6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or body?	more	members of the	7a		x
b	•	lecisions of the governing body subject to approval by members, stockholders, or o	ther p	ersons?	7b		X
8	Did the o	ganization contemporaneously document the meetings held or written actions undering	ertake	n during the year by			4
а	The gove	rning body?			8 a	X	SECOND SAME
b	Each con	nmittee with authority to act on behalf of the governing body?			8b	X	
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule Q</i>	nnot l	pe reached at the	9		х
		Policies (This Section B requests information about policies not				1	
Reve	nue Code	•	,	,			
						Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?			10 a		Х
b	If 'Yes,' o	oes the organization have written policies and procedures governing the activities of the organization?	of sucl	h chapters, affiliates,	10 b		
11	Has the d	rganization provided a copy of this Form 990 to all members of its governing body	before	e filing the form?	11	Х	
11 A	Describe	in Schedule O the process, if any, used by the organization to review this Form 990	S	ee Schedule O	428	Ţ	- 32.
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	Х	
b	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests is?	that o	could give rise	12 b	Х	
С	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done See Schedule O	licy?	lf 'Yes,' describe in	12 c	Х	
13	Does the	organization have a written whistleblower policy?			13	X	
14	Does the	organization have a written document retention and destruction policy?			14	Х	
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	appro	oval by independent			
		nization's CEO, Executive Director, or top management official			15 a	Χ	-
b	Other off	cers of key employees of the organization See Schedule O			15 b	Х	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions )			. \$	\$.	34
	entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?			e 16a	_3	X
b	If 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard hirespect to such arrangements?	to ev	valuate its participatio organization's exempt			
Sect		Disclosures			16b		<u> </u>
	-	tates with which a copy of this Form 990 is required to be filed F IL					
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 99	0-T (501(c)(3)s only)	avaılab	le for p	public
	لب	website X Another's website X Upon request					
	statemen	In Schedule O whether (and if so, how) the organization makes its governing docur ts available to the public See Schedule O		·			incial
		name, physical address, and telephone number of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person who possesses the target and a solution of the person o			ganızal <del>-</del>	ion 	

BAA

Form 990 (2009)

## 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

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

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average hours			checl	all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations	
Robert Hansen											
President	1	X		Х				0.	0.	0.	
Dan Mihelich											
Vice President	1	Х		X				0.	0.	0.	
Sandra Davis						!				_	
Secretary	1	Х		Х				0.	0.	0.	
Barbara Biles	1	,,								•	
Director	1	_X_					<u> </u>	0.	0.	0.	
Kenneth Crite Director	1	Х				i		0.	0.	0	
Tony Jerisha								0.	0.	0.	
Director	1	X						0.	0.	0.	
Sister Helen Jean Kormelin					-			0.	0.	<u></u>	
Director	1	X						0.	0.	0.	
Greg Kuhn										<u>.</u>	
Director	1	Х						0.	0.	0.	
Karen Miller											
Treasurer	1	Х		Х				0.	0.	0.	
Kathy Peterson											
Director	1	Х						0.	0.	0.	
Clare Briner											
Director	1	X						0.	0.	0.	
Rebecca Rakers											
Director	1	X					ļ	0.	0.	<u>0.</u>	
Chris_Bzdon											
Executive Direc	40			X				86,247.	0.	0.	
Tamara Notter									_	_	
Pgm Coordinator	40			Х				64,671.	0.	0.	
Amy Emerson	40			٠,				50.040		•	
Pgm Coordinator	40	<del> </del>		Х				58,948.	0.	0.	
	1								j		
										<del></del>	
	<u> </u>	<u> </u>									

TEEA0107L 11/10/09

, , (A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation froi related organizatio (W 2/1099-MISC)	n ns )	Estimated amount of oth compensation from the organization and related organization	ner on d
1 b Total							<b>&gt;</b>	209,866.		0.		0
<ul> <li>2 Total number of individuals (including but not limited from the organization ► 0</li> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in the organization and related organizations greater the individual</li> </ul>	or trust	ee, l	key	emp	oloyo	ee, d	or hi	ghest compensation	ed employee		Yes	No X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atio	n fro	om a h pe	any erso	unre n	late	d organization for	services		5	X
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	itrac	tors	tha	t received more th	nan \$100,000 of			
(A) Name and business address	S							(B) Description o	f Services	Con	(C) npensation	<u>1</u>
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	led	to th	nose	list	ed a	bove) who receive	ed more than			I

