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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calendar ye	ear,	or tax year beginning Jul 1	, 2009	, and endir	ıg Jun	30		, 2010	
	Check if a			C Name of organization			<u> </u>	D Employ	er Ident	ufication Number	
		- Pleas	e use label	Child Care Resource & Refer	ral N	letwork		37-	1295	626	
	= 7	orp	rint	Number and street (or P O box if mail is not delivered				E Telepho			
	-	. S	ype. ee_		10 50 50 6	1.00.7					
	 	Inst	cıfic ruc-	207 W Jefferson		700		(30	9) 8	28-1892	
	Term	ination tio	ns	City, town or country		ZIP code + 4	}				
	Amer	nded return		Bloomington	IL	61701				\$ 1,204,066	<u>. </u>
	Appli	cation pending F N	lame	and address of principal officer			1	a group retur		iliates? Yes	X No
		Pam	ela	Womack 207 W Jefferson Blooming	ton I	L 61701		affiliates inc attach a list		etructions\	∐ No
1	Tax-e	xempt status X	50	(c) (3) (insert no) 4947(a)	(1) or	527] " ""	attacii a iist	(300 1113	su uctions)	
J	Webs	ite: > www.c	cri	n.com			H(c) Group	exemption n	umber 3	-	
K			orpor		T _L	Year of Forma				legal domicile IL	
	rt1	Summary									
			e ord	ganization's mission or most significant activit	ies· т	he CCRRN	is comm	tted to	າ ຮາກາ	porting fami	lies.
_				viders, and employers in their							
ညီ				s that are both available and aff							
Activities & Governance				, assistance and support to families, ch:							
Ver		heck this box		if the organization discontinued its operations						Community age	110169
ලී				bers of the governing body (Part VI, line 1a)	or uisp	osea or mo	ie man 25	70 OI 115 a	3	lα	
જ		•		t voting members of the governing body (Part	VI. line	1b)		_	4	8	
ije.				yees (Part V, line 2a)	,	,			5	22	
.				eers (estimate if necessary)					6	1	
¥	7a T	otal gross unrela	ted t	ousiness revenue from Part VIII, Icolumn (C),	ine 12				7a		0.
_	b N	let unrelated busi	ness	taxable income from Form 990-T, line 34					7b		
				RECE	VED			Prior Year		Current Ye	
₹	8 c	contributions and	orar	its (Part VIII, line 1h)	V	$\neg \omega$		171,		1,190,	
	1		_	iue (Part VIII, line 2g)		S		., <u>.</u> , .	,,,,,	1,100,	311.
{ ≝ ∄	10 Ir	vestment incom	e (P:	art VIII, column (A), lines 3 R and 70	2011	Q		1.1	369.		652.
۾ ج				are trin, obtaining try, into of the area	•	I (O)		33,		13	,037.
MAK ™	12 T	otal revenue – a	44 li	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 nes 8 through 11 (must equal Part) the solumn (Part IX column (A) those 3	n /Δ\ .liz		-	1,207,		1,204,	
	13 G	Frants and similar	ram	ounts paid (Part IX, column (A), lines (3)	\'\'U T	12/1	- 	23,	•		,242.
xpenses	'• •	aranto ana omina	٠	ounts paid (art ix, oblainin (y, inics i o)	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			231	1 39.	22,	, 242.
<u></u>	1	· ·		members (Part IX, column (A), line 4)				716	0.01	702	
5 g				nsation, employee benefits (Part IX, column (4), lines	5-10)	-	746,	821.	183,	,340.
Expenses	16a P	rofessional fundi	aısır	ng fees (Part IX, column (A), line 11e)		•	5 35 7 a st	8 C.M. SWAZOV.		30 1 1 1 1 1	7 200.0 10 100
Š Š	ЬΤ	otal fundraising	expe	nses (Part IX, column (D), line 25) ►		0.			<u> </u>	新公额 。	7.663
- ш	17 C	Other expenses (F	art	IX, column (A), lines 11a-11d, 11f-24f)				433,	713.	1	,612.
	1			nes 13-17 (must equal Part IX, column (A), lii	ne 25)			1,203,		1,224	
	1	•		s. Subtract line 18 from line 12	,	•			089.		,128.
- 2		to to the total oxp	01100	5. Castract into 10 iron into 12			<u> </u>				
Net Assets or Fund Balancot	40 T	(Da-4	v ,	16)			Begi	nning of		End of Ye	
996	20 T	otal assets (Part		•				236,			<u>, 853.</u>
in the state of th	21 T	otal liabilities (Pa							409.		<u>,906.</u>
	1 4-4			ances. Subtract line 21 from line 20			<u> </u>	165,	<u>852.</u>	167	<u>,947.</u>
Pa	art II	Signature	Blo	ck							
		Under penalties of p	erjury	, I declare that I have examined this return, including accome e. Declaration of preparer (other than officer) is based on all	panying sc	hedules and st	atements, an	d to the best	of my kı	nowledge and belief,	ıt ıs
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Sig	gn	-	مسمر	me (non)				2	114	/ //	
He	ere	Signature of off	cer				D	ate			
		► Pamela									
		Type or print na	me a	nd title							
						Date		Check if	F	Preparer's identifying (see instructions)	number
Pa	id	Dranger -t-		MUJERY				self employed	- □ `	(220 maaaaaaana)	
Pr		Preparer's signature	RTO	CHARD W PHILLIPS		02/03/					
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Or	ıly	Laddress and			C17	61		EIN ►	_ / 20	101 450 041	1 7
-		ZIP + 4		RMAL II		0Τ		Phone no	(30		
				with the preparer shown above? (see instruct						X Yes	No
BA	A For F	Privacy Act and I	Pape	rwork Reduction Act Notice, see the separat	e instruc	ctions.		TEEA010	1 07/2	:0/09 Form 99	0 (2009)

