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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Riverside County Child Care Consortium  
21250 Box Springs Road #111  
Moreno Valley, CA 92557

**D** Employer Identification Number

33-0265253

**E** Telephone number

951 248-0015

**G** Gross receipts \$ 3,204,953.

**F** Name and address of principal officer

Same As C Above

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☒ No

If 'No,' attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: www.riversidechildcare.org

**H(c)** Group exemption number

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of Formation

**M** State of legal domicile CA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<u>To provide advocacy and resources in the establishment and support of quality, affordable and accessible child care services for children and families in Riverside County through community partnerships.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>5</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>23</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>14</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>23</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>2,811,747.</u>	<u>3,181,580.</u>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>864.</u>	<u>129.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e)	<u>551.</u>	<u>1,626.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<u>2,813,162.</u>	<u>3,183,335.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,045,286.</u>	<u>1,348,403.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>721,883.</u>	<u>680,671.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>1,046,081.</u>	<u>1,122,849.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>2,813,250.</u>	<u>3,151,923.</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>-88.</u>	<u>31,412.</u>
	20	Total assets (Part X, line 16)	<u>1,375,403.</u>	<u>1,534,807.</u>
Net Assets or Fund Balance	21	Total liabilities (Part X, line 26)	<u>1,247,843.</u>	<u>1,375,835.</u>
	22	Net assets or fund balances Subtract line 21 from line 20	<u>127,560.</u>	<u>158,972.</u>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	<u>Lorie Lacey Payne</u>	Date	<u>1-12-2012</u>
	Type or print name and title	<u>Lorie Lacey Payne</u>	<u>President</u>	
Paid Preparer Use Only	Print/Type preparer's name	<u>Larry A. Saunders</u>	Date	<u>1/6/2012</u>
	Firm's name	<u>LARRY A. SAUNDERS E.A.</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>N/A</u>
	Firm's address	<u>827 ENGLISH HOLLY LN</u>	Firm's EIN	<u>N/A</u>
		<u>SAN MARCOS, CA 92078-4593</u>	Phone no	<u>(760) 746-8434</u>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form **990** (2010)

8 9-16

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission.

To provide advocacy and resources in the establishment and support of quality,  
affordable and accessible child care services for children and families in Riverside  
County through community partnerships.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code           ) (Expenses \$ 1,055,588. including grants of \$           ) (Revenue \$           )

CARES funds are used to support a compensation and retention program in Riverside  
County by which child care providers working with children ages 0-5 in private child  
care centers or in licensed family child care homes receive stipends for remaining on  
their job for one year and increasing their education and/or professional growth. The  
goal of this program is to increase quality and continuity of care.

During FY 2010-2011, four hundred twelve (412) participants received \$ 928,800 in  
stipends and \$27,439 in textbook reimbursement while achieving 10,943 professional  
growth training hours and 4,683 semester college units. Funding from these monies  
are also used to offer resources and trainings for participants in this program.

**4b** (Code           ) (Expenses \$ 644,228. including grants of \$           ) (Revenue \$           )

Coordinated Specialization Training and Staff Development funds are used to provide  
professional growth opportunities throughout Riverside County to the Early Care and  
Child Development workforce. A large portion of the funds are used to contract with  
eight (8) community agencies that can provide specialized training in areas  
identified as high need for staff development. Additionally, funds are used to  
support a Resource Lending Library and van that serves both the incorporated and  
unincorporated areas of the county with quality curriculum and staff development  
training materials. Funds are also used to support national accreditation programs  
for both centers and family child care homes.

**4c** (Code           ) (Expenses \$ 311,625. including grants of \$           ) (Revenue \$           )

AB 212 funds are used to support a compensation and retention program in Riverside  
County by which child care providers working in state funded before or after school  
programs or state funded preschool programs receive stipends for remaining in their  
job for one year and increasing their education and/or professional growth. The goal  
of this program is to increase quality and continuity of care.

During FY 2010-2011, one hundred eighteen (118) participants received \$271,450 in  
stipends, and \$8,571 in textbook reimbursement while achieving 2,428 of professional  
growth training hours and 1,332 semester college units. Funding from these monies  
are also used to offer resources and trainings for participants in this program.

