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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Depa	nment o nal Reve	of the Treasury nue Service		► The organization r	nay have to use a co	py of this return to sat	tisfy state repor	tıng requirei	ments.	Open t	o Public Ins _l	pection
			r year,	or tax year beginn	ing 7/01	, 200	9, and endi	ng 6/	30	, 2	2010	
		applicable		С					D Employ	er Identifica	tion Number	
	Add	tress change	ease use RS label	Evanston Ch	ild Develo	pment Cente	er		74-2	218315	7	
	Nar	me change	or print or type.	336 Summit	Street	-			E Telepho	ne number		
	Init	ial return s	See specific	Evanston, W	Y 82930				307-	-789-7	040	
	Ter		nstruc- tions.									
	Am	ended return							G Gross re	ceipts \$	1,418,	109.
	App	plication pending F	Name a	and address of principal of	officer			H(a) Is this	a group return			X No
			ame 1	As C Above					l affiliates incli		Yes	No
ī	Tax-	exempt status	X 501	1(c) (3) ∢ (insert no.)	4947(a)(1) or	527	II No,	' attach a list	(see instruc	tions) —	_
J		site: N/A						H(c) Group	exemption nu	mber ►		
K	Form	of organization	Corpora	ation Trust	Association Oth	ner ►	L Year of Forma	ition	M s	tate of lega	l domicile	
Pa		Summan		-								
	1	Briefly describe	the or	ganızatıon's mıssıo	n or most signif	icant activities: _'	The comp	any is	a day	care a	and	
99	_	<u>preschool</u>		 .								
Activities & Governance	-			·								
/err		_										
ô	1	Check this box		if the organization nbers of the govern			sposea or m	ore than a	25% OT ITS (3		3
ಿ				nt voting members			ne 1b)			4		$\frac{3}{3}$
ţį			-	oyees (Part V, line		,, (,	,			5		22
¥				teers (estimate if n						6		0
Ă	1	-		business revenue f			<u>)</u>		ļ	7a		0.
	b	Net unrelated b	usines	s taxable income fr	om Form 990-T	, line 34				7b		0.
								F	Prior Year		Current Ye	
<u>•</u>				nts (Part VIII, line 1					325,7			711.
en	ł .	_		nue (Part VIII, line :	·				613,8	75.	602,	194.
Revenue				art VIII, column (A)				 	120 4		106	204
				III, column (A), line			lino 12\		128,4 1,068,0		1,418,	204.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12)							-	1,000,0	- -		107.
	l			members (Par IX	• • • • •							
				nsation, employee	1	Scotumn (A) line	es 5-10)		670,7	13.	748.	683.
Expenses				ng fees (Part IX)							,	
Pe -				enses (Part IX, colu	1							
ă				IX, column (A), lin				-	392,2	16	670	 .715.
				ines 13-17 (must e		ump (A) lung 25)		<u> </u>	392,2 1,062,9		1,419,	
				es Subtract line 18		unin (A), inte 23)			5,1			289.
- × 8		revenue less e	хрспос	25 Gabilact line 10	HOIT IIIC 12			Basi				
Net Assets or Fund Balances	20	Total assets (Pa	art X I	ine 16)				Begi	nning of Y 953,8		End of Ye	126.
88		Total liabilities		•					121,8			492.
N S			•	ances Subtract lin	e 21 from line 2	n			831,9		_ _	634.
Pa	rt II	Signatur			e zr nom me z				001,5	22.	030,	054.
		 			mined this return, inc	luding accompanying s	chedules and sta	tements, an	d to the best o	f my knowle	edge and belief, i	t is
		true, correct, and	complete	I declare that I have exa Declaration of preparer	Tother than officer) is	s based on all information	on of which prep	arer has any	knowledge	~ <i>~</i> ~	17	
Sig	gn		n	MA H	West				10-6	-/-/	/_	
He	re	Signature of	officer		land			D	ate	7 /		
			100	va C U	1.251				10-2	1-10	<u> </u>	
		Type of print					T = "			15	. (
_	•		•	nicheal a.	Decorro		Date		Check if self-	Prepa (see i	rer's identifying i nstructions)	number
Pa Pro		Preparer's _								\Box		
pa	rer's			heal A. DeCo	•					l		
Us	e	Firm's name (or yours if self-		ORIA MAICHE		UE PS			_			
Or	ıly	employed), address, and		7 N DIVISION						1-1900		
N4:	. Ale = 11	ZIP + 4		-	208-6545			F	Phone no	(509)	535-350	
_				with the preparer			uotiono		TEC. 4.0		X Yes	No No
DΑ	⊶ ror	FIIVACY ACT and	u rape	rwork Reduction A	ici nouce, see t	ne separate instr	ucuons.	_	TEEA0113L	12/29/09	Form 99 6	J (∠UU9)

