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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07-	01-2009 and ending 06-30-201	LO		
		pplicable	Please	C Name of organization		-	D Employer i	dentification number
	tress ch	• •	use IRS	RESOURCES FOR CHILD CARI	NG INC		41-12605	581
┌ _{Nar}	ne cha	nge	label or print or	Doing Business As			E Telephone	number
Init	al retu	rn	type. See Specific	Number and street (or D.O. b.	ox if mail is not delivered to street addre	and Deam (austa	(651) 641	-0305
	mınate		Instruc- tions.	10 YORKTON COURT	ox ir maii is not delivered to street addre	ess) Room/suite	G Gross receipt	ts \$ 10,315,775
_	ended		tions.	City or town, state or country	and 7IP + 4		•	
_				SAINT PAUL, MN 55117	and ZIF + 4			
i Apt	nication	n pending				1	J	
				ne and address of principal .RA YATES	officer	l .	is a group retu ates?	ırn for ┌ Yes
			10 YO	RKTON COURT			ites.	j les je No
			SAINT	PAUL, MN 55117		H(b) Are a	ll affiliates inclu	ıded?
	y-eyem	nnt status	<u> </u>) (3) ◀ (insert no)	a)(1) or			st (see instructions)
						H(c) Gro	up exemption r	number F
	ebsite	e: ► WW	/W RESOUI	RCESFORCHILDCARING (ORG	<u> </u>		
K Forr	n of or	ganızatıon	✓ Corporat	tion Trust Association O	ther 🟲	L Year of fo	ormation 1975	M State of legal domicile
Pa	rt I	Sum	marv				L	MN
	1		•	e organization's mission or	most significant activities			
				-	DUCATION OF CHILDREN IN T	HEIR CRUCIA	AL EARLY YEA	RS
ĕ								
Governance								
§	2	Check	this box 🛏	if the organization discon	tinued its operations or disposed	d of more than	25% of its ne	t assets
	3	Numbe	r of voting r	members of the governing b	ody (Part VI, line 1a)			312
න් ගු	4	Numbe	r of ındepen	ndent voting members of the	e governing body (Part VI, line 1	b)		414
₽	5	Total n	umber of en	nployees (Part V, line 2a)				5106
Activities	6	Total n	umber of vo	olunteers (estimate if neces	sary)			6141
⋖	7a	Total g	ross unrela	ted business revenue from	Part VIII, column (C), line 12			7a
	b	Net unr	elated busi	iness taxable income from l	Form 990-T, line 34			7b (
Revenue						Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)		8,269,867	6,049,771
	9	Progra	ım service	revenue (Part VIII, line 2g)		501,033	466,705
) Jek	10			, , , , , , , , , , , , , , , , , , , ,	ines 3, 4, and 7d)		3,073	4,250
_	11		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)		2,187,805	2,424,903
	12			, , , , , , , , , , , , , , , , , , , ,	t equal Part VIII, column (A), lır • • • • • • • •	ne	10,961,778	8,945,629
	13				olumn (A), lines 1-3)		4,496,346	2,939,632
	14	Benefi	ts paid to c	or for members (Part IX, col	umn (A), line 4)			0
	15		es, other co	ompensation, employee ber	efits (Part IX, column (A), lines	5 –		
δ.		10)					4,318,337	4,186,624
Expenses	16a			, ,	nn (A), line 11e)			0
五	Ь			enses (Part IX, column (D), line i				
	17				l1a-11d, 11f-24f)		2,658,907	2,351,999
	18		•		al Part IX, column (A), line 25)		11,473,590	9,478,255
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12	Da minumin	-511,812	-532,626
Net Assets or Fend Balances						_	g of Current Year	End of Year
sse.	20	Total	assets (Par	rt X, line 16)			6,394,522	5,791,497
A A	21			Part X, line 26)			2,025,009	1,699,639
žΞ	22	Netas	sets or fun	nd balances Subtract line 2	1 from line 20		4,369,513	4,091,858
Pai	rt II	Sign	ature Bl	ock				
					ned this return, including accompanying of preparer (other than officer) is base			
			ier, it is tide, i	correct, and complete Deciaratio	Tot preparer (other than officer) is base	eu on an imonna	lion of which piep	alei ilas aliy kilowledge
Sign	1	***	***			2010	-11-09	
Here	2	Sign	ature of office	er		Date		
				EXECUTIVE DIRECTOR				
		Тур	e or print nam	ne and title				
		Preparer		FLICEK	Date 2010-11-09	Check If self-	Preparer's ider	ntıfyıng number ns)
Paid		signatur	e P DAN J	ILICEN	2010 11 05	empolyed •	(See manuello	,
•	arer's		ame (or yours	s MAHONEYULBRICHCHRISTIA	NSEN & RUSS PA		EIN Þ	
Use (Only		nployed), and ZIP + 4	30 EAST PLATO BOULEVARD			LIN F	
				SAINT PAUL, MN 55107180	9		Phone no 🕨	(651) 227-6695
May t	he IR	S discus	s this retu	· · · · · · · · · · · · · · · · · · ·	above? (see instructions)			✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To advance quality care and education of children in their crucial early years