orm 990 (2009	B) Child Care Resou	urce & Referral Network	37-1	.2 <u>95</u> 62	6 F	age 2
Part III 🦂 📑	Statement of Program S	ervice Accomplishments			1	
1 Briefly de	scribe the organization's mission	ou.				•
The Co	CRRN is committed t	o supporting families,				
		d employers in their pursu	uit of quality child	care	and fami	īv
	n 990, Page 2, Part III, Line 1 (
2001 011	1 232,1 dgc 2,1 dr Chr. Erre 1 3	<u> </u>			~	
2 Did the o	raanization undertake any sign	ificant program services during the year when	aich wore not listed on the prior			
	• -	inicant program services during the year wi	lich were not asted on the prior	\Box	V [7]	NI.
	or 990-EZ?	0.1.1.0	•		Yes X	No
•	lescribe these new services on					
	5	or make significant changes in how it cond	ucts, any program services? .		Yes X	No
If 'Yes,' o	lescribe these changes on Scho	edule O.				
and 501 (the exempt purpose achievemic)(4) organizations and section s, and revenue, if any, for each	ents for each of the organization's three laing 4947(a)(1) trusts are required to report the program service reported	rgest program services by expens e amount of grants and allocation	es Sections to other	on 501(c)(3) rs, the total	
4a (Code) (Expenses \$	698,380. including grants of \$	19,282.) (Revenue	\$	821,57	76.)
		Services (DHS) day care s		-		
			·			
Ab (Cada) (European &	226 601 including grants of 6	25 060 \ (Barragua	ċ	221 0/	. .
		336,691. including grants of \$				<u>)3.</u>)
		336,691. including grants of \$				03 <u>.</u>)
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IDOT	safekids Program.) (Expenses \$	11,665. including grants of \$				
1DOT	safekids Program.) (Expenses \$	11,665. including grants of \$	1,400.) (Revenue			
IDOT 4c (Code INCCF 4d Other p (Expense	safekids Program.) (Expenses \$	11,665. including grants of \$	1,400.) (Revenue			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		_X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<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		х
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	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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		14,	
	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			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
	AWas 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 Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	1,72	X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

		- (ies	INO
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		Х
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 27 If 'Yes,' complete Schedule I, Parts I and III	22	х	
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		X
24 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	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		х_
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		<u>x</u> _
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		<u> </u>
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)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
(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		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	<u>x</u> _
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		х_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u> _
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? Note. All Form 990 filers are required to complete Schedule O	38	x	
BA		Forr	n 991	(2009)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	2	40°	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	긔	` ,	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c		X
2 a 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 2 a 22	2	ا ق التعال	-
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Si - 2	عننند	الأستدر
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .	3a		X_
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country	اري ا	74.00	1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	3		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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?	5c	ļ	
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		х
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).	3.5		150
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	<u>```````````</u>	<u> </u>	×
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		<u>x</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		├
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	┼
8 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	2	
9 Sponsoring organizations maintaining donor advised funds.	3,		-«
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	.f.	139.	
a Initiation fees and capital contributions included on Part VIII, line 12	, , ,		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders . 11 a			433
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?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		312.1.	, -

BAA Form **990** (2009)

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.