	1990 (2009) Evanston Child Development Center	74-2]	.83T	<u> </u>		Page 2
Pa						
1						_
	The company is a daycare and preschool					
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior				
_	Form 990 or 990-EZ?	io prior		Yes	X	No
	If 'Yes,' describe these new services on Schedule O		لــا		41	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	cos 2		Yes	X	No
3	If 'Yes,' describe these changes on Schedule O	re2.	ш	163	Δ	NO
					-01 (.)	(2)
4	Describe the exempt purpose achievements for each of the organization's three largest program services than 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	oy expens allocation	es se stant	ction a	he tot	(3) al
	expenses, and revenue, if any, for each program service reported	4.10041.01	0 10 01	.,0,0,		۵.
						_
_	40 1 210 500 11 4 4		_			
48	a (Code) (Expenses $$1,216,580$. including grants of $$$) (Ref))
	The company is a daycare and preschool facility, operating Monday					
	The State subsidizes the center for those whom cannot afford to pa	y for	<u>fees</u>	<u>th</u> r	<u>ougl</u>	1
	DPASS. The food is also partially subsidized.					
41	(Code) (Expenses \$) (Recording grants of \$)	evenue	\$)
			-			
			_			
4	c (Code) (Expenses \$ including grants of \$) (Re	evenue	\$)
			- - -			
			- -			
		-				
	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$				`	
	e Total program service expenses ► 1,216,580.					
	t / 210/ 000 .					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х 4 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 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, 6 X Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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. Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional X 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 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 Х 19

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

20

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Form 990 (2009) Evanston Child Development Center

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		X
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	9 90 ((2009)

				$\overline{}$	
		l 1 6		Yes	No
Info	er the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S mation Returns. Enter -0- if not applicable	1a 0			
	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c Dıd (gar	the organization comply with backup withholding rules for reportable payments to vendo nbling) winnings to prize winners?	rs and reportable gaming	1c		
2 a Enter calen	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the dar year ending with or within the year covered by this return	2a 22	ŀ		
2b If at	least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b	Х	
Note	. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re-	turn. (see instructions)			
	the organization have unrelated business gross income of \$1,000 or more during the year return?	ar covered by	За		<u>X</u>
b If 'Y	es' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	_	3b		
4a At a fina	ny time during the calendar year, did the organization have an interest in, or a signature ocial account in a foreign country (such as a bank account, securities account, or other t	e or other authority over, a financial account)?	4a		<u>X</u> _
	es,' enter the name of the foreign country:				
See Fina	the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of incial Accounts	Foreign Bank and			
	the organization a party to a prohibited tax shelter transaction at any time during the ta	· ·	5a		X
b Dıd	any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5 b		X
c If 'Y Tax	es,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ei Shelter Transaction?	ntity Regarding Prohibited	5c		
6a Doe sole	s the organization have annual gross receipts that are normally greater than \$100,000, a cit any contributions that were not tax deductible?	and did the organization	6a		Х
b If 'Y ded	es,' did the organization include with every solicitation an express statement that such cuctible?	ontributions or gifts were not	6b		
7 Org	anizations that may receive deductible contributions under section 170(c).				
a Did	the organization receive a payment in excess of \$75 made partly as a contribution and prided to the payor?	partly for goods and services	7a		X
b If 'Y	es,' did the organization notify the donor of the value of the goods or services provided	,	7b		
	the organization sell, exchange, or otherwise dispose of tangible personal property for v n 8282?	hich it was required to file	7с		Х
	es,' indicate the number of Forms 8282 filed during the year	7 d			
e Dıd ben	the organization, during the year, receive any funds, directly or indirectly, to pay premiu efit contract?	ms on a personal	7e		Х
f Did	the organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	7f		X
g For	all contributions of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
	contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo		7h		
8 Spo	nsoring organizations maintaining donor advised funds and section 509(a)(3) support porting organization, or a donor advised fund maintained by a sponsoring organization, lings at any time during the year?	ing organizations. Did the have excess business	8		
	nings at any time during the year. Insoring organizations maintaining donor advised funds.		الت		
-	the organization make any taxable distributions under section 4966?		9a		
	the organization make any distribution to a donor, donor advisor, or related person?		9b		
	tion 501(c)(7) organizations. Enter				
	ation fees and capital contributions included on Part VIII, line 12	10a			
	ss Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	H		
	tion 501(c)(12) organizations. Enter:				
	ss income from other members or shareholders	11 a			
	ss income from other sources (Do not net amounts due or paid to other sources against ounts due or received from them)	11 b			
12a Sec	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	1 1	12a		
b If '\	es,' enter the amount of tax-exempt interest received or accrued during the year	12b			