**4d** Other program services. (Describe in Schedule O) See Schedule O(Expenses \$ 239,116. including grants of \$           ) (Revenue \$           )**4e** Total program service expenses 2,250,557.

**Part IV Checklist of Required Schedules**

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**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		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	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? If 'Yes,' complete Schedule J		X
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, 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
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		X
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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
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.		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
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		X
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	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1 a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>		
<b>2 a</b> 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>2 a</b> 14		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2 b</b>	X	
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<b>3 b</b>		
<b>4 a</b> 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)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		X
<b>6 a</b> 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?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13 a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>14 b</b>		

**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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1 a</b> 5	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1 b</b> 23	
<b>2</b> 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?	<b>2</b>	X
<b>3</b> 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?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders?	<b>6</b>	X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7 a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7 b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8 a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8 b</b> X	
<b>9</b> 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	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates?	<b>10 a</b> X	
<b>b</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?	<b>10 b</b> X	
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11 a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	<b>12 a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12 b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	<b>12 c</b> X	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official See Schedule O	<b>15 a</b> X	
<b>b</b> Other officers of key employees of the organization See Schedule O	<b>15 b</b> X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions )		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16 a</b>	X
<b>b</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?	<b>16 b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another'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 Schedule O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Riverside Cnty Child Care Cons 21250 Box Springs Road Moreno Valley CA 92557 951 248-

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Phillips President	20			X				0.	0.	0.
(2) Gayle Clark Local Planning C	15			X				0.	0.	0.
(3) Rhonda Thomas Local Planning	15			X				0.	0.	0.
(4) Trudy Oliver Treasurer	15			X				0.	0.	0.
(5) Susan Johnson Secretary	15			X				0.	0.	0.
(6) Deborah Clark-Crews Executive Direc	40					X		92,610.	0.	0.
(7) Crystal Neal Program Coordinato	40					X		0.	0.	619.
(8) Julie Stenger Program Coordinato	40					X		62,198.	0.	0.
(9) Katherine B. Alvarado Program Coordinato	40					X		56,142.	0.	0.
(10) Karen Rowley Program Coordinato	40					X		62,785.	0.	6,378.
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										
(17) _____										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b>								273,735.	0.	6,997.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								273,735.	0.	6,997.

**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 **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**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

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section 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) Compensation
Carolyn E. Wylie Center 4164 Brockton Avenue Riverside, CA 92501	Grant Coordinator	128,958.
University of California Regents Riverside, CA 92521	Reflections Prgm/CST	115,000.
Family Service Assoc of Western Riverside Cnt 21250 Box Springs Road	TAASK Program	

**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 **2**

**Part 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
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>	3,116,076.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b>	65,504.			
	<b>g</b> Noncash contributions included in lns 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		3,181,580.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> _____		<b>Business Code</b>			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)			129.	129.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
			(i) Real	(ii) Personal		
	<b>6 a</b> Gross Rents					
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
			(i) Securities	(ii) Other		
	<b>7 a</b> Gross amount from sales of assets other than inventory					
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		<b>a</b>	23,244.		
	<b>b</b> Less: direct expenses		<b>b</b>	21,618.		
	<b>c</b> Net income or (loss) from fundraising events			1,626.	1,626.	
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19		<b>a</b>			
	<b>b</b> Less: direct expenses		<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>a</b>			
<b>b</b> Less: cost of goods sold		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			3,183,335.	1,755.	0.	0.