section	<u>n A. (</u>	Governing Bo	<u>dy and Ma</u>	nageme	<u>nt</u>										
		_												Yes	No
		number of voting m		-					1a					1	Ĭ.
		iumber of voting m		•					1b				1 1 1 1	8	
2 Did off	d any off icer, dire	icer, director, trus ector, trustee or ke	tee, or key e ey employee	mployee ha	ave a fan	mily relati	ionship or a	business rela	ationsh	nip with	any othe	∍r	2	<u>*</u> .*.	X
		anızatıon delegate directors or truste											3		X
		janization make ai										,	4		X
	_	rior Form 990 was		J										-	
	•	anization become		a the vear	of a mate	terial dive	ersion of the	organization	ı's asse	ets?			5		Х
	_	rganization have i				,							6		X
7a Do		rganization have i				r persons	who may e	lect one or m	nore m	embers	of the		7a		х
_	-	ecisions of the gov	erning hody	subject to :	approval	by memb	hers stockh	alders or att	her ner	sons?		•	7b		X
	•	_		•		-							1.346.4	:47	N TH
the	e followir	· ·	poraneously	document 1	the meeti	ungs neid	or written a	actions under	rtaken	during ti	ne year i	DУ			
	-	ning body?									•		8a	X	
		mittee with authori	,		•								8b		X
9 Is or	there an ganızatıo	y officer, director on's mailing addre	or trustee, or ss? <i>If 'Yes,'</i>	key emplo provide the	oyee liste <i>names i</i>	ed in Part <i>and addre</i>	t VII, Section Sesses in Sc	n A, who can hedule O	not be	reached	d at the		9		
Sectio	n B.	Policies (Th	ıs Section	B reque:	sts ınfo	ormation	n about p	olicies not	requ	ıred by	≀ the Ir	nterna	1		
Revenue	e Code)														
														Yes	No
10 a Do	oes the c	organization have	local chapter	s, branche	s, or affil	liates?	•						10 a		X
b If an	'Yes,' do nd brancl	es the organizations to the second the secon	on have writte r operations	en policies are consist	and proc tent with	cedures g those of t	joverning the	e activities of ation?	f such	chapters	s, affiliat	es,	10b		
11 Ha	as the or	ganızatıon provide	ed a copy of	this Form 9	990 to all	I member	s of its gove	erning body b	oefore :	filing the	e form?		11	X	<u> </u>
11 A De	escribe ii	n Schedule O the	process, if a	ny, used by	y the orga	anızatıon	to review th	nis Form 990	1					,	ا گار
12a Do	oes the d	organization have	a written cor	iflict of inte	rest polic	cy? If 'No	o,' go to line	13					12a	X	
b Ar to	re officer conflicts	s, directors or trus	stees, and ke	y employe	es requir	red to disc	close annua	ally interests	that co	ould give	rise		12b	Х	
c Do	oes the c chedule	organization regula O how this is done	arly and cons	astently mo	onitor and	d enforce	compliance	e with the po	licy? <i>If</i>	'Yes,' a	lescribe	ın	12c	 _X	
13 Do	oes the o	organization have	a written whi	stleblower	policy?								13	Х	
14 D	oes the o	organization have	a written doo	cument rete	ention an	nd destruc	ction policy?						14	Х	
15 Di	id the pre	ocess for determin comparability data	นกg compens , and conterr	sation of th	ne followir s substan	ing persor	ns include a	review and a	approv	al by inc	depende	ent			
		iization's CEO, Ex						•					15a	Х	
	_	ers of key employ		-	_								15 b	Х	
lf	'Yes' to	line 15a or 15b, d	escribe the p	rocess in f	Schedule	O. (See	instructions	;)					7.00	\$.	
16 a Da	id the or	ganization invest ing the year?	ın, contribute	assets to,	or partic	cipate in a	a joint ventu	ire or sımılar	arrang	gement v	with a ta	xable	16 a	Ž.	X
b If	'Yes,' ha	as the organization nture arrangement h respect to such	n adopted a vits under app	written poli licable fede	cy or pro eral tax la	ocedure re law, and t	equiring the taken steps	organızatıon to safeguard	to eva the or	aluate its ganizati	s particip on's exe	pation empt	16t	- 18	
		Disclosures	a. rungomon										1 101	<u>'</u>	
		ates with which a	conv of this	Form 990 i	s require	ed to be fi	iled ► T1	linois							
18 S	ection 6	104 requires an or	roanization to	make its l	Forms 10	023 (or 10	– – Ollage It 420		and 990	D-T (501	(c)(3)s	only) av	aılable	for p	ublic
in	·	n Indicate now you website		e avallable. s website	, опеск а		opiy on request								
19 D	escribe tatement	in Schedule O who	ether (and if public.	so, how) th	ne organiz	ızatıon ma	akes its gov	erning docur	nents,	conflict	of intere	est polic	y, and	finan	cıal
20 S	tate the	name, physical ad	ddress, and t				-					_			1000
<u>►_F</u>	zame La	a_Womack	2(ı, _M 7.€	rrers	son	<u> </u>	<u>iqton</u>	<u> </u>	_ρ _T 7 0	· _	(307)	828-	1892

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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'
- 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