2	Did the organization the prior Form 990 c		ant program se	rvices during the yea	r which were not listed o	on
	If "Yes," describe th	ese new services on So	hedule O			
3	_	cease conducting, or r	-	_	onducts, any program	
	If "Yes," describe th	ese changes on Sched	ule O			
4	Section 501(c)(3) a		ions and sectio	on 4947(a)(1) trusts	e largest program servic are required to report th service reported	
4a	(Code) (Expenses \$	3,086,831	ıncludıng grants of \$	2,854,822) (Reven	ue \$
	childhood programs bas in Minnesota'S Parent A	ed on citizen reviewer recor ware Quality Rating System on in scholarships, provided	nmendations, an e , and Basic Sliding	eligibility-based scholarshi Fee Child Care Assistance	p pilot program for families to e for eligible low income famil	grants and emergency funding for early o enroll children in programs rated highly lies in Ramsey County Last year, RCC stered childcare assistance to 1,414 low
4b	(Code) (Expenses \$	2,124,330	ıncludıng grants of \$) (Revenu	ue \$ 2,424,903)
					ces for early childhood profess curriculum based on sound ar	sionals everywhere Last year, Redleaf ad accepted theory
4c	(Code) (Expenses \$	818,027	ıncludıng grants of \$	34,961) (Reven	ue \$ 384,172)
	development, program	assessment and curriculum	planning to relation	nships between providers		od professionals Topics range from child ty Last year 15,467 students enrolled, haric
4d	Other program serv	vices (Describe in Sch	edule O) See a	ılso Additional Data	for Description	
	(Expenses \$	2,453,950 inc	ludıng grants o	f\$ 49	,849) (Revenue \$	82,533)
4e	Total program serv	ice expenses►\$	8,483,13	8		
						Form 990 (2009)

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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.			
	◆ 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		Į.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
		F	orm 99 0) (2009)

Part V Statements Regarding Other IRS Filings and Tax Complia

			Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	ta 593			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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		No
b	If "Yes," enter the name of the foreign country ▶			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
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		
ā	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
3	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		
•	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

10 YORKTON COURT ST PAUL, MN 55117 (651) 641-6619

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 14			
ь	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
-	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	(3)s only) available for public inspection. Indicate now you make these available. Check all that apply Own website. A nother's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	PAMIONGELLOW			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization'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, and current key employees 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 employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	compensation amo	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Office Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1h				Page 8
	Total	0		16,534
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 2			-
-			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0		000	(2009)

Form 99		Statement o	f Dougnus					Page 9
Part	<u> </u>	Statement	or 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
nts nts	1a	Federated camp	paigns 1a					
Jrat our	ь	Membership du	es 1b					
ું. Si	С	Fundraising eve	ents 1c					
a diff	d	Related organiz	ations 1d					
nue Contributions, gifts, grants and other similar amounts	e	Government grants	s (contributions) 1e	3,823,363				
	f	All other contribution	ons, gifts, grants, and 1f	2,226,408		İ		
ibu Afric	g	Noncash contri	butions included in					
펄		IIIIes ra-ri b —	2,009					
ಕರ	h	Total. Add lines	s 1a-1f	🟲	6,049,771			
Ē.				Business Code				
enu	2a	PROGRAM SERVICE	E FEES	624,410	384,172	384,172		
Program Serwce Revenue	ь	MISCELLANEOUS		900,099	82,533	82,533		
	c							
	d							
	e							
୍ତୀୟ	f	All other progra	ım service revenue					
Ρ̈́	g	Total. Add lines	s 2a-2f		466,705			
	3		ome (including divident		100,703			
			aramounts)	. F	4,250			4,250
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	c .	Gain or (loss)	,					
	d 8a	Net gain or (los Gross income f	s)					
<u>•</u>	04	events (not inc						
Other Revenue		\$	reported on line 1c)					
e.		See Part IV, lin						
<u> </u>			а					
the	ь		penses b					
0	С		loss) from fundraising (events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities					
		, ,	а					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		2 705 040				
	ь	Less cost of a	oods sold b	3,795,049 1,370,146				
	c		loss) from sales of inve		2,424,903	2,424,903		
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d					
				·				
	12	fotal revenue.	See Instructions	•	8,945,629	2,891,608	0	4,250