Pal	t VIII   Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FTS, GRANTS R AMOUNTS	1 a Federated campaigns1 a19,924.b Membership dues1bc Fundraising events1cd Related organizations1d		A,*	***	
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribus included in ins la-if	,	,	y \$\hat{s}	
요됨	h Total. Add lines 1a-1f	2,217,636.	1 .	,	
ä	Business Code		79		
VEN	2a Training fees 624100	28,388.	28,388.		
#	b Parent fees 624100	2,500.	2,500.		
<u> </u>	c				
SER	d				
¥	e				
8	f All other program service revenue				
28	g Total. Add lines 2a-2f	30,888.	ļ, A	1,	1'
	3 Investment income (including dividends, interest and				
	other similar amounts)	496.			496.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal	, S	200,4,200	2 22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6a Gross Rents	,		, "	' % ' ' <b>%</b>
	<b>b</b> Less rental expenses	/ X X	7 Supp		. Ar.
	c Rental income or (loss)	,	\ <u>'</u>		
	d Net rental income or (loss)		`	· · · · · · · · · · · · · · · · · · ·	
	7 a Gross amount from sales of assets other than inventory	€Ž*	*2	e American	ž 1, ž
	<b>b</b> Less cost or other basis and sales expenses	*	* 3	· in	<i> </i>
	c Gain or (loss)				
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$		*	<b>.</b>	**
ΈV	of contributions reported on line 1c)	ş	· ` `	, , , , , , , , , , , , , , , , , , ,	, , ,
ER	See Part IV, line 18 a 4,288.				1
OTHER REVENU	<b>b</b> Less direct expenses <b>b</b> 2,981.	· · · · · · · · · · · · · · · · · · ·	**	~ ^ ^	
Ŭ	c Net income or (loss) from fundraising events	1,307.	1,307.		
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	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	<b></b>			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,250,327.	32,195.	0.	496.

Form 990 (2009) Child Care Resource & Referral

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) but are not required to complete columns (B), (C)	, and (D).

	An other organizations must com	(A)	(B)	(C)	(D)
	not include amounts reported on lines 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 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	171,388.	171,388.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5	Compensation of current officers, directors, trustees, and key employees	209,866.	209,866.	0.	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)	0.	0.	0.	0.
7	Other salaries and wages	851,456.	713,637.	107,064.	30,755.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,666.	35,985.	6,695.	1,986.
9	Other employee benefits	237,802.	206,067.	23,424.	8,311.
10	Payroll taxes	83,174.	71,781.	8,737.	2,656.
11	Fees for services (non-employees)				
	a Management	28,108.	16,134.	11,974.	
	Legal				
	Accounting	12,250.	5,333.	6,705.	212.
	Lobbying				
	Prof fundraising svcs See Part IV, In 17		<u> </u>	,	
	Investment management fees	24,785.	24,785.		
	g Other Advertising and promotion	24,765.	24,785.		
13	Office expenses	35,680.	28,610.	6,985.	85.
14	Information technology	33,000.		0,000.	05.
15	Royalties				
16	Occupancy	223,339.	179,550.	39,895.	3,894.
17	Travel	36,710.	32,395.	2,162.	2,153.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest	244.		244.	
21	Payments to affiliates		····.		
22	Depreciation, depletion, and amortization				
	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	1,052.	155.	882.	15.
	below)	00 467	CA 700	05 155	
	Supplies	99,461.	64,738.	25,155.	9,568.
	Equipment rental and repairs	28,690. 27,140.	17,358.	6,762.	4,570.
	: Postage and Shipping	27,140.	22,027. 23,619.	4,124. 299.	989.
	Printing and Publications	16,123.	13,457.	1,501.	1,165.
	All other expenses	27,911.	23,549.	4,149.	213.
	Total functional expenses Add lines 1 through 24f	2,183,763.	1,860,434.	256,757.	66,572.
26	Joint costs. Check here  ☐ If following 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 <b>990</b> (2009)