Check this box if the organization did not	compens	ate an	у сі	ırrer	t of	ficer, o	direc	ctor, or trustee		
(A)	(B)			•	:)		l	(D)	(E)	(F)
Name and Title	Average hours per week	ס המושולו אל ל־שאנדידי מר לוודפג מאר	o urshtutional trustee	_	a Key emphyee	PD High est conficensated at employee	ร	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kevin Gustin	0. 50	_								
President	0.50			Х	<u> </u>	ļ	<u> </u>	0.	0.	0.
Anna Paxton Vice President	0.50			х				0.	0.	0.
Laura Coe Secretary/Treasurer	0.50			х		<u> </u> 		0.	0.	0.
Greg Donovan Board Member	0.50	Х						0.	0.	0.
Randy LlyodBoard Member	0.50							0.	0.	0.
Barbara McGaughan										
Board Member	0.50	x _						0.	0.	0.
Lori Kormah Board Member	0.50	x						0.	0.	0.
Pamela Womack Executive Director	37.50			х	v	v		84,218.	0.	0.
Executive Director	37.30			^	^	X		04,210.	0.	
							 			
						-				
		_								

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	Em	plo	ye	es,	and	l Highest Con	pensated En	nployees (cont.)
(A)	(B)			(0			1	(D)	(E)	(F)
Name and Title	Average hours				_			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 organization (W-2/1099-MISC)	compensation from the organization and related organizations
		"	tee			sated				
	 									
	-			-						
		-	-			-				
						-				
				-	-	-				
	 	\vdash		-	-	_				
		-	-		-	<u> </u>				
	-	_	_	<u> </u>		_	_			
	<u> </u>	ļ.	_							
	-	<u> </u>		_	<u> </u>					
	-			<u> </u>						
					1					
1 b Total							•	84,218.		0. 0.
2 Total number of individuals (including but not limite from the organization	d to thos	se lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in repor	table compensation
nom the organization				_						Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 										3 X
the organization and related organizations greater t individual	han \$15	0,00	10° 1	lf 'Ye	es' c	omp	olete	Schedule J for s	uch	4 X
5 Did any person listed on line 1a receive or accrue of rendered to the organization? If 'Yes,' complete Sci.	ompens hedule J	ation for	n fro suct	m a h pe	ny u rson	unre I	lated	d organization for	services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ed inde	2000	lent		traci	tors	that	received more th	an \$100,000 of	
compensation from the organization.)end					u lat	Teceived more un	an \$100,000 or	
(A) Name and business addre	ss						·	Description	3) of Services	(C) Compensation
								<u> </u>		BOLING COMPLETE CONTRACT
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	but not	lımı	ted f	to th	iose	liste	ed at	oove) who receive	d more than	

Pa	irt 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
TS, GRANTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c		,,,			
SUTIONS, GIF HER SIMILAF	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 16	3,379.	· *		***	. , ,
SONTRIF AND OT	g Noncash contribns included in lns 1a-1f. \$	36,998.	***		, , , , ,	
- 111	II Total. Add lilles Ta-II		1,190,377.		` .	,
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Busin 2a b c	ess Code				
RAM SEI	d					
PROG	9					· 3
	 Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro Royalties 	ceeds ►	652.	652.	0.	0.
		>	·			
	6a Gross Rents	Personal				
	b Less. rental expenses .		· ·	1.5%		1 1
	c Rental income or (loss)		**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	d Net rental income or (loss)	>				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii)	i) Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b Less: cost or other basis and sales expenses			3.61		
	c Gain or (loss)		*		<u> </u>	
	d Net gain or (loss)	-				
ENUE	8a Gross income from fundraising events (not including \$		* * * * * * * * * * * * * * * * * * *		. 25	, M
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18 . a		Tary ,			
Ė	b Less direct expenses b		· · · · · · · · · · · · · · · · · · ·	<u> 47 38 77</u>	1 (N)	×8′, **;
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	>	* 4 ;	The state of the s		(<u>.</u>
	b Less direct expenses b				,	
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a		, 48' - 4			
	b Less: cost of goods sold b				,	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	c Net income or (loss) from sales of inventory	>				
		ess Code	3 3 ,	*	. '%' \.	18. 25. 73.
-	11a <u>Fees</u> 90009	9	7,158.	7,158.	0.	0.
	b Corporate Contract 90009	9	1,588.	1,588.	0.	0.
	c Miscellaneous 90009		4,291.	4,291.	0.	0.
	d All other revenue		1,251.	1/251.		<u></u>
	e Total. Add lines 11a-11d		13,037.	· · · · · · · · · · · · · · · · · · ·	,	- 1
	12 Total revenue. See instructions	•		12 600		
i	12 Total revenue. See IIIStructions		1,204,066.	13,689.	0.	0.

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).