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to		(B) (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) 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	2,419,313	2,419,313		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	520,319	520,319		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	245,320		245,320	
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	3,281,066	2,904,239	239,067	137,760
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,277	25,410		867
9	Other employee benefits	383,476	354,018	19,539	9,919
10	Payroll taxes	250,485	206,666	33,629	10,190
11	Fees for services (non-employees)				
а	Management				
ь	Legal	5,470	5,470		
c	Accounting	19,000		19,000	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	371,825	334,335	26,155	11,335
12	Advertising and promotion	145,586	145,586		_
13	Office expenses	754,204	713,803	34,098	6,303
14	Information technology				
15	Royalties				
16	Occupancy	259,877	379,279	-136,591	17,189
17	Travel	37,404	35,888	1,083	433
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	146,858	136,073	9,421	1,364
20	Interest	35,089		35,089	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	227,034	16,099	209,371	1,564
23	Insurance	82,419	70,174	9,478	2,767
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SELLING EXPENSES	165,564	165,564		
b	COMPUTER EXPENSE	66,788	59,787	5,332	1,669
С	Program Supplies	32,009			32,009
d	SUBSCRIPTIONS AND DUES	11,594	5,937	5,064	593
е	MISCELLANEOUS	6,099	4,999	883	217
f	All other expenses	-14,821	-19,821	5,000	
25	Total functional expenses. Add lines 1 through 24f	9,478,255	8,483,138	760,938	234,179
26	Joint costs. Check here ► ☐ If following SOP 98-2				<u> </u>
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

l					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			300	1	300
	2	Savings and temporary cash investments	•		290,939	2	462,796
	3	Pledges and grants receivable, net			1,152,617	3	210,573
	4	Accounts receivable, net	•			4	1,186,573
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	om current and former officers, directors, trustees, key employees, and ensated employees Complete Part II of				
		Schedule L					
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			709,224	8	684,664
⋖	9	Prepaid expenses and deferred charges			105,174	9	128,320
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	3,551,065			
	b	Less accumulated depreciation	10b	1,331,501	2,402,837	10c	2,219,564
	11	Investments—publicly traded securities			717,492	11	886,307
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV , line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			12,400	15	12,400
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,394,522	16	5,791,497
	17	Accounts payable and accrued expenses .			830,483	17	829,222
	18	Grants payable		18			
	19	Deferred revenue				19	363,869
	20	Tax-exempt bond liabilities	ax-exempt bond liabilities				
<u> ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	-		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			875,088	23	506,548
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		54,489	25	0
	26	Total liabilities. Add lines 17 through 25			2,025,009	26	1,699,639
Fund Balances		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	lete line	s 27			
anc	27	Unrestricted net assets			3,155,669	27	3,738,275
<u> </u>	28	Temporarily restricted net assets			1,213,844	28	353,583
핗	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117, check here	d comple	ete			
0 r		lines 30 through 34.	-				
2	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			4,369,513	33	4,091,858
	34	Total liabilities and net assets/fund balances			6,394,522	34	5,791,497

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	▼ Separate basis			
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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization

Employer identification number

RESOURCES	FOR CHILD CARING INC								
Part I	41-1260581 Reason for Public Charity Status (All organizations must complete this part.) See instr	uctions							
	ization is not a private foundation because it is (For lines 1 through 11, check only one box)	uctions							
1 F	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
з Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		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	An organization operated for the benefit of a college or university owned or operated by a governmental usection 170(b)(1)(A)(iv). (Complete Part II)	nıt describe	- d ın						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 7		n organization that normally receives a substantial part of its support from a governmental unit or from the general public iscribed in							
8	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9 🗆	An organization that normally receives (1) more than 331/3% of its support from contributions, members	ship fees, ar	nd gros	3 S					
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
	its support from gross investment income and unrelated business taxable income (less section 511 tax)	from busine	esses						
	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 Seesection 509(a)(4).								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See s 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		a)(3).	Check					
еГ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more 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 it is a Type I, Type II or Type III s check this box	upporting o	rganız	ation,					
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)		Yes	No					
	and (III) below, the governing body of the the supported organization?	11g(i)							
	(ii) a family member of a person described in (i) above?	11g(ii)							
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)							
h	Provide the following information about the supported organization(s)								
	(iii)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support	1	1					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,572,78	0 4,383,261	5,621,560	8,269,867	6	,049,771	26,897,239
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,572,78	0 4,383,261	5,621,560	8,269,867	6	,049,771	26,897,239
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							677,287
6	(f) Public Support. Subtract line 5 from line 4							26,219,952
S	ection B. Total Support	•			•			
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	2,572,780	30,032	5,621,560	8,269,867	6	,049,771	26,897,239
8	Gross income from interest,	2,0.2,100	30,032	3,321,333	0,203,007			
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	24,224	30,032	25,362	4,533		4,250	88,401
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							26,985,640
12	Gross receipts from related activiti	ies, etc (See inst	tructions)			12		21,419,319
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	Ifth tax year as a !	501(c)(3	;) organız	eation, ▶☐
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (fl)		14		97 160 %
15	Public Support Percentage for 200	•		(1//		15		97 300 %
	33 1/3% support test—2009. If the	•	•	on line 13, and l	ıne 14 ıs 33 1/3%		. check t	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test	alifies as a public e organization did n qualifies as a p	ly supported orga not check the box ublicly supported	nızatıon k on line 13 or 16 organızatıon	a, and line 15 is 3	3 1/3%	or more,	► ✓
	is 10% or more, and if the organization means organization	tion meets the "f	acts and circumst	ances" test, che	ck this box and st	op here.	Explain	ed
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets th	e "facts and cırcu	mstances" test, o	heck this box and	stop he	ere.	
18	supported organization Private Foundation If the organizations							▶□ ▶□
								-,