	٠.	·	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	137,023.	1	121,176
	2	Savings and temporary cash investments		2	60
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	79,061.	4	139,480
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	,
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	2480
١.	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,742.	9	1,515
	ļ	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10 c	
		Investments — publicly-traded securities		11	
	12	Investments — publicly-traded securities  Investments — other securities See Part IV, line 11		12	<u>.</u>
	13	Investments – other securities See Part IV, line 11		13	
		· -			
	14	Intangible assets	0.500	14	0 500
	15	Other assets See Part IV, line 11	9,580.	15	9,580
_	16	Total assets Add lines 1 through 15 (must equal line 34)	227,406.	16	271,811
	17	Accounts payable and accrued expenses	59,910.	17	24,777
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	_	20	<u></u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	4 222 A 80000
11.	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II		Ä.	
- 1.1.0		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties	_	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	24,793.	25	37,769
	26	Total liabilities. Add lines 17 through 25	84,703.	26	62,546
ZET.		Organizations that follow SFAS 117, check here $\blacktriangleright$ $X$ and complete lines 27 through 29 and lines 33 and 34.			
400	27	Unrestricted net assets	142,703.	27	209,265
	28	Temporarily restricted net assets		28	
Ĭ	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here ► and complete	.` %	2.3	
		lines 30 through 34.		3.4	
750	30	Capital stock or trust principal, or current funds	) h = n = n = \$65°	30	Mitta in mar a annuar i a
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Ž	33	Total net assets or fund balances	142,703.	33	209,265
<b>GZCEO</b>	34	Total liabilities and net assets/fund balances.	227, 406.		271,811
A		וטנמו וומטווונופט מזוט דופנ מסספנטרוטווט טמומוועפט.	221,400.	34	Form <b>990</b> (200

TEEA0111L 01/30/10

Part XI	Financial Statements and Reporting			
			Yes	No
1 Acco	unting method used to prepare the Form 990 $igcap$ Cash $igcap X$ Accrual $igcap$ Other			5. 12.
If the in Sc	organization changed its method of accounting from a prior year or checked 'Other,' explain hedule O			
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
<b>b</b> Were	the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Ye revie	es' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, w, or compilation of its financial statements and selection of an independent accountant?	2c	х	
If the in Sc	organization changed either its oversight process or selection process during the tax year, explain hedule O			, ,
d if 'Ye	s' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a blidated basis, separate basis, or both			
X	Separate basis Consolidated basis Both consolidated and separate basis			28
<b>3a</b> As a Audit	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?	3 a	Х	
<b>b</b> If 'Ye or au	s,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit dits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	x	