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Form 990 (2009)

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

Section A. Governing Body and Management

		$\neg \neg$	Yes	No
1 a	a Enter the number of voting members of the governing body . 1a 3			
	Enter the number of voting members that are independent 1b 3			
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		
•				
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents	4		Χ
	since the prior Form 990 was filed?			
5 6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	5 6		<u>X</u>
	i i	-		
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
t	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		х
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 a		X
t	b 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?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	ADescribe in Schedule 0 the process, if any, used by the organization to review this Form 990. See Schedule 0			
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
ł	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
	a The organization's CEO, Executive Director, or top management official See Schedule Q	15a	Х	
	b Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		
ŧ	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?	16 b		
	ction C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed \armondot None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	/aılabl	e for p	oublic
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public.	cy, ar	nd fina	ncial
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Name to the state of the person who possesses the books and records of the organization. Name to the state of the person who possesses the books and records of the organization.	anızat	ion	
	► Kendra West 336 Summit Street Evanston WY 82930 307-789-7040		- – -	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours per week		_			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Grace Zolnosky										
Vice Chairman	2		X	X				0.	0.	0.
Trudy Holt										
Chairman	2		X	Х				0.	0.	0.
Jennifer Horton Secretary	2		Х	Х				0.	0.	0
Kendra West	 	-	^	^				0.	0.	0.
Executive Direc	50			Х				65,000.	0.	0.
	<u> </u>									
	_									
	1									
	_									
	_									
						,				
	-									

(A) (B) (c) Name and Title (B) (c) Average Position (check all that apply)		(D)	(E)	(F)						
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									-	
1 b Total							>	65,000.	0	<u> </u>
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	ste	ab	ove)) wh	o re	ceived more than	\$100,000 in repoi	· · · · · ·
3 Did the organization list any former officer, director on line 1a ³ If 'Yes,' complete Schedule J for such the control of the schedule of the such that the schedule of the	ndıvıdu	aL							•	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual	eportable than \$15	e coi 50,00	mp€	ensa If 'Y	tion 'es'	and com	l oth iplet	er compensation e Schedule J for	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	compens hedule .	satio <i>J for</i>	n fr suc	om a	any e <i>rso</i>	unre n	elate	ed organization fo	r services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
(A) Name and business address	ss							(B Description) of Services	(C) Compensation
<u> </u>										
2 Total number of independent contractors (including		lımı	ted	to t	hose	e list	ted a	above) who receiv	ed more than	

Par	t VIII Statement of Revenue					
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lins 1a-1f: h Total. Add lines 1a-1f		619,711.			
"	Business Code	.	015,711.			-
PROGRAM SERVICE REVENUE	2a Child care tuition b c		602,194.			602,194.
SE	a	_				
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	>	602,194.			
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	•				
	b Less' rental expenses c Rental income or (loss) d Net rental income or (loss)	•				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis					
	and sales expenses					
	c Gain or (loss) d Net gain or (loss)	•				
NUE	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18					
ͳ	b Less direct expenses b					
٥	c Net income or (loss) from fundraising events	_				
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	•				<u> </u>
	10 a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b		·····			<u> </u>
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	•				<u> </u>
		•	196,204.			196,204.
	11a Other revenue and support b		190,204.		-	190,204.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•	196,204.			
	12 Total revenue. See instructions	▶	1,418,109.	0.	0.	798,398.