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493315004310

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

· · · · · · · · · · · · · · · · · · ·	
Part I-A Complete if the organization is exempt under section 501(c) or is a s	section 527 organization.
	41-1260581
Name of the organization RESOURCES FOR CHILD CARING INC	Employer identification number

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV					
2	Political expenditures	>	\$			
3	Volunteer hours					_
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					-
1	Enter the amount of any excise tax incurred by the organization under section 4955	 -	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	 -	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			☐ Yes	☐ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except section	n 50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527					
	exempt funtion activities	-	\$			_
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	F	\$			
4	Did the filing organization file Form 1120-DOL for this year?			□ Ves	□ No	

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
В	Check if the filing organization checked bo	x A and "limited control" provisions apply		
			(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	5,000	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	5,000	
d	Other exempt purpose expenditures		9,473,255	
е	Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b)		9,478,255	
f		from the following table in both	623,913	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	155,978	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	488,389	539,906	723,680	623,913	2,375,888				
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,563,832				
_с	Total lobbying expenditures	6,090	5,250	5,400	5,000	21,740				
d	Grassroots non-taxable amount	122,097	134,977	180,920	155,978	593,972				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					890,958				
f	Grassroots lobbying expenditures			5,400	5,000	10,400				

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)	
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493315004310

Cat No 52283D Schedule D (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** RESOURCES FOR CHILD CARING INC

			41-	1260581
ar	t I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		Funds	or Accounts. Complete if the
_	organization answered fes to Form 99	(a) Donor advised funds	1	(b) Funds and other accounts
	Total number at end of year	(a) bener all red lands		(2)
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advis	sors in writing that the assets held in do	nor adv	Isad
	funds are the organization's property, subject to the o		onor dav	☐ Yes ☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bend	5 5		
	conferring impermissible private benefit	,		☐ Yes ☐ No
1	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation protection of natural habitat	on or pleasure) Preservation of a		rically importantly land area d historic structure
	Preservation of open space			
	Complete lines 2a-2d if the organization held a quali- easement on the last day of the tax year	fied conservation contribution in the for	m of a c	onservation
	casement on the last day of the tax year			Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified his	toric structure included in (a)	2c	
	Number of conservation easements included in (c) ac	. ,	2d	
	Number of conservation easements modified, transfe			o organization during
		rreu, releaseu, extiliguistieu, or terriilla	ted by ti	re organization during
	the taxable year 🛌			
	Number of states where property subject to conserva	ition easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	fviolations, and Yes No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year ►
	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easemen	nts durın	g the year ► \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ection	Г Yes
	In Part XIV, describe how the organization reports co	onservation easements in its revenue ar	nd exper	nse statement, and
	balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financi		
t	III Organizations Maintaining Collection		, or Ot	her Similar Assets.
	Complete if the organization answered "	<u> </u>		
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin-	for public exhibition, education or resea	rch in fu	
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research		•
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for finan	
	Revenues included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$