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047



(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)  11g (iii)  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  (iii) a 55% controlled entity of a person described in (i) or (ii) above?  (iv) Name of Supported organization (iv) Type of organization in (iv) Is the organization in col the organization in col the organization in col organizatio	Name of the organization Employer identification number										
Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions  The organization is not a private foundation because it is: (For lines I through 11, check only one box )  1	Child Care Resourc	e & Referral						36-4	013292	2	
The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(i). (Attach Schedule E.)  A chospital or 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  5	Part Pare Reason for Pub	olic Charity Statu	is (All organizations	must o	comple	te this	part.	See i	nstruct	ions	
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or 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).  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).  A norganization 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 III)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III)  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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3).  Check the box that described in the public supported organization in controlled directly or indirectly by one or more								_			
A school described in section 170(b)(1)(A)(ii). (Altach Schedule E )  A hospital or 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)(V)). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V)). (Complete Part III)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V)). (Complete Part III)  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)(V)). (Complete Part III)  An organization that normally receives (1) more than 33-1/3 % of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V)). (Complete Part III)  An organization that normally receives (1) 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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(A).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a Type II b Type III c Type III repretively of the section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type III or Type III repretively organization and complete lines 11e through 11h  a Type II b Type III organization accepted any gift or contribution		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).									
A hospital or 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).  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)(x)(v). (Complete Part II )  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 )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 le through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other Usy checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting o											
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  A 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)(iv). (Complete Part II)  A roganization 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)(a)(vi). (Complete Part III)  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)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one of more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, below, the gooverning body of the supported organizati	<del></del>										
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(iv).  An organization than normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(iv). (Complete Part II )  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 )  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type II c Type III – Functionally integrated d Type III – Other By checking this box, I certify that the organization is controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons describe											
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).  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)(A)(v). (Complete Part II )  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 )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	<del></del>										
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(xi). (Complete Part II)  A community trust described in section 170(bX1)(A)(xi). (Complete Part II)  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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one organization organization organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other  by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, below, the governing body of the supported organization?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (iiii) 11g (iii) 11g (iii) 11g (iiii) 11g (iiii) 11g (iiii) 11g (iiii) 11g (ii	5 An organization ope	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section									
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(xi). (Complete Part II)  A community trust described in section 170(bX1)(A)(xi). (Complete Part II)  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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one organization organization organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other  by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, below, the governing body of the supported organization?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (iiii) 11g (iii) 11g (iii) 11g (iiii) 11g (iiii) 11g (iiii) 11g (iiii) 11g (ii	6 A federal, state, or I										
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 )  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	7 X An organization that in section 170(b)(1)	t normally receives a <b>(A)(vi).</b> (Complete P	a substantial part of its si 'art II )	upport fr	om a go	vernme	ntal uni	t or fron	n the ger	neral publi	c described
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  if the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box.  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (ii) 11g (iii) 1  11g (ii) 11g (iii) 1  Name of Supported (ii) EIN (iii) 17pe of organization in col (iv) 18 the organization in col (iii) 18 organization in col (iii) 19 organization in col (iiii) 19 organization in col (iiii) 19 organization in col (iiii) 19 organization in col (iiiii) 19 o	8 A community trust of	described in <b>section</b> 1	<b>170(b)(1)(A)(vi).</b> (Comple	te Part I	I)						
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	from activities related investment income June 30, 1975 See	I to its exempt function and unrelated busine section 509(a)(2). (C	ns – subject to certain exc ess taxable income (less complete Part III )	eptions, a section	and (2) r 511 tax)	o more from b	than 33- usiness	1/3 % of es acqu	its suppo	ort from aro	22
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a  Type I	<del></del>				-						
a Type I b Type II c Type III – Functionally integrated d Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organizations  (i) Name of Supported Organization  (iii) I Supported Organization (v) Is the Organization in organization in col (vi) Is the Organization in col (vii) Amount of Supported Organization in col (viii) Amount o	more publicly suppo	orted organizations o	described in section 509(	(a)(1) or	section.	509(a)(	octions ( 2) See	of, or ca section	rry out th <b>509(a)(3</b>	he purpose <b>).</b> Check t	es of one or the box that
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organizations  (iv) Is the organization in col the organization in col the organization in col organization in col organization in col the organization in col organization					•		ted		d $\square$	Type III-	Other
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) helow, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  The Provide the following information about the supported organizations  (i) Name of Supported Organization (iii) EIN (iii) Type of organization (described on lines 1.9) organization in col (iv) Did you notify the organization in col organization in	than foundation mar	x, I certify that the or nagers and other tha	ر بــــ rganization is not control	led direc	tlv or in	directly	hy one	or more ed in se	disqualiction 509	ified nerso	nns other
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  Provide the following information about the supported organizations  (i) Name of Supported  (iii) EIN  (iii) Type of organization (described on lines 1-9 organization in col organization in col organization in col the organization in col organizatio	f If the organization re	eceived a written det	termination from the IRS	that is a	a Type I	Type I	l or Typ	e III sup	porting	organizatio	on,
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)  11g (iii)  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  (iii) a 55% controlled entity of a person described in (i) or (ii) above?  (iv) Name of Supported organization (iv) Type of organization in (iv) Is the organization in col the organization in col the organization in col organizatio	<b>g</b> Since August 17, 20	06, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fe	ollowing	persons	,7	
below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (ii)  11g (iii)  11g (iii)  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  11g (ii)  (iii) a 55% controlled entity of a person described in (i) or (ii) above?  (i) Name of Supported organization organization organization in col orga											Yes No
(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)		directly or indirectly	controls, either alone or	together	with pe	rsons d	escribe	d in (ii) a	and (III)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  h Provide the following information about the supported organizations  (i) Name of Supported Organization (iii) EIN (iii) Type of organization (described on lines 1-9 organization in col the organization in c	, ,	. ,									
h Provide the following information about the supported organizations  (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 organization in col the organization in c	` '	•	* * *								
(i) Name of Supported Organization (iii) Type of organization (vi) Is the Organization in col the organization in col the organization in col										_ 11 g (iii)	<u> </u>
Organization (described on lines 1-9 organization in cot   the organization in organization in cot		g information about t	1	ons		-		,			
above or IRC section (i) listed in your col (i) of governing your support?  (see instructions)) (i) listed in your col (i) of your support?  U.S.?		(II) EIN	(described on lines 1-9 above or IRC section	organizat (i) listed gove	ion in col d in your rning	the organ	nzation in (i) of	organizat (i) organi	ion in col zed in the	(vii) Amour	nt of Support
Yes No Yes No Yes No				Yes	No	Yes	No	Yes	No		
											<u> </u>
								ļ			
	i										
		_		1					<del></del>		
			·								
Total  BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ  Schedule A (Form 990 or 990-EZ) 200		ork Reduction Act Notice	see the Instructions for Form	990 or 00	00-E7			Schodula	A (Ear-	m 990 or 0	90 EZV 2000