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

	All other organizations must comp		itions must complete all not required to comple		I (D).
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				2 i i
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	65,000.	65,000.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	649,725.	542,516.	107,209.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	13,642.	11,596.	2,046.	
10	Payroll taxes	20,316.	17,269.	3,047.	
	Fees for services (non-employees)				
	a Management				
	b Legal c Accounting	6,000.		6,000.	
	d Lobbying	0,000.		0,000.	
	e Prof fundraising svcs See Part IV, In 17				
	I Investment management fees		Additional agency 194-9 Care-Care-Additional agency	The second secon	
ę	g Other	8,275.		8,275.	
12	Advertising and promotion	5,958.	5,660.	298.	
13	Office expenses				
14	Information technology				
15	Royalties	115 000	25.000	15.000	
16	Occupancy	115,200.	97,920.	17,280.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	14,937.	12,696.	2,241.	
19	Conferences, conventions, and meetings				
20	Interest	52.		52.	
21	Payments to affiliates	40,580.	30,435.	10,145.	
22 23	Depreciation, depletion, and amortization Insurance	40,300.	30,433.	10,145.	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below). a Supplies	249,127.	236,671.	12,456.	
	b Repairs and maintenance	121,561.	97,249.	24,312.	
	c Training	50,240.	50,240.	24,312.	
	d Utilities	25,281.	21,489.	3,792.	
	e Insurance	12,516.	10,639.	1,877.	
	f All other expenses	20,988.	17,200.	3,788.	
	Total functional expenses Add lines 1 through 24f	1,419,398.	1,216,580.	202,818.	0.
26					

BAA

Form **990** (2009)

	`				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			403,763.	1	292,531.
	2	Savings and temporary cash investments			250,000.	2	258,013.
	3	Pledges and grants receivable, net				3	41,985.
	4	Accounts receivable, net			81,501.	4	57,441.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin	ed und	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete P	art II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			2,092.	9	2,092.
	10 a	Land, buildings, and equipment cost or other basis	10 a	606,447.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10b	366,384.	216,459.	10 c	240,063.
	11	Investments — publicly-traded securities				11	
	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		15	1.		
	16	Total assets Add lines 1 through 15 (must equal line		953,815.	16	892,126.	
	17	Accounts payable and accrued expenses			46,893.	17	61,492.
	18	Grants payable		18			
	19	Deferred revenue			75,000.	19	
Ļ	20	Tax-exempt bond liabilities .				20	
A B I	21	Escrow or custodial account liability Complete Part				21	
 	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, rsons.	key employees, Complete Part II			
į		of Schedule L				22	_ "
E S	23	Secured mortgages and notes payable to unrelated the	hird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	d partie	es		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			121,893.	26	61,492.
N E T	ŀ	Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.					
S S	27	Unrestricted net assets		831,922.	27	830,634.	
Ĕ	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
Q R		Organizations that do not follow SFAS 117, check he	and complete				
FUND		lines 30 through 34.				_	
	30	Capital stock or trust principal, or current funds			30		
B A	31	Paid-in or capital surplus, or land, building, and equip			31		
Ā	32	Retained earnings, endowment, accumulated income	, or oth	ner funds	000	32	<u> </u>
BALAZCES	33	Total net assets or fund balances.			831,922.	33	830,634.
_s 	34	Total liabilities and net assets/fund balances			953,815.	34	892,126.

Part XI Financial Statements and Reporting Yes No X Accrual Other Cash 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O 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 Consolidated basis Both consolidated and 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 Х Audit Act and OMB Circular A-133? За

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

BAA

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

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.