сII	Till Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or C	<u>the</u>	<u>r Similai</u>	ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	ant u	se of its co	llectio	n	
а	Public exhibition		d	Г	Loan o	rexch	ange progi	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y further	the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	0,	
	Part IV, line 9, or reported an ar				•							
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions oi	r other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-	_		A mo	unt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)	Three Years E	Back (€	Four Ye	ears Back
a	Beginning of year balance											
b	Contributions							_				
С	Investment earnings or losses							-				
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the year	r end halance held:										
		%	45									
а	Board designated or quasi-endowment											
b	Permanent endowment 🕨 %											
C	Term endowment • %		_ 4 4				l	J 6	Al			
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	tnata	are neia	and ad	iministere	a ror	tne		Yes	No
	(i) unrelated organizations									3a(i)	1	
	(ii) related organizations									3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3Ь		
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 99	<u>0, Pa</u>	rt X, lıne	10.	Γ			
	Description of investment				Cost or on the Cost of the Cos		(b)Cost or o basis (othe		(c) Accumi deprecia		(d) Bo	ok value
а	Land						205	5,000				205,000
b	Buildings						2,623	3,154	7	98,584		1,824,570
c	Leasehold improvements		•				53	3,892		21,853		32,039
d	Equipment						669	,019	5	11,064		157,955
e	Other											

2,219,564

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pa	It XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,945,629
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,478,255
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-532,626
4	Net unrealized gains (losses) on investments	4	254,971
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	254,971
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-277,655
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retui	n
1	Total revenue, gains, and other support per audited financial statements	1	10,570,746
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 254,971		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 1,370,146		
e	Add lines 2a through 2d	2e	1,625,117
3	Subtract line 2e from line 1	3	8,945,629
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,945,629
Par	TAILL Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	:urn
1	Total expenses and losses per audited financial statements	1	10,848,401
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,370,146
3	Subtract line 2e from line 1	3	9,478,255
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,478,255
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	RCC IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JUSRISDICTION FEDERAL AND STATE TAX AUTHORITIES HAVE THE RIGHT TO EXAMINE RETURNS FOR A PERIOD OF THREE YEARS AFTER THEY ARE FILED
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD 1370146
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 1370146

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Internal Revenue Service

DLN: 93493315004310 OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990

Inspection

name of the organization						Employer Identification	on number
RESOURCES FOR CHILD CARING INC	General Information on Grants and Assistance es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant selection criteria used to award the grants or assistance?		41-1260581				
Part I General Information	on Grants and	Assistance					
the selection criteria used to awar	d the grants or ass	ıstance?			=		√Yes
Form 990, Part IV, line	21 for any recipi	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	section	` '	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table					·		

Grants and Other Assistance to Organizations,

Part IV

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Grants and Scholarships given to assist child care providers	374	520,319		FMV	
See Additional Data Table					
				•	•

 Identifier
 Return Reference
 Explanation

 Procedure for Monitoring Grants in the U S
 Part I, Line 2
 Schedule I, Part I, Line 2 Grant coordinators execute established program guidelines according to grant program specifications. A committee reviews for approval all grant proposals. Funding is allocated based on program balance and committee recommendations. Funds are expended upon grantees' invoice documentING purchases and fulfillment of grant obligations. Grantees submit final grant report. Management oversees to assure that grant processes are followed.

 Image: Committee recommendations. Funds are expended upon grantees' invoice documentING purchases and fulfillment of grant obligations. Grantees submit final grant report. Management oversees to assure that grant processes are followed.

 Image: Committee recommendations. Funds are expended upon grantees' invoice documentING purchases and fulfillment of grant report. Management oversees to assure that grant processes are followed.

 Image: Committee recommendations. Funds are expended upon grantees' invoice documentING purchases and fulfillment of grant report. Management oversees to assure that grant processes are followed.

 Image: Committee recommendations. Funds are expended upon grantees' invoice documentING purchases and fulfillment of grant report. Management oversees to assure that grant processes are followed.

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Software ID:

Software Version:

EIN: 41-1260581

Name: RESOURCES FOR CHILD CARING INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of (d) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN CCR&R NETWORK380 LAFAYETTE ROAD STE 103 ST PAUL,MN 55107	41-1730422	501 (c)(3)	21,717				CHILD CARE GRANT
KINDERPLATZWHIPPLE FED BLDG RM G25 FORT SNELLING, MN 55111	41-1561825		5,558				CHILD CARE GRANT
DAKOTA CHILD CARE3105 65TH STREET EAST INVER GROVE HEIGHTS, MN 550764499	41-1900818		6,885				CHILD CARE GRANT
RAINBOW CHILD DEVELOPMENT INC1566 THOMAS AVE ST PAUL, MN 55104	41-1915967		85,070				CHILD CARE GRANT
NEW HORIZON ACADEMY 401 ROBERT ST ST PAUL, MN 55101	41-1569865		34,177				CHILD CARE GRANT
FOR KIDS ONLY13654 Thrush St NW Andover, MN 55304	41-1664945		6,600				CHILD CARE GRANT
KINDERCARE LEARNING CENTER1000 Meadowland Dr White Bear Lake, MN 55127	63-0941966		10,065				CHILD CARE GRANT
KINDERCARE1925 E COUNTY ROAD D MAPLEWOOD,MN 55109	63-0941966		12,683				CHILD CARE GRANT
NEW HORIZON ACADEMY 2251 Van Dyke Maplewood, MN 55109	41-1569865		21,733				CHILD CARE GRANT
NEW HORIZON ACADEMY #261385 CONWAY STREET ST PAUL, MN 55106	41-1569865		29,011				CHILD CARE GRANT