Schedule A (Form 990 or 990-EZ) 2009

Page 2 Partill 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) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 1,812,054. 2,167,821. 2,251,935. 2,217,636. 10,236,860. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge 1,787,414. 1,812,054. 2,167,821. 2,251,935. 2,217,636. Total. Add lines 1-through 3 10,236,860. 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) 0. Public support. Subtract line 5 10,236,860. from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total beginning in) • Amounts from line 4 787,414 812,054 2,167,821. 2,251, 935 ,217,636 10,236,860. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 1,807 885 647 similar sources 1,683 496 5,518. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. **Total support.** Add lines 7 through 10 , 48°, ay deve 18 2 10,242,378. Gross receipts from related activities, etc. (see instructions) 12 177,861. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 100.0% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 99.9% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

(Complete only if you checked the box on line 9 of Part I)

#### Partill Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total (c) 2007 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 o	r 990-EZ) 200	09 Child	l Care	Resour	ce & Re	eferral	36-4013292	Page 4
PartIV	Suppleme	ntal Inform	nation. Co	mplete	this part	to provid	le the ex	planations required by Part II additional information. See ins	line 10;
_ • •	i ait ii, iirid	- 174 01 17	7b, and re	111, 311	16 12.11	JVIUE all	y other a	additional information. See ins	di dellons.
							<b>-</b>		
				<b>-</b>					
			. – – – – –						
			· <del></del>						
			<b></b>						
			· <del>-</del>						
	<b>-</b>								
	- <b>-</b>		<del>-</del>						
	. <b></b> -		<del>_</del>						
			· <del>-</del>						<b>-</b>
	- <b></b>								
						- <del>-</del>			
				<b>_</b>					

#### SCHEDULE D (Form·990)

**Supplemental Financial Statements** 

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

Open to Publication

Name of the organization

Child Care Pegourge & Peformal

Employer Identification number

Ch:	ild Care Resource & Referral			36-4013292
Pai	rt I Organizations Maintaining Dono	r Advised Funds or Oth	ner Similar Funds or Acc	<u> </u>
	the organization answered 'Yes' t	to Form 990, Part IV, Iir	ie 6.	
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that th to the organization's exclusiv	le assets held in donor advised ve legal control?	Yes No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or de	ting that grant funds may be onor advisor or for any other	Yes No
Pai	rt II Conservation Easements Comple		inswered 'Yes' to Form 9	
	Purpose(s) of conservation easements held b			50, 1 art 17, inte 7
	Preservation of land for public use (e.g.,		Preservation of an historic	cally important land area
	Protection of natural habitat	recreation or pleasure,	Preservation of certified h	•
	Preservation of open space			istorio structuro
2	Complete lines 2a through 2d if the organizations day of the tax year	ion held a qualified conservat	tion contribution in the form of	a conservation easement on the
				Held at the End of the Year
á	a Total number of conservation easements		2a	
ŀ	<b>b</b> Total acreage restricted by conservation ease	ments	2 b	
•	c Number of conservation easements on a certi-	ified historic structure include	ed in (a) 2c	
•	d Number of conservation easements included	ın (c) acquired after 8/17/06	2 d	
3		transferred, released, exting	uished, or terminated by the o	rganization during the tax
	year •		A. J. S	
4	Number of states where property subject to co	onservation easement is loca	ted >	
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitors	ing, inspection, handling of vio	olations, Yes No
6	Staff and volunteer hours devoted to monitoring the year ►		conservation easements	
7	Amount of expenses incurred in monitoring, a during the year	nspecting, and enforcing con	servation easements \$ _	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financia	revenue and expense statement il statements that describes the	t, and balance sheet, and e organization's accounting for
På	Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 99	I Treasures, or Other Sir 0, Part IV, line 8.	nilar Assets
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statem	olic exhibition, education, or r	esearch in furtherance of publi	ance sheet works of art, historica ic service, provide, in Part XIV,
ł	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	er SFAS 116, to report in its rollic exhibition, education, or r	evenue statement and balance esearch in furtherance of publi	sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$ ►S
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS		ner sımılar assets for financial	gain, provide the following
,	a Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$
ı	<b>b</b> Assets included in Form 990, Part X			<b>►</b> \$