	All other organizations must comp				
Do 1 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				********
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,242.	22,242.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			(\$ ' \dag \ \dag \dag \dag \dag \dag \dag \d	Maria Barra
5	Compensation of current officers, directors, trustees, and key employees	656,536.	564,971.	91,565.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits	73,447.	66,888.	6,559.	0.
10	Payroll taxes	53,357.	46,205.	7,152.	0.
11	Fees for services (non-employees) .				
a	ı Management .				
ŀ	Legal .				
C	: Accounting (2,425.	0.	2,425.	0.
(i Lobbying .				
•	Prof fundraising svcs. See Part IV, In 17		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	₩ \$'\\ ; \-\\	
1	Investment management fees .				
(g Other				
12	Advertising and promotion	747.	747.	0.	0.
13	Office expenses	12,003.	10,691.	1,312.	0.
14	Information technology	1,283.	1,283.	0.	0.
15	Royalties .				
16	Occupancy	60,720.	59,439.	1,281.	0.
17	Travel .	2,012.	2,012.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,343.	9,328.	15.	0.
20	Interest			 	<u></u>
21	Payments to affiliates				ļ
22	Depreciation, depletion, and amortization	7,286.	7,286.	0.	
23	Insurance	5,884.	4,224.	1,660	0.
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below.)	~ ~ ~ ~	** ,** ,	3.5.5	
	a Program Consultants and Contractual	83,375.	83,020.	355.	
	b Other Consultants and Contractual	35,552.	25,255.	10,297	
	c Quality Counts	26,182.	26,182.	1.05	+
	d Food	8,476.	8,281.	195	
	e Equipment Expense	6,697.	6,697.	11 750	+
	f All other expenses	156,627.	144,868.	11,759	
	Total functional expenses. Add lines 1 through 24f	1,224,194.	1,089,619.	134,575	0.
26	Joint costs. Check here SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BA					Form 990 (2009)

Part X

Balance Sheet

(A) Beginning of year End of year 95,747 1 12,929. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 119,129 4 218,909. Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule I 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 Notes and loans receivable, net 7 8 Inventories for sale or use 1,849 9 1,764. 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment: cost or other basis. 418,712 Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 406,461 19,536 10 c 12,251 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 236,261 16 245,853. 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 48,188. 17 36,834 18 18 Grants payable 19 Deferred revenue. 22,221 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L . Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 0 41,072. 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 70,409 26 77,906. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 165,852 27 145,726. 28 28 22,221. Temporarily restricted net assets 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 165,852 33 167,947. Total net assets or fund balances 34 Total liabilities and net assets/fund balances 236,261 245,853. BAA Form 990 (2009)

rait XI - Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990		7 2	18.5
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		S'72 8	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	L
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	7.35	1	45 E
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis		733	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	x	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the	organization							Employer	identificati	on number
Chi	ld	Care Resource	ce & Referral	Network_					37-12	95626	<u> </u>
Par	t I ,	Reason for Pul	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	See in	structi	ons
The c	rga	nization is not a priv	ate foundation becaus	e it is: (For lines 1 through	gh 11, ch	eck only	one bo	x.)			
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	ection 1	70(b)(1)	XAXi).			
2				(Attach Schedule E							
3				organization described in	•	170(b)	11YAYII	١.			
4	-	•	· · · · · · · · · · · · · · · · · · ·	I in conjunction with a ho		٠,,		•	η ΥΙΧΑΥί	iii) Ente	r the hospital's
•		name, city, and sta	-	and an incompanion of the contract of the	opital do		5554		->(->(,	
5			erated for the benefit of	of a college or university of	owned or	operate	ed by a	governn	nental ur	nit descri	bed in section
6 7		An organization tha		overnmental unit describe substantial part of its sup art II)					r from th	ne gener	al public described
8		A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II.)					
9	X	from activities relation	ed to its exempt functi	more than 33-1/3 % of tons — subject to certain as taxable income (less somplete Part III)	exceptio	ns. and	(2) no n	nore tha	ın 33-1/3	% of its	support from gross
10		An organization org	janized and operated o	exclusively to test for pub	lic safety	/ See s	ection 5	09(a)(4)).		
11		more publicly support	orted organizations de of support <u>ing</u> organiza	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or se 11e thro	ection 50 ugh 11h	09(a)(2)	See se	or carry ection 50	out the 1 09(a)(3).	purposes of one or Check the box that
	_	a ∐ Type I	b Type II	c 💹 Type III		-	_			d 📗	Type III— Other
е		By checking this bo than foundation ma 509(a)(2).	x, I certify that the org nagers and other than	ganization is not controlle i one or more publicly sup	d directly	y or ındı organıza	rectly by tions de	one or scribed	more di in sectio	squalıfıe on 509(a	d persons other)(1) or section
f		If the organization r check this box	received a written dete	ermination from the IRS th	hat is a î	Гуре I, Т	ype II o	r Type I	II suppo	rtıng org	anization,
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?	
											Yes No
		below, the go	verning body of the su	controls, either alone or to apported organization?	ogether v	vith pers	ons des	cribed i	n (II) an	d (III)	11 g (i)
		• •	ber of a person desci								11g (ii)
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11g (iii)
h		Provide the following	ng information about the	ne supported organization	ıs.				,		
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col I in your rning nent?	the organ	ou notify ization in (i) of ipport?	(vi) la organizati (i) organia U S	on in col	(viı) Amount of Support
					Yes	No	Yes	No	Yes	No	
					<u> </u>						
											
					ļ						
Tota					2 7.53			Ž.	71.		