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government				assistance	(book, FMV, appraisal, other)		
KINDERCARE LEARNING CENTER-R181 W COUNTY ROAD B2 ROSEVILLE, MN 55113	06-1097006		86,479				CHILD CARE GRANT
KINDERCARE LEARNING CENTER WSP1541 HUMBOLDT AVE WEST SAINT PAUL, MN 55118	06-1097006		35,065				CHILD CARE GRANT
KAPLAN EARLY LEARNING COMPANYPO Box 890575 CHARLOTTE, NC 282890575	56-0935286		15,533				CHILD CARE GRANT
WHO LECHILD 1901 Ford Parkway Saint Paul, MN 55116	41-1535506		10,250				CHILD CARE GRANT
NEW HORIZON A CADEMY 586 CARLTON STREET MAPLEWOOD, MN 55119	41-1569865		12,161				CHILD CARE GRANT
New Horizon Academy1295 Rice Street SAINT PAUL, MN 55117	41-1569865		420,560				CHILD CARE GRANT
Kindercare Learning Center 7964 Xerxes Avenue North Brooklyn Park, MN 55444	63-0941966		18,136				CHILD CARE GRANT
KINDERCARE LEARNING CENTER2070 Burns Avenue Saint Paul, MN 55119	06-1097006		13,277				CHILD CARE GRANT
Northeast Child Development Center1700 2nd Street NE Minneapolis, MN 55413	41-0873798		7,150				CHILD CARE GRANT
HASTINGS CHILD DEVELOPMENT CENTER210 17TH ST W HASTINGS,MN 55033	26-4128190		8,450				CHILD CARE GRANT

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Knowledge Beginnings8445 Seasons Parkway Woodbury, MN 55125	06-1097006		5,095				CHILD CARE GRANT
HILLSIDE CHILD CARE CENTER LLC955 HWY 55 HASTINGS,MN 55033	27-0629300		5,000				CHILD CARE GRANT
PHYLLIS WHEATLEY COMMUNITY CENTER1301 10th AVE N MINNEAPOLIS, MN 55411	41-0607132		7,000				CHILD CARE GRANT
Kındercare - Blaıne10851 Jefferson St NE Blaıne, MN 55434	63-0941966		7,345				CHILD CARE GRANT
OPEN ARMS LUTHERAN CHILD CARE616 RUTH STREET STPAUL, MN 55119	41-0823000		7,030				CHILD CARE GRANT
NEW HORIZON ACADEMY #653510 FEDERAL DRIVE EAGAN,MN 55122	41-1569865		8,000				CHILD CARE GRANT
NEW HORIZON ACADEMY BLOOMINGTON5340 HYLAND GREENS DRIVE BLOOMINGTON,MN 55437	41-1569865		8,560				CHILD CARE GRANT
CHILDREN'S HOME SOC & FAM SERVICES1605 EUSTIS ST ST PAUL,MN 55108	41-0693906	501 (c)(3)	70,481				CHILD CARE GRANT
WILDER FOUNDATION CHILD DVLP CNTR451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501 (c)(3)	278,859				CHILD CARE GRANT
LIFETRACK RESOURCES 709 UNIVERSITY AVE W ST PAUL, MN 55104	41-0874507	501 (c)(3)	47,652				CHILD CARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501 (c)(3) PILLSBURY UNITED 41-0916478 CHILD CARE GRANT COMMUNITIES3501 5,000 CHICAGO AVES MINNEAPOLIS, MN 55407 COMMUNITY ACTION 41-0883443 501 (c)(3) CHILD CARE GRANT PARTNERSHIP450 N 455,769 Syndicate Ave St Paul, MN 55104 INSTEP2608 BLAISDELL 41-1889548 501 (c)(3) CHILD CARE GRANT AVENUE SOUTH 6,399 MINNEAPOLIS, MN 55408 501 (c)(3) KIDS CARE CONNECTION 41-1930430 CHILD CARE GRANT 17805 COUNTY RD 6 5,000 PLYMOUTH, MN 55447 501 (c)(3) PERSPECTIVES INC3381 41-1288300 CHILD CARE GRANT **GORHAM AVENUE** 6,994 ST LOUIS PARK, MN 55426 **BRIGHT WATER** 20-0366261 501 (c)(3) CHILD CARE GRANT MONTESSORI SCHOOL 8,100 2410 GIRARD AVE N MINNEAPOLIS, MN 55411 501 (c)(3) REUBEN LINDH FAMILY 41-1251871 CHILD CARE GRANT SERVICES1501 XERXES 11,225 AVEN MINNEAPOLIS, MN 55411 501 (c)(3) YWCA OF MINNEAPOLIS 41-0693891 CHILD CARE GRANT 1130 NICOLLET MALL 17,970 MINNEAPOLIS, MN 55403 501 (c)(3) CENTRAL LUTHERAN 41-6008777 CHILD CARE GRANT SCHOOL775 N LEXINGTON 340,403 PARKWAY ST PAUL, MN 55104 41-0705847 501 (c)(3) UNION GOSPEL MISSION CHILD CARE GRANT CHILD DEVELOPM109E 9th 55,079 STREET ST PAUL, MN 55101