Schedule D (Form 990) 2009 Child Partill Organizations Mainta				36-40: r Other Similar As		Page <b>2</b> tinued)
3° Using the organization's acquisition (check all that apply)	on accession an	d other records, che	ck any of the following	that are a significant u	se of its col	lection
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future gener	ations	_				
4 Provide a description of the orga Part XIV					se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rec	eive donations of ar	t, historical treasures, of the organization's co	or other similar	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangemer	nts Complete if o	organization answe			
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	or other intermediary	for contributions or ot	her assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	complete the follow	ıng table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form	990, Part X, line 21?	•		Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V   Endowment Funds Con	mplete if orga	inization answer	ed 'Yes' to Form 99	90, Part IV, line 10		
	(a) Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) Four	years back
1 a Beginning of year balance						
<b>b</b> Contributions			» " ' ' ' ' ' '	<i>\$₀</i> · · · · · · · · · · · · · · · · · ·		
c Net Investment earnings, gains, and losses						
d Grants or scholarships			** '4 '	* 34 <u>4</u>	123	1,272,1
<ul> <li>Other expenditures for facilities and programs</li> </ul>			***		î și	
f Administrative expenses			3 asile		. 🔌	1.10
<b>g</b> End of year balance					,	
<ol><li>Provide the estimated percentage</li></ol>	e of the year end	l balance held as				
a Board designated or quasi-endow	vment ►	<b>%</b>				
<b>b</b> Permanent endowment ▶	<b>8</b>					
c Term endowment ►	<sup>8</sup>					
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and adm	inistered for the	Y	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(iı)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listi	ed as required on So	chedule R?		3b	
4 Describe in Part XIV the intended	duses of the org	anization's endowme	ent funds		<u> </u>	
Part VI Investments-Land, B	uildings, and	Equipment. See	Form 990, Part X	, line 10		
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	<b>(d)</b> Boo	k Value
1a Land				*		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other						
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	olumn (B), line 10(c))	<u> </u>		0.
BAA	·			Sche	dule <b>D</b> (Forn	n 990) 2009

Schedule D (Form 990) 2009 Child Care Resour		36-4	013292 Page <b>3</b>
Part VII Investments-Other Securities See Fo	<del></del>	2. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation narket value
Financial derivatives			
Closely-held equity interests			
Other			
		<del>-</del>	<del></del>
		- 4.	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		× , }	
Part VIII Investments-Program Related (See I	Form 990, Part X, line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
	(a) a som varias	Cost or end-of-year n	arket value
			·
-			
			····
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		** /,	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
<b>(a)</b> De	scription		(b) Book value
		-	
Total. (Column (b) must equal Form 990, Part X, col (B), In Part X Other Liabilities (See Form 990, Part			
Total. (Column (b) must equal Form 990, Part X, col (B), li Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part	X, line 25)		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes	X, line 25) (b) Amount		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes	X, line 25) (b) Amount		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability Federal Income Taxes Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25) (b) Amount 26, 197.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation	X, line 25)  (b) Amount  26, 197.  11, 572.		
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes  Accrued Vacation  Cafeteria (Health)	X, line 25)  (b) Amount  26, 197.  11, 572.  37, 769.		

	edule <b>D</b> (Form 990) 2009 Child Care Resource & Referral	<u>36-4013292</u>	Page <b>4</b>
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1.	Total revenue (Form 990, Part VIII,column (A), line 12)		2,250,327.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,183,763.
3	Excess or (deficit) for the year Subtract line 2 from line 1		66,564.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities.		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		-
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		66,564.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	·
1	Total revenue, gains, and other support per audited financial statements		2,253,308.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b	<b>*</b>	
	Recoveries of prior year grants		
	Other (Describe in Part XIV) See Part XIV 2d 2,98	1	
	Add lines 2a through 2d		2 981
	Subtract line 2e from line 1	3	2,981. 2,250,327.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3 4	2,230,321.
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	GENERAL STATES	
	Add lines 4a and 4b	4c	2.050.207
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,250,327.
	Reconciliation of Expenses per Audited Financial Statements With Expenses p		106 744
	Total expenses and losses per audited financial statements	1 2	2,186,744.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities.		
	Prior year adjustments 2b		
	Other losses 2c		
C	Other (Describe in Part XIV) See Part XIV 2d 2,98	1.	
e	Add lines 2a through 2d	2 e	2,981.
3	Subtract line 2e from line 1	3 2	2,183,763.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ā	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV)		
c	: Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 2	2,183,763.
	t≱XIVØ Supplemental Information		<u> </u>
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines 1b and part to provide	2b, Part V, any additional
	·		
		<b></b>	<b></b>
			<b> ~ ~ ~ ~</b>
		-~	
		-	