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

Open to Public Inspection

Name o	f the c	organi	zation							Employe	r ıdentıficati	ion number	
Evai	vanston Child Development Center 74-2183157 Reason for Public Charity Status (All organizations must complete this part.) See instructions												
Pari		Rea	son for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstructi	ons	
The o	rgan	ızatı	on is not a pri	vate foundation becau	se it is (For lines 1 throi	ugh 11,	check o	nly one	box.)				
1	\Box	A chi	urch, conventi	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	1)(A)(i)	•			
2	X	A sch	nool described	I in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ.)							
3	П	A hos	spital or coop	erative hospital service	e organization described	ın secti e	on 170(l)(1)(A)(i	iii).				
4	\square	A me	dical research	n organization operate	d in conjunction with a h	ospital c	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) En	iter the hospital	's
	_ ,	name	e, city, and sta	ate.	•								
5		An oi 170(Ł	rganization op x(1)(A)(iv). ((perated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	l unit des	scribed in sectio	on -
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v) . (Complete Part II)												
8					1 70(b)(1)(A)(vi). (Complet	te Part I	I)						
9	=		•		more than 33-1/3 % of its		•	ributions	. memb	ership fe	es, and c	ross receipts	
	— f	from Inves	activities relate stment income	ed to its exempt function	 s – subject to certain excess ss taxable income (less) 	entions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from aross	after
10					exclusively to test for pu	iblic safe	ety. See	section	509(a)	(4).			
11		An o	rganization or publicly supp	ganized and operated orted organizations d	exclusively for the benef lescribed in section 509(a cation and complete lines	fit of, to a)(1) or	perform section	the fun 509(a)(2	ctions o 2) See	of, or ca section	rry out th 509(a)(3)	ne purposes of o	one or ox that
			Type I	b Type II		l – Func					d \square	Type III— Othe	
е		By cl than	necking this b	ox, I certify that the or	ganization is not controll n one or more publicly si	led direc	tly or in	directly	by one		dısqualı	fied persons of	ther
f	I	If the	organization k this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,	
g				2006, has the organiza	tion accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	7	
												Yes	No
	((i)	a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii)	and (III)	11 g (i)	
	((ii)	a family mer	nber of a person desc	ribed in (i) above?							11 g (ii)	
	((iii)	a 35% contro	olled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)	
h		Prov	ide the follow	ng information about t	he supported organization	ons							
	(i)	Name Org	of Supported anization	(ii) EIN	(in) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your trning ment?	the organ	(i) of	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amount of Su	pport
						Yes	No	Yes	No	Yes	No		
					_	ļ							
					•								
					<u> </u>	 							
						1		-					
							 	 					
													

	dule A (Form 990 or 990-EZ) 200					74-218315	
Par	Support Schedule for				(b)(1)(A)(iv) an	id 170(b)(1)(A)(vi)
<u> </u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I.)			
	tion A. Public Support			1		1	
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			i 			
	tion B. Total Support	T 1				1	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			_			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	ond, third, fourth,	or fifth tax year a	as a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from	, .	•	ine 11, column (f))	14 15	% %
16 a	a 33-1/3 support test – 2009. If the and stop here. The organization				nd the line 14 is 33	3-1/3 % or more,	check this box ►
ŀ	b 33-1/3 support test – 2008. If the and stop here. The organization	ne organization did i qualifies as a put	I not check a box olicly supported o	c on line 13, or 16 organization	Sa, and line 15 is 3	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance	es' test, check this	s box and stop he	e re. Explain in Pa	rt IV how
ı	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a	and-circumstance	es' test, check this	s box and stop he	ere. Explain in Pa	rt IV how the
18	Private foundation. If the organ						
BAA	1				S	chedule A (Form	990 or 990-EZ) 2009

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

	. (Complete only if you ched	cked the box on li	ne 9 of Part I)					
Sec	tion A. Public Support							
	ıdar year (or fıscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
מ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support (Subtract line							
_	7c from line 6)				l			
	tion B. Total Support	I			T	 		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		_					
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz stop here		nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(3	S) ► □
	tion C. Computation of Pu							
	Public support percentage for 20	• '	• • •	ne 13, column (f)).		15	%
	Public support percentage from						16	<u></u> %
	tion D. Computation of Inv					Т		·
17	•	•		-	ımn (f))		17	%
	Investment income percentage f					ا الدحم / ٥٥	7.5.5.4	%
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this be 33-1/3 support tests — 2008. If t	oox and stop here	 The organization 	n qualifies as a p	ublicly supported	organızatıon		▶ ☐
	33-1/3 support tests – 2008. If t is not more than 33-1/3%, check Private foundation. If the organic							and line 18
							· • · · •	