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant										
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
41-0708577	501 (c)(3)	71,800				CHILD CARE GRANT				
41-0799781	501 (c)(3)	17,583				CHILD CARE GRANT				
41-1361913	501 (c)(3)	71,781				CHILD CARE GRANT				
41-1377467	7 501 (c)(3)	5,005				CHILD CARE GRANT				
41-0698597	501 (c)(3)	9,900				CHILD CARE GRANT				
41-1251871	501 (c)(3)	9,426				CHILD CARE GRANT				
26-3996303	501 (c)(3)	5,846				CHILD CARE GRANT				
41-0706913	501 (c)(3)	7,754				CHILD CARE GRANT				
	(b) EIN 41-0708577 41-0799781 41-1361913 41-1377467 41-0698597 41-1251871 26-3996303	(b) EIN (c) IRC Code section if applicable 41-0708577 501 (c)(3) 41-0799781 501 (c)(3) 41-1361913 501 (c)(3) 41-1377467 501 (c)(3) 41-0698597 501 (c)(3) 41-1251871 501 (c)(3) 26-3996303 501 (c)(3)	(b) EIN (c) IRC Code section if applicable (d) A mount of cash grant 41-0708577 501 (c)(3) 71,800 41-0799781 501 (c)(3) 17,583 41-1361913 501 (c)(3) 71,781 41-1377467 501 (c)(3) 5,005 41-0698597 501 (c)(3) 9,900 41-1251871 501 (c)(3) 9,426 26-3996303 501 (c)(3) 5,846 41-0706913 501 (c)(3) 5,846	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 41-0708577 501 (c)(3) 71,800 41-0799781 501 (c)(3) 17,583 41-1361913 501 (c)(3) 71,781 41-1377467 501 (c)(3) 5,005 41-0698597 501 (c)(3) 9,900 41-1251871 501 (c)(3) 9,426 26-3996303 501 (c)(3) 5,846 41-0706913 501 (c)(3) 5,846	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 41-0708577 501 (c)(3) 71,800 41-0799781 501 (c)(3) 17,583 41-1361913 501 (c)(3) 71,781 41-0698597 501 (c)(3) 5,005 41-1251871 501 (c)(3) 9,900 41-1251871 501 (c)(3) 9,426 26-3996303 501 (c)(3) 5,846 41-0706913 501 (c)(3) 5,846	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance 41-0708577 501 (c)(3) 71,800 41-0799781 501 (c)(3) 17,583 41-1361913 501 (c)(3) 71,781 41-0698597 501 (c)(3) 9,900 41-1251871 501 (c)(3) 9,426				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493315004310

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization RESOURCES FOR CHILD CARING INC **Employer identification number**

41-1260581

Рα	Questions Regarding Compensation	П			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
	, Tomi 550 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νο
		ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?	Ī	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III	Ī			
7	For persons listed in Form 990, Part VII, Section A				
_	payments not described in lines 5 and 6? If "Yes," o		7		No
8	Were any amounts reported in Form 990, Part VII,	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow th	e rebuttable presumption procedure described in Regulations	\dashv		
9	section 53 4958-6(c)?	e reputtuble presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
GARY PEDERSEN	(I) (II)	65,178 0	0	0	0		65,178 0	0	
	/		O			0		0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization RESOURCES FOR CHILD CARING INC