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) 2009

Sche	dule A (Form 990 or 990-EZ) 2009	9 Child Ca	re Resource	e & Referra	l Network	37-129562	6 ¹ Page 2
Pai	t II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	l.)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(A Total
_	nning in)	(a) 2003	(0) 2000	(c) 2007	(a) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants').					7.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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 the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	2			**) (i) (i) (ii) (ii) (ii) (ii) (ii) (ii)	
12	Gross receipts from related activ	ities, etc (see ins	tructions) .		<u> </u>	12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as a	a section 501(c)(3) ▶□
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from 2			e 11, column (f)		14	% %
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and	the line 14 is 33-1	/3 % or more, che	eck this box
I	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box o	on line 13 or 16a	and line 15 is 33-	-1/3% or more, ch	eck this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the facts-ai	nd-circumstances	'test check this b	nov and stop bare	Evoluin Dart IV	/ how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the facts-ai	nd-circumstances	' test icheck this h	nov and stop here	Evoluin in Part IV	15 is 10% V how the
_18	Private foundation. If the organization						ructions
BAA	·				Se	chedule A (Form 9	990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Child Care Resource & Referral Network 37-1295626 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) 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') 846,147. 1,006,235. 1,103,649. 1,171,959. 1,190,377. 5,318,367. 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 36,445. 14,097 37,751 33,255 13,037. 134,585. 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 6 Total. Add lines 1 through 5 1,020,332. 1,141,400. 1,205,214. 1,203,414. 5,452,952. 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.) 5,452,952. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 882,592. 1,020,332. 1,141,400. 1,205,214. 1,203,414 5,452,952. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources 1<u>,</u>898 2,318 1,842 652 1,869 8,579. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,318 c Add lines 10a and 10b 1,898 1,842 1,869 652 8,579. 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)	18.4*		×, s ×,	1 186		, (g)	<u> </u>		!	5,461,531.
14	First five years. If the Form 990 organization, check this box and	is for the org stop here	janization'	s first, seco	nd, third	fourth,	or fifth tax year	as a sec	tion 501(c)	(3)	▶ □
Sec	tion C. Computation of Pu	hlic Sunn	ort Perc	entage							

<u> </u>	ction 6. Computation of Fublic Support Fercentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.84%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99.82%

Section D. Computation of Investment Income Percentage					
Section D. Computation of investment income Percentage					n .
	ection D. Con	aniitation ot	Investment	Income	Percentage
	CCCCCIT DI CON	ipatation or	macomicin		i creciitage

17	Investment in	ncome	percentage	for	2009 (line	10c,	colum	n (f)	divided by	line 13,	, column (f))	
	the section of											

Investment income percentage from 2008 Schedule A, Part III, line 17

[18		0.	18	%_
-1/3%, and	line 17	is no	t	[]

0.16%

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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <u>► X</u> 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%

b 33° 113 Support tests — 2000, it the organization did not check a box on line 14 of 13a, and line 10 is thore than 33-113 %, and line	- 10
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
British formulation (CI)	

17

Schedule A	(Form	990 or 9	90-EZ	2009	Ch:	ild	Care	Re	esou	ırce	&	Ref	err	al	Netw	ork	3	7-1	2956	26	•	Page 4
Part IV	Supp	lemen	tal Ir	forma	tion.	Con	plete	this	s pa	rt to	prov	ııde	the	ехр	lanati	ons re	equir	ed b	у Ра	rt II, I	ne 10	;
Schedule A	Part i	I, line	17a	or 17b	; and	Par	ť III, li	ne	12. F	⊃rovi	de a	any	othe	r ac	dition	al inf	orma	ition	. See	e instr	uction	S.
																						