chedule <b>b</b> (Form 330) 2003 Child Cale Resource & Referral	30-4013232	rage 5
Part XIV Supplemental Information (continued)		
(contract)		
• •		
	<b></b>	
·	<b></b>	<del>-</del>
		<del>-</del>
		<b></b>
	<b></b>	<del></del>
		<b></b>
		- <del></del>

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

2009	Schedule D, Part XIV - Supp	olemental Information	Page 6
· ,	Child Care Resourc	e & Referral	36-401329
	Part XII, Line 2d le Included In F/S But Not Included On Form ent Expenses	990 Total \$	2, 981. 2, 981.
Schedule D, F Other Expens	Part XIII, Line 2d es And Losses Per Audited F/S		
Special Eve	ent Expenses	Total <u>\$</u>	2,981. 2,981.

1

ĺ

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▼ Attatch to Form 990.

OMB No 1545 0047 2009

Open to Public

Employer identification number

× N<sub>o</sub> (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X 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 36-4013292 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (b) EIN Child Care Resource & Referral 3 Enter total number of other organizations 1 (a) Name and address of organization or government 1111 İ ١ 1 1 1 1 1 1 Part I 1 1

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 36-4013292 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 171,388 (c) Amount of cash grant Child Care Resource & Referral 141 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Scholarships Part III BAA

Schedule I (Form 990) 2009

## SCHEDULE •O (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
Child Care Resource & Referral	36-4013292
Form 990, Part III, Line 1 - Organization Mission	
Child Care Resource & Referral provides assistance to families_	as they look for
child_care_for_their_children. Depending on a family's size and	_income, a yearly fee
of \$0 - \$30 may be charged for a consultation with a child care	_specialist_who_will
provide families with a tailored list of child care providers,	answers_to_child_care
questions, and resources to help make the best choice possible	for_children
Form 990, Part VI, Line 11 - Form 990 Review Process	
Draft_version_of_the_990_was_provided_to_the_board_of_directors	_to_review_and
comment_on.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
The written conflict of interest is discussed and signed by all	new employees at
time of employment. Also, each board member reviews and signs	the conflict of
interest policy at the first board meeting after the new board	is elected.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
Child Care Resource & Referral has a salary structure that was	developed through an
HR Consultant. The structure is reviewed every 3-5 years and is	adjusted according
to the market salaries related to the positions within the agen	cy.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Documents are made available upon written request.	

Schedule <b>Q</b> (Form 990) 2009  Name of the organization	Page 2
	Employer identification number
Child Care Resource & Referral	36-4013292
	·

#### Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	<u> </u>
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously f	iled Form 8868
Part U	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	<u> </u>
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and of	complete Part I only
All other corp	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns	an extension of time to file
the additional Form 990-T	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more det www.irs.gov/efile.and.click.on.e-file.for.Charities.&Nonprofits	8 electronically if (1) you want composite or consolidated
_	Name of Exempt Organization	Employer identification number
Type or print		
File by the	Child Care Resource & Referral	36-4013292
due date for filing your	Number, street and room or suite number. If a P O box, see instructions	
return See instructions	801 North Larkin Avenue City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Joliet, IL 60435	
	f return to be filed (file a separate application for each return)	
X Form 990		0
Form 990		
Form 990		
Form 990		
Telephone If the orga If this is for check this the extension I reques	are in the care of ► Chris_Bzdon  No ► (815) _ 741-1163	
	$2/15$ , 20_ $11$ _, to file the exempt organization return for the organization named above ension is for the organization's return for	
▶ □	calendar vear 20 or	
► X	tax year beginning $7/01$ , 20 $09$ , and ending $6/30$ , 20 $10$	
		hange in accounting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.
<b>b</b> If this a made 1	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments nclude any prior year overpayment allowed as a credit	3b\$ 0.
deposit See ins	<b>Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) tructions	3c \$ 0.
Caution. If yo payment instr	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For ructions	m 8879-EO for

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