Employer identification number

41-1260581

Рa	Types of Property							
		(a)	(b)	(c)	(d			
		Check	Number of Contributions	Revenues reported on	Method of d		nıng	
		ıf applicable		Form 990, Part VIII, line 1g	reven	ues		
1	Art—Works of art	аррпсавіе		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		2,434				
	Clothing and household			2,751				
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation							
	contribution—Historic							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	ZOO AND							
	CHILDRENS							
	MUSEUM		,	34.000	EM1/			
25	Other ► (TICKETS) MAC	x	2	24,000	1 1*1 V			
	COMPUTER							
26	Other ► (SOFTWARE)	X	1	5,187	FMV			
27	Other ► (GIFT CARDS)	Х	2	200	FMV			
28	Other ► (FOOD)	Х	2	188				
29	Number of Forms 8283 received	d by the org	anızatıon durıng the tax ye:	ar for contributions				
	for which the organization comp	eted Form 8	3283, Part IV , Donee Ackr	owledgement	29			
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Wells Fargo Brokerage for contributions of stock

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493315004310

COLLEDIN F O

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
RESOURCES FOR CHILD CARING INC

Employer identification number

41-1260581

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is reviewed with the board of directors at ONE OF THEIR BOARD MEETINGS PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		Annual notifications ARE GIVEN to all affected officers, directors, trustees, and key employees along with A requirement for a signed statement confirming conflicts
Form 990, Part VI, Section B, line 15		Compensation was verified by the Executive Committee of the Board of Directors FOR THE EXECUTIVE DIRECTOR Compensation was verified by the Finance Committee of the Board of Directors FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION
Form 990, Part VI, Section C, line 19		Governing Documents and Conflict of Interest Policy are available upon request. The Financial statements are posted on the Company's website.
FORM 990, PAGE 12, LINE 2C	COMPANY ASSUMES RESPONSIBILITY OFR OVERSIGHT OF THE AUDIT	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR PERIOD

Additional Data

Software ID: Software Version:

EIN: 41-1260581

Name: RESOURCES FOR CHILD CARING INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

	services			
(Code) (Expenses \$	564,657 including grants of \$) (Revenue \$)
OF OVER 5,200 PR		WITH FAMILIES, USING INDICAT	REFERRAL AGENCY DRAWING ON A ORS OF PROGRAM QUALITY, TO HE	
(Code) (Expenses \$	698,824 including grants of \$	20,970) (Revenue \$	82,533)
		500		
children with social-	emotional and behavioral cha		echnical services in the following areas mprovements, child care business and	
	emotional and behavioral cha		mprovements, child care business and	
children with social- and overall quality ii (Code Community Outreac	emotional and behavioral champrovements) (Expenses \$ h and Access - RCC's cultura	llenges, health and environmental in 704,948 including grants of \$	mprovements, child care business and	recordkeeping,

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		(C tion (hat a:	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
TED THOMPSON DIRECTOR	1 00	Х						0	0	0	
JACQUELINE REIS CHAIR/exec COMM CHAIR	1 00	X		Х				0	0	0	
CARLEEN M KERTTULA SECRETARY	1 00	X		X				0	0	0	
GREG PEARSON VICE CHAIR	1 00	X		X				0	0	0	
CRAIG VOSS DIRECTOR	1 00	X						0	0	0	
MARY ANN BARROWS WARK DIRECTOR	1 00	X						0	0	0	
RHODA REDLEAF DIRECTOR	1 00	Χ						0	0	0	
JENNIFER SYLTIE JOHNSON PUBLIC AFFAIRS COMM CHAI	1 00	Х		X				0	0	0	
SCOTT SINGER DIRECTOR	1 00	Х						0	0	0	
JIM BOYLE DIRECTOR	1 00	Х						0	0	0	
ann hill Director	1 00	X						0	0	0	
PAUL KO ERBER treasurer	1 00	X		X				0	0	0	
JODI SANDFORT DIRECTOR	1 00	Х						0	0	0	
VALLAY MOUA VARRO DIRECTOR	1 00	X						0	0	0	
rob grunewald dIRECTOR	1 00	Х						0	0	0	
BARBARA YATES EXECUTIVE DIRECTOR	40 00			X				130,964	0	10,602	
PAM LONGFELLOW CFO	40 00			X				32,644	0	1,627	
GARY PEDERSEN FORMER CFO	40 00						Х	65,178	0	4,305	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SELLING EXPENSES	165,564	165,564		
COMPUTER EXPENSE	66,788	59,787	5,332	1,669
Program Supplies	32,009			32,009
SUBSCRIPTIONS AND DUES	11,594	5,937	5,064	593
MISCELLANEOUS	6,099	4,999	883	217