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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	1,348,403.	1,348,403.		
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	0.	0.	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	575,895.		575,895.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,840.		10,840.	
9 Other employee benefits	45,649.		45,649.	
10 Payroll taxes	48,287.		48,287.	
11 Fees for services (non-employees).				
a Management				
b Legal	2,515.		2,515.	
c Accounting	26,251.		26,251.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	48,484.	28,257.	20,227.	
14 Information technology	12,301.		12,301.	
15 Royalties				
16 Occupancy	102,329.		102,329.	
17 Travel	9,573.	2,147.	7,426.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,374.	57,374.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,956.		19,956.	
23 Insurance	15,716.		15,716.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Consultants/Subcontractors	606,738.	606,738.		
b Program Costs - REES	66,428.	66,428.		
c Printing and Publications	43,659.	40,519.	3,140.	
d Computer Technical Support	34,982.	34,982.		
e Equipment Rental & Maintenance	24,569.	23,123.	1,446.	
f All other expenses	51,974.	42,586.	9,388.	
25 Total functional expenses. Add lines 1 through 24f	3,151,923.	2,250,557.	901,366.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash – non-interest-bearing	132,479.	<b>1</b>	39,447.
	<b>2</b> Savings and temporary cash investments	195,290.	<b>2</b>	189,980.
	<b>3</b> Pledges and grants receivable, net	1,000,985.	<b>3</b>	1,230,704.
	<b>4</b> Accounts receivable, net	8,585.	<b>4</b>	49,547.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 160,052.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 134,923.	38,064.	<b>10c</b> 25,129.
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)		1,375,403.	<b>16</b>	1,534,807.
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses	1,241,174.	<b>17</b>	1,370,725.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D	6,669.	<b>25</b>	5,110.
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,247,843.	<b>26</b>	1,375,835.
	<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		127,560.	<b>27</b>	158,972.
<b>28</b> Temporarily restricted net assets			<b>28</b>	
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> Total net assets or fund balances		127,560.	<b>33</b>	158,972.
<b>34</b> Total liabilities and net assets/fund balances.		1,375,403.	<b>34</b>	1,534,807.

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,183,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,151,923.
3	Revenue less expenses Subtract line 2 from line 1	3	31,412.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,560.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	158,972.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☒
- 2b 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, 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 ☒
- 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 separate basis, consolidated 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 Audit Act and OMB Circular A-133? ☒
- 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 ☒

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Riverside County Child Care Consortium

Employer identification number

33-0265253

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ 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 unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III — Functionally integrated
  - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	2,531,387.	3,465,381.	2,971,162.	2,811,747.	3,181,580.	14,961,257.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	2,531,387.	3,465,381.	2,971,162.	2,811,747.	3,181,580.	14,961,257.
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)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						14,961,257.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,531,387.	3,465,381.	2,971,162.	2,811,747.	3,181,580.	14,961,257.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,403.	9,615.	5,174.	864.	129.	27,185.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) See Part IV				551.	1,626.	2,177.
11 <b>Total support.</b> Add lines 7 through 10						14,990,619.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.6 %
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33-1/3% support tests – 2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33-1/3% support tests – 2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		



2010

## Schedule A, Part IV - Supplemental Information

Page 5

Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11 26AM

## Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Sale of Scrip	1,626.	551.			
Total	<u>\$ 1,626.</u>	<u>\$ 551.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**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, lines 6, 7, 8, 9, 10, 11, or 12.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Riverside County Child Care Consortium

33-0265253

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		97,951.	84,987.	12,964.
e Other		62,101.	49,936.	12,165.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ 25,129.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B), line 15)

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Credit Cards Payable	3,516.
(3) Due to Other Funds	1,590.
(4) Rounding	4.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	5,110.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,183,335.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,151,923.
3	Excess or (deficit) for the year Subtract line 2 from line 1	31,412.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	31,412.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,183,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,183,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments 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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,183,335.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,151,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,151,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,151,923.

**Part 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, line 2, 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.

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**Part III Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Sale of Script (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	23,244.			23,244.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,244.			23,244.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,618.			21,618.
	10 Direct expense summary Add lines 4- through 9 in column (d)				21,618.
	11 Net income summary Combine line 3, column (d), and line 10				1,626.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain \_\_\_\_\_

11. Does the organization operate gaming activities with nonmembers?

	Yes	No
--	-----	----

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes    ☐ No

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

13a	%
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
28	100
29	100
30	100
31	100
32	100
33	100
34	100
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79	100
80	100
81	100
82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

13b	%
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**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ►

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

☐ Yes      ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If 'Yes,' enter name and address of the third party

Name ▶

Address ►

## 16 Gaming manager information

Name ▶

🐾 Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee

☐ Independent contractor

## 17 Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes   ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

2010

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

Riverside County Child Care Consortium

Employer identification number

33-0265253

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  
Part II can be duplicated if additional space is needed

▶ ☒ X

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations  
3 Enter total number of other organizations

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Stipends for Daycare					
2 Providers - CARES	412	930,998.			
3 Stipends for Daycare					
4 Providers - AB212	118	268,050.			
5 Reimb. for textbooks to					
6 daycare providers	530	36,110.			
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

Each project staff member assigned to a funded project will receive a copy of project

contract and accompanying documentation that outlines project and expected outcomes.