Schedule A	(Form 990	or 990-EZ	2009	Evans	ton	Child	l Deve	elopme	nt (Center	7	4-218315	7	Page 4
Part IV	Supplem Part II, Iir	ental In ne 17a c	format or 17b;	ion. Cor and Pa	nplet rt III,	e this line 12	part to 2. Prov	provide vide any	e the	e explana er addıtıc	tions requirenal informa	ed by Part Ition. See	II, line 10 instruction	D; ns.
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Employer Identification number

OMB No 1545-0047

Eva	anston Child Development Cente	er			71-2102	167	
Dä	A:livial	Addisole observation	O' 'I E I		74-2183		
<u>Rai</u>	Tile Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe to Form 990, Part IV, line	r Similar Fund: 6.	s or Acco	ounts Com	nplete	i†
		(a) Donor advised for	unds	(b) Fu	unds and oth	ner acco	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
Δ	Aggregate value at end of year						
_	,						
5	Did the organization inform all donors and do funds are the organization's property, subject	to the organization's exclusive	legal control?			e s	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben-	the benefit of the donor or done	ig that grant funds or advisor or for ai	may be ny other	\Box	res (□No
B **	· · · · · · · · · · · · · · · · · · ·		1.157	5 00			
	till: Conservation Easements Compl			Form 99	0, Part IV	, line /	<u>/</u>
1	Purpose(s) of conservation easements held b		at apply).				
	Preservation of land for public use (e g ,	recreation or pleasure)	Preservation of	an historica	ılly ımportan	t land a	rea
	Protection of natural habitat	L	Preservation of	certified his	storic structu	re	
	Preservation of open space						
2	Complete lines 2a through 2d if the organizat last day of the tax year.	ion held a qualified conservation	n contribution in th		conservatio	n easer	ment on the
				と書	Held at the	End of	the Year
ā	Total number of conservation easements			2a			
ı	Total acreage restricted by conservation ease	ments		2 b			
(Number of conservation easements on a certi	ified historic structure included	ın (a)	2 c		·	
(Number of conservation easements included	ın (c) acquired after 8/17/06		2 d			
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated	d by the org	ganızatıon dı	uring the	e tax
_	year •		1.5				
4	Number of states where property subject to co						
5	Does the organization have a written policy re and enforcement of the conservation easeme	nt it holds?		_	ations, 🔲 ነ	res .	No
6	Staff and volunteer hours devoted to monitori during the year	ng, inspecting, and enforcing co	onservation easem	ents	_		
7	Amount of expenses incurred in monitoring, i during the year ▶	nspecting, and enforcing conse	rvation easements	\$_			_
8	Does each conservation easement reported o	n line 2(d) above satisfy the red	quirements of sect	ion			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?					res .	∐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its reto the organization's financial s	statements that des	scribes the	and balance organization	sheet, a i's accou	and unting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990,	Treasures, or C Part IV, line 8	Other Sim	ilar Asset	:s	
1	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial statem	olic exhibition, education, or res	earch in furtherand	nt and balar ce of public	nce sheet wo service, pro	orks of a	art, historical Part XIV,
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items						
	(i) Revenues included in Form 990, Part VIII	, line 1			► \$		
	(ii) Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 relating to these items	r sımılar assets for	financial g	aın, provide	the follo	owing
i	a Revenues included in Form 990, Part VIII, line	e 1			► \$		
ļ	Assets included in Form 990, Part X				▶ \$		