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

OMB No 1545-0047

► 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 Employer Identification number

hi	ld Care Resource & Referral	Network		137	-1295626	
	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth	er Similar Funds			e if
		(a) Donor advised		(b) Fund	ds and other acc	counts
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 don funds are the organization's property, subject t	or advisors in writing that the a	assets held in donor ad legal control?	dvised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or dono	g that grant funds may or advisor or for any ot	y be her	□Yes	□No
?äř	Conservation Easements Comple	ete if the organization ar	swered 'Yes' to F	orm 990	Part IV line	7
	Purpose(s) of conservation easements held by			31111 3301		<u></u>
	Preservation of land for public use (e.g., re	• '	Preservation of an	historically	important land :	area
	Protection of natural habitat		Preservation of cer	-	•	
	Preservation of open space				o otraotaro	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the fo	rm of a cons	servation easem	ent on the
				H _C	eld at the End o	f the Year
	Total number of conservation easements		L	2a		
	Total acreage restricted by conservation easer		1	2b		
	Niverteen of course of a course of a					
С	Number of conservation easements on a certif	fied historic structure included i	ın (a)	2c		
d	Number of conservation easements included in	n (c) acquired after 8/17/06		2d		
d		n (c) acquired after 8/17/06		2d	ation during the	tax
d	Number of conservation easements included in	n (c) acquired after 8/17/06		2d	ation during the	tax
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d	Number of conservation easements included in Number of conservation easements modified, year	n (c) acquired after 8/17/06 transferred, released, extinguis inservation easement is located garding the periodic monitoring it it holds?	[shed, or terminated by d ► g, inspection, handling	2d the organizations	_	tax
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3 4 5 6 7	Number of conservation easements included in Number of conservation easements modified, year	n (c) acquired after 8/17/06 transferred, released, extinguis inservation easement is located garding the periodic monitoring it it holds? ng, inspecting, and enforcing conseins the periodic monitoring conseins in line 2(d) above satisfy the reconstruction.	shed, or terminated by i j, inspection, handling onservation easements relation easements quirements of section	the organizations of violations \$	Yes	□ No □ No
3 4 5 6 7	Number of conservation easements included in Number of conservation easements modified, year	n (c) acquired after 8/17/06 transferred, released, extinguis inservation easement is located garding the periodic monitoring it it holds? ig, inspecting, and enforcing conseivations in line 2(d) above satisfy the reconservation easements in	shed, or terminated by d g, inspection, handling onservation easements relation easements requirements of section	2d the organizations of violations \$	Yes	No No No
3 4 5 6 7 8	Number of conservation easements included in Number of conservation easements modified, year	n (c) acquired after 8/17/06 transferred, released, extinguis inservation easement is located garding the periodic monitoring it it holds? ig, inspecting, and enforcing conseivable and enforced enf	shed, or terminated by d g, inspection, handling onservation easements relation easements quirements of section its revenue and expetiatements that describ	the organizations of violations \$	Yes Yes Yes ent, and balance	No No No
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3 4 5 6 7 8 9	Number of conservation easements included in Number of conservation easements modified, year Number of states where property subject to co Does the organization have a written policy reand enforcement of the conservation easement Staff and volunteer hours devoted to monitoring during the year Amount of expenses incurred in monitoring, in during the year Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements. Complete if the organization ansular treasures, or other similar assets held for publicable.	n (c) acquired after 8/17/06 transferred, released, extinguis inservation easement is located garding the periodic monitoring it it holds? ng, inspecting, and enforcing conseivations and enforcing conseivations are conservation easements in the organization's financial sections of Art, Historical swered 'Yes' to Form 990 SFAS 116, not to report in its lic exhibition, education, or resints that describes these items	shed, or terminated by in part in par	the organization of violations of violations sees statements the organization of violations sees the organization of violations sees the organization of violations sees the organization of public serves alance sheet sees the organization of violations sees the organization of viola	Yes Yes Tyes ent, and balance nization's accountar Assets heet works of an ince, provide, in	No No e sheet, and nting for tt, historical Part XIV,
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Schedule D (Form 990) 2009 Child Part III Organizations Maintain				37-1299 Other Similar Ass		Page 2 nued)
3 Using the organization's acquisition items (check all that apply)	n accession an	d other records, check	k any of the following that	at are a significant use o	of its collection	nc
a Public exhibition		d 🔲 Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future general	tions					
4 Provide a description of the organi Part XIV.		•	-		ın	
5 During the year, did the organization assets to be sold to raise funds raise	on solicit or red ther than to be	ceive donations of art, maintained as part of	historical treasures, or the organization's colle	other similar	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangeme	nts Complete if o	organization answer		90, Part IV	', line
1 a Is the organization an agent, trusto included on Form 990, Part X?	ee, custodian, e	or other intermediary	for contributions or other	r assets not	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV and	complete the following	g table			
					Amount	
c Beginning balance				1c		
d Additions during the year			•	. 1d		
e Distributions during the year		• •	•	1e		
f Ending balance				1f		<u> </u>
2a Did the organization include an an		990, Part X, line 21?		•	Yes	∐ No
Part V Endowment Funds Cor		ionization answer	od 'Voc' to Form 90	00 Part IV June 10		
REALT VI ENGOWINEIT FUNGS COI	(a) Current ye				(e) Four y	eare book
1 a Beginning of year balance	(a) Current ye	(b) 11101 yea	(C) TWO years bac	(u) Tillee years back	(e) Tour y	ears pack
b Contributions					10 8 2 1 1	**************************************
c Net Investment earnings, gains, and losses						
d Grants or scholarships					360 36 3	
e Other expenditures for facilities and programs						
f Administrative expenses . [
g End of year balance					外,為等一樣	
Provide the estimated percentage	of the year en	d balance held as				
a Board designated or quasi-endow	ment 🟲	¥				
b Permanent endowment ►						
c Term endowment ►	8					
3a Are there endowment funds not in organization by:	the possessio	n of the organization	that are held and admin	stered for the	Yes	s No
(i) unrelated organizations			•		3a(i)	
(ii) related organizations			•		3a(ii)	
b if 'Yes' to 3a(II), are the related or		•			3b	
4 Describe in Part XIV the intended						
Part VI Investments—Land, B						
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	: Value
1a Land .	.		-		 	
b Buildings	.		ļ		<u> </u>	
c Leasehold improvements	.		410 710	105 155		10.055
d Equipment	}		418,712.	406,461.]	12,251.
e Other Total. Add lines 1a through 1e (Column) (d) much ====	ol Form 000 Bort V -	Inclume (P) line 10(a)		<u></u>	12 251
BAA	r (a) must equa	ai i Oilli 330, Fall A, C	oranin (b), line 10(c))	Scho	dule D (Form	12,251.
				3016		