Staff members will sign document stating they have received a copy of project

contract and accompanying documentation.

Each project staff member assigned to a funded project will receive an outline of job

responsibilities associated with project.

Monthly meetings will be scheduled with project staff, Executive Director and

Accounting Technician to review project progress. Records of meetings including

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Riverside County Child Care Consortium

33-0265253

1/06/12

11 26AM

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)**

agendas and notes will be kept on file.

Weekly project staff meetings will be scheduled to review project progress to ensure success. Records of meetings including agendas and notes will be kept on file.

Written reports will be submitted to Riverside County Child Care Consortium Board for review and discussion at quarterly meetings.

Ongoing communication with project funder and project staff will be established to ensure success.

Project staff will attend all required meetings with funder.

Project staff will complete reports; and maintain records and documentation as required by project funder.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Riverside County Child Care Consortium

Employer identification number

33-0265253

**Form 990, Part III, Line 4d - Other Program Services Description**

The Department of Health H1N1 Immunization Project provided h1n1 immunizations to children at child care facilities throughout Riverside County. The RCCCC assisted the Health Department with the clinics and the follow up data collection about the successes and challenges of the clinics. Funds were used to notify community clinic partners of stipend amounts for participating in the H1N1 project.

The Community Action Partnership of Riverside County's Racial Equity and Economic Security (REES) funds awarded through the American Recovery and Reinvestment Act (ARRA) are used to establish licensed family child care home businesses in low income, culturally diverse communities. The intent is to increase the number of quality licensed family child care spaces available for families in neighborhoods where currently there is limited (or no) child care available. This program ended in September, 2010.

California Child Care Initiative Project (CCIP) and the Informal Care Training Project (ICTP) project fundings were used to provide technical assistance and quality training to unlicensed (exempt) caregivers for young children. The technical assistance provided to participants aided in the procurement of a license through Community Care Licensing (CCL). The project served two high need communities in Riverside County, Perris and Indio. Funds were also used to provide training to exempt providers in the two communities to increase the quality child care being offered by exempt providers.

Local Planning Council funds are used to fulfill the legislative mandate of operating a child care planning council in each county that shall provide a forum

Name of the organization

Riverside County Child Care Consortium

Employer identification number

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**Form 990, Part III, Line 4d - Other Program Services Description**

for the identification of local priorities for child care in each county and develop policies to meet the needs identified within those priorities.

The planning council shall, also, work with existing local collaboratives and program strategies to provide a unified integrated system of service for children and families. To accomplish these objectives, funds may be utilized to employ a full time coordinator in Riverside County to oversee the Local Planning Council.

The countywide child care plan is designed to mobilize public and private resources and educating private and public entities about local child care issues.

The City of Riverside provides funds to provide assistance with the coordination and establishment of child care programs and services for city residents. The Consortium works with city departments, businesses, school districts, community organizations and public to develop additional child care programs and train child care providers.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

FORM 990, PART VI, SECTION A, LINE 10: RIVERSIDE COUNTY CHILD CARE CONSORTIUM READILY MAKES ALL FINANCIAL DATA, POLICIES AND ANNUAL REPORTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. IN ADDITION, THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS DURING A REGULARLY SCHEDULED BOARD MEETING FOR THEIR REVIEW PRIOR TO THE RETURN BEING FILED.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

FORM 990, PART VI, SECTION B, LINE 12C: RIVERSIDE COUNTY CHILD CARE CONSORTIUM REVIEWS THE WRITTEN CONFLICT OF INTEREST POLICY, SEMI-ANNUALLY, AT REGULARY SCHEDULED BOARD MEETINGS, WITH KEY EMPLOYEES AND OFFICERS PRESENT, AND WITH

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**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)**

DISCUSSION AND CLARIFICATION OF ANY POINTS. IN ADDITION, THE STAFF IS REQUIRED TO READ THE MANUAL AND SIGN A STATEMENT AT THE END ACKNOWLEDGING RECEIPT OF THE MANUAL AND AGREEING TO ABIDE BY THE POLICIES AS OUTLINED. THEY ALSO AGREE TO ABIDE BY FUTURE POLICIES SET FORTH BY RIVERSIDE COUNTY CHILD CARE CONSORTIUM.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment**

The CEO (Executive Director) is under contract to the Riverside County Child Care Consortium. The Executive Board is made up of the officers of the Board of Directors of the organization. The members of the Executive Board determine the salary and length of the contract of the CEO. They, also, oversee the work of the CEO. Regular meetings of the Executive Board are held to monitor the activities and review the financial position of the organization.