Schedule D (Form 990) 2009 Evans Part III Organizations Maintai				74-218			Page 2
3 Using the organization's acquisition							
items (check all that apply)	on accession and ou	ier records, check ar	ly of the following th	iat are a Significant us	se or its c	onecuo	ווכ
a Public exhibition		d Loan or ex	change programs				
b Scholarly research		e Other					
c Preservation for future general	ations						
4 Provide a description of the organ Part XIV					se in		
5 During the year, did the organizar assets to be sold to raise funds re					Yes		N _o
ParRIV Escrow and Custodial 9, or reported an amou	Arrangements of unt on Form 990	Complete if orga , Part X, line 21.	nization answere	ed 'Yes' to Form 9	90, Par	t IV, !	ine
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or ot	her intermediary for	contributions or other	er assets not			¬
					Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIV and com	iplete the following to	able:		A 1		
o Dominina balanca					Amount		
c Beginning balance .			•	1c			
d Additions during the year			•	1 d			
e Distributions during the year				1e			
f Ending balance		Dt V I 013		1f			
2a Did the organization include an a		Part X, line 217			Yes		No
b If 'Yes,' explain the arrangement Party Endowment Funds Cor		ation answored "	Vac' to Form 00	0 Dort IV June 10	-		
raile of Endownier it unds	(a) Current year						- hool
1a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	Dack
b Contributions	·				-		
	 -				-		
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the year end bal	ance held as:					
a Board designated or quasi-endow	rment ►	8					
b Permanent endowment ▶	8	<u>_</u>					
c Term endowment ▶	8						
3a Are there endowment funds not a organization by	n the possession of	the organization that	are held and admir	nistered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)	-	
b If 'Yes' to 3a(ıı), are the related of	rganizations listed a	s required on Sched	ule R?		3b		
4 Describe in Part XIV the intended							
Partি VI Investments–Land, B				line 10.		-	
Description of investment		t or other basis (t		(c) Accumulated	(d) B	ook Va	ماراه

basis (other) (investment) Depreciation 1a Land **b** Buildings 77,460. 172,927. c Leasehold improvements 250,387. 299,541. 235,698. **d** Equipment 63,843. 3,293. 56,519. 53,226. e Other

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

240,063. Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Evanston Child Dev	velopment Center	7 4-2183157 Pag
Part VIII Investments-Other Securities See Fo	orm 990, Part X, line 12	2. N/A
 (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) must equal Form 990 Part X, col. (B) line 12.)		
Part VIIII Investments—Program Related (See	Form 990 Part V June	13) N/A
		•
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		ossi or sha or your market value
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
 	+	
T-1-1 (0.1 (1) 1-1-5 (000 B / W 0.1 (B) / 10)		
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part X Other Assets (See Form 990, Part X,	line 15) N/A	
·	escription	(b) Book value
(a) De	sacription	(b) Book Value
	· · · · · · · · · · · · · · · · · · ·	
	· .	
Tabel (Calculate the most of the Calculate t	(m. 15)	
Total. (Column (b) must equal Form 990, Part X, col (B),		•
PartX Other Liabilities (See Form 990, Part	X, line 25)	>
Other Liabilities (See Form 990, Part (a) Description of Liability		>
PartX Other Liabilities (See Form 990, Part	X, line 25)	P
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	•
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	▶
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	>
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25) (b) Amount	