		37-1295620	6 " Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		•
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,204,066.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,224,194.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-20,128.
4	Net unrealized gains (losses) on investments		2071201
5	Donated services and use of facilities	<u> </u>	
2		 	
-	Investment expenses		
7	Prior period adjustments .	<u> </u>	
8	Other (Describe in Part XIV)	<u> </u>	
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		-20,128.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,204,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a	47	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants	(, · ; i)	
	I Other (Describe in Part XIV) . 2d	—— ´`	
		. 2e	
	Add lines 2a through 2d	3	1 204 066
	Subtract line 2e from line 1	3	1,204,066.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 * 1	
	Investments expenses not included on Form 990, Part VIII, line 7b	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
t	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,204,066.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	1,224,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	a Donated services and use of facilities 2a	The state of the s	
	Prior year adjustments 2b	 ´ , `	
	· '		
	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,224,192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
;	a Investments expenses not included on Form 990, Part VIII, line 7b 4a	[]	
1	b Other (Describe in Part XIV)	5	
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	1,224,192.
	rt XIV Supplemental Information		
line	nplete 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 Also complete this rmation	IV, lines 1b and part to provide	2b, Part V, any additional
BA	TEEA3304 02/02/10	Schedule	D (Form 990) 2009

Schedule D (Form 990) 2009 Child Care Resource & Referral Network Part XIV Supplemental Information (continued)	37-1295626	Page 5
Part-XIV Supplemental Information (continued)		
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# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

Employer identification number

**%** □

A

(h) Purpose of grant or assistance P部間 Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form X Yes 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 37-1295626 (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 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 Child Care Resource & Referral Network (b) EIN Enter total number of other organizations 111111 1 1 1 (a) Name and address of organization or government 1 1 1 1 111 1 1 1 1

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Page 2 Schedule I (Form 990) 2009 the statewide applications provided each year. Requirements and applicants are updated annually. Bart III 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. 37-1295626 _contracts_that_we_will_follow_their_eligibility_requirements_as_well_as_use Eligibility requirements are mandated statewide by IDHS and stated in our (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 22,242. Child Care Resource & Referral Network (c) Amount of cash grant 65 at contract renewal time. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Scholarship Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 BAA

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

OpenAto Rublic

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 Network	37-1295626
Pt VI-B, Line 11A The Executive Director and the Fiscal Consultant work with	
the auditor to prepare the 990. The E	xecutive Director and
Fiscal consultant review final 990 be	fore it is filed.
Pt VI-B, Line 12c The agency has had a policy in place	within its Board materials.
This Policy is being revised and upda	ted
The Executive Director, Executive Com	mittee members and
the Nominating Committe monitor this	annually as new
Board members are recruited and exist	ing members are reviewed.
Pt VI-B, Line 15 The Executive Committee of the Board	reviews, deliberates and
approves/decides compensation for all	staff at the agency.
This is done annually, typically in t	he spring or when proposed
funding information is received from	IDHS, IDOT and other funders.
The full Board then approves the enti	re budget including salary and
benefit information at the next full	Board meeting after
the process is complete.	
Pt_VI-C, Line 19 Gocerning documents, the conflict of int	terest policy, and audited financial
statements are available upon request	at the organizations main office.
In addition, the financial statements	s and tax information returns are
put on file with the Illinois Attorne	ey General who publishes
these documents on its Web Site.	
Pt_VI-A, Line 8b Written meeting minutes are prepared	for each Board meeting.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

support services that are both available and affordable. To this end, the CCRRN strives to assure access to education, assistance and support to families, child care providers, employers, and other community agencies.