The CEO has limitations on the contracts she can sign. She cannot sign a check made out to her, and any check over \$2,000.00 needs two signatures, one being the signature of a member of the Executive Board.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Officers are not compensated for their services.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

FORM 990, PART VI, SECTION C, LINE 19: RIVERSIDE COUNTY CHILD CARE CONSORTIUM READILY MAKES ALL FINANCIAL DATA, POLICIES AND ANNUAL REPORTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

6/30/11

## 2010 California Book Depreciation Schedule

Page 1

Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11 26AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec Bal. Dep.	Salvage /Basis Reductn.	Depr. Basis	Prior Dep.	Method	Life	Rate	Current Depr.	
Form 199																	
Auto / Transport Equipment																	
52	Resource Library Van	3/14/07		27,587							27,587	18,642	S/L	MQ	5	20000	5,517
Total Auto / Transport Equipment																	
Furniture and Fixtures																	
3	42" 4 Dwr Filing Cab (4)	4/12/02		2,572							2,572	2,572	200DB	HY	7		0
5	Office Table	1/30/04		478							478	458	200DB	HY	7	04460	20
7	Filing Cabinets	11/18/03		1,307							1,307	1,250	200DB	HY	7	04460	57
8	Training Room Furniture	12/05/03		2,987							2,987	2,854	200DB	HY	7	04460	133
9	Recpt Front Desk Station	12/17/03		4,757							4,757	4,545	200DB	HY	7	04460	212
10	Office Furniture	12/18/03		2,207							2,207	2,108	200DB	HY	7	04460	99
11	Secretary Desk Station	1/29/04		6,665							6,665	6,367	200DB	HY	7	04460	298
12	Refrigerator/Microwave	4/08/04		1,020							1,020	974	200DB	HY	7	04460	46
13	Typewriter	3/04/04		143							143	137	200DB	HY	7	04460	6
14	Desk/Cabinets	6/30/05		2,663							2,663	2,308	200DB	HY	7	08930	238
24	File Cabinet	9/29/05		291							291	226	200DB	HY	7	08920	26
25	Office Furniture	10/10/05		3,410							3,410	2,649	200DB	HY	7	08920	304
26	Office Chairs	10/25/05		215							215	168	200DB	HY	7	08920	19
27	Rack for Flyers	11/29/05		225							225	174	200DB	HY	7	08920	20
28	Bookcase	12/19/05		452							452	351	200DB	HY	7	08920	40
29	Metal Shelves (3)	12/19/05		709							709	551	200DB	HY	7	08920	63
30	Lateral File Cabinets (2)	1/01/06		1,142							1,142	888	200DB	HY	7	08920	102
31	Shelving	1/19/06		522							522	406	200DB	HY	7	08920	47
32	Mobile Workstation	1/26/06		224							224	174	200DB	HY	7	08920	20