Sched	ule D	(Form 990) 2009 Evanston Child Development Center	r	74-218	33157	Page 4
Part	_	Reconciliation of Change in Net Assets from Form 990 to			N/A	
1 -		revenue (Form 990, Part VIII,column (A), line 12)				
2	Total	expenses (Form 990, Part IX, column (A), line 25)				
3 E	Exces	ss or (deficit) for the year. Subtract line 2 from line 1				
4 1	Net ui	nrealized gains (losses) on investments				
5 [Donat	ted services and use of facilities .				
6	nvest	tment expenses				
7 F	Prior	period adjustments				
		(Describe in Part XIV)				
		adjustments (net). Add lines 4 through 8				
		ss or (deficit) for the year per audited financial statements. Combine line			L	
		Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per		N/A	
		revenue, gains, and other support per audited financial statements		1		
		ints included on line 1 but not on Form 990, Part VIII, line 12.	1 . 1			
		nrealized gains on investments	2a	_		
		ted services and use of facilities	2b	_		
		veries of prior year grants .	2c		į	
		(Describe in Part XIV)	2d	+	-	
		nes 2a through 2d		2e	-	
		act line 2e from line 1		3		
		ints included on Form 990, Part VIII, line 12, but not on line 1:	4-			
		tments expenses not included on Form 990, Part VIII, line 7b	4a 4b	\dashv		
		(Describe in Part XIV) ines 4a and 4b	40	40	1	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) \	4c		
		Reconciliation of Expenses per Audited Financial State			ırn N/A	
		expenses and losses per audited financial statements	ments With Expenses p	1	11/11	
		ints included on line 1 but not on Form 990, Part IX, line 25				
		ted services and use of facilities	2a		1	
		year adjustments .	2b	\neg	1	
		losses	2c	\dashv .		
d (Other	(Describe in Part XIV)	2d			
		ines 2a through 2d		2e		
3 :	Subtra	act line 2e from line 1		3		
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:				
a l	Invest	tments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIV)	4b			
C	Add Ii	ines 4a and 4b		4c		
		expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 1	8.)	5		
Part	XIV	Supplemental Information				
Comp line 4, inform	lete ti Part nation	his part to provide the descriptions required for Part II, lines 3, 5, and 9 X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2	, Part III, lines 1a and 4, Part 2d and 4b Also complete this	IV, lines	1b and 2b, P	art V, dditional
					·	
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Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009	Evanston Child	l Development	Center		74-2183157	Page 5
Schedule D (Form 990) 2009 Part XIV Supplemental	Information (conti	inued)				
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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2009

open to Public Inspection

Name of the organization Employer identification number 74-2183157 <u>Evanston Child Development Center</u> YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, Х 2 and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Schedule O (Form 990) 3 | X Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered 'No,' to any of the above, please explain If you need more space, use Schedule O (Form 990) 5 Does the organization discriminate by race in any way with respect to Х a Students' rights or privileges? 5a **b** Admissions policies? 5b Х c Employment of faculty or administrative staff? 5 c d Scholarships or other financial assistance? Х 5d e Educational policies? X 5e f Use of facilities? 5f g Athletic programs? 5g h Other extracurricular activities? 5h If you answered 'Yes,' to any of the above, please explain If you need more space, use Schedule O (Form 990) X 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization Employer identification number Evanston Child Development Center 74-2183157

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Par	Types of Property				
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				· · · · · · · · · · · · · · · · · · ·
	Art-Historical treasures		 		·-
3	Art-Fractional interests	1			
4	Books and publications				
5	Clothing and household 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				
	Securities-Miscellaneous				
13	Qualified conservation contribution— Historic structures				
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				
25	Other ► ()				
26	Other ► ()				<u>. </u>
27	Other ► ()				
28	Other ► (1			
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Donor	ion during the ee Acknowled	tax year for contribut gement	tions for which the	29 Yes No.
30 a	During the year, did the organization receive by on hold for at least three years from the date of the purposes for the entire holding period?	contribution ar initial contribu	ny property reported in ution, and which is no	n Part I, lines 1-28 that i t required to be used for	t must exempt 30a X
ь	If 'Yes,' describe the arrangement in Part II.				
	Does the organization have a gift acceptance pol	licy that requir	es the review of any i	non-standard contributio	ons? 31 X
32 a	Does the organization hire or use third parties or	related organ	izations to solicit, pro	cess, or sell	

noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

32 a

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

Schedule M (Form 990) 2009

Schedule	M (Form 990) 2009	Evanston Chil	d Development	Center	74-2183157	Page 2
Part II	Supplemental In and 33. Also con	formation. Compl nplete this part for	ete this part to pr any additional ir	rovide the information re information.	quired by Part I, lines 30b	, 32b,
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990.

Name of the organization	Employer identification number								
Evanston Child Development Center	74-2183157								
Form 990, Part VI, Line 11 - Form 990 Review Process									
A copy of the Form 990 is provided to each Board member and reviewed at a Board									
meeting. Once the review has occurred, the Form 990 is filed.									
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment									
The Board approves the CEO's compensation, after reviewing the	compensation of other								
local_organizations_of_similar_size_and_scope_of_operations									
									
	·								
									