Form 199

Auto / Transport Equipment

6/30/11

## 2010 California Book Depreciation Schedule

Page 2

Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11 26AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
33	Desk/Crendza	2/23/06		3,617							3,617	2,811	200DB HY	7	.08920	323	
34	Lateral File Cab (2Dr)	9/21/06		404							404	225	S/L MQ	7	.14280	58	
35	Office Chair	11/28/06		215							215	112	S/L MQ	7	.14280	31	
36	Shelving Units	2/07/07		2,000							2,000	965	S/L MQ	7	.14280	286	
37	Printer Stands (2)	2/26/07		722							722	348	S/L MQ	7	.14280	103	
38	3 Dr Lateral & Vert Cabin	3/06/07		905							905	436	S/L MQ	7	.14280	129	
39	(10) Rolling Shelf Units	3/15/07		2,500							2,500	1,205	S/L MQ	7	.14280	357	
40	(5) Work Stations	4/02/07		19,124							19,124	8,539	S/L MQ	7	.14280	2,731	
41	Storage Cab/Workstation	4/16/07		622							622	278	S/L MQ	7	.14280	89	
Total Furniture and Fixtures				62,098	0	0	0	0	0	0	62,098	44,079					5,857
Machinery and Equipment																	
1	Laptop Computers (2)	6/30/03		3,848							3,848	3,848	200DB MQ	3		0	
2	Multi Projector	6/30/03		1,880							1,880	1,880	200DB MQ	5		0	
4	Electronic Amplifier	1/29/04		356							356	356	200DB HY	5		0	
6	Telephone System	11/18/03		2,629							2,629	2,513	200DB HY	7	.04460	116	
15	Dell Computer/Monitors	6/30/05		7,711							7,711	7,711	200DB HY	5		0	
16	Computers (2)	9/29/05		1,092							1,092	1,092	200DB HY	3		0	
17	Dictaphone	11/22/05		362							362	342	200DB HY	5	.05760	20	
18	Electronic Bundle Chassis	12/13/05		1,443							1,443	1,360	200DB HY	5	.05760	83	
19	Projector Screen	12/19/05		881							881	685	200DB HY	7	.08920	79	
20	Computers (3)	2/06/06		2,877							2,877	2,877	200DB HY	3		0	
21	Computer Monitors (3)	2/20/06		750							750	750	200DB HY	3		0	
22	Translation Equipment	3/15/06		1,500							1,500	1,414	200DB HY	5	.05760	86	
23	Laptop Computer	4/02/06		1,936							1,936	1,936	200DB HY	3		0	
42	Laser Prtr/Typewriter	11/28/06		286							286	207	S/L MQ	5	.20000	57	



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**33-0265253**

11.26AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductio	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
43	Audio Conference Unit	1/08/07		908							908	614	S/L	MQ	5 .20000	182	
44	Digital Camera	2/08/07		358							358	243	S/L	MQ	5 .20000	72	
45	Printers	2/26/07		420							420	284	S/L	MQ	5 .20000	84	
46	Phone System Upgrade	5/04/07		4,467							4,467	2,791	S/L	MQ	5 .20000	893	
47	Inventory System Software	3/01/07		1,254							1,254	1,254	S/L	MQ	3	0	
48	Laptop/Printer - Van	3/07/07		1,856							1,856	1,856	S/L	MQ	3	0	
49	Computers & Monitors	4/19/07		6,212							6,212	3,881	S/L	MQ	5 .20000	1,242	
50	Shredder (2) & Projt Stan	6/12/07		1,105							1,105	691	S/L	MQ	5 .20000	221	
51	Lamp for LCD Projectors	5/03/07		443							443	278	S/L	MQ	5 .20000	89	
53	Equipment	6/30/07		1,022							1,022	638	S/L	MQ	5 .20000	204	
54	Desktop Computer & Monito	7/09/07		950							950	728	200DB	MQ	5 .11010	105	
55	Amplifer	7/17/07		994							994	761	200DB	MQ	5 .11010	109	
56	Laptop CDRT	9/06/07		1,359							1,359	1,041	200DB	MQ	5 .11010	150	
57	Computer Monitors (2)	11/15/07		420							420	307	200DB	MQ	5 .11370	48	
58	Network Server #1 and #2	6/23/08		4,254							4,254	2,800	200DB	MQ	5 .13680	582	
59	Dell Desktop	6/23/08		538							538	354	200DB	MQ	5 .13680	74	
60	Dell Laptop	6/23/08		1,084							1,084	713	200DB	MQ	5 .13680	148	
61	Computers (4)	6/30/08		2,400							2,400	1,579	200DB	MQ	5 .13680	328	
62	LCD Projectors (3)	6/30/08		1,896							1,896	1,247	200DB	MQ	5 .13680	259	
63	Dell Laptop	6/30/08		1,512							1,512	996	200DB	MQ	5 .13680	207	
64	E-Z up Canopy-CSTSD Grant	5/15/07		294							294	174	200DB	HY	7 .08930	26	
65	Laptop Computer	9/16/09		555							555	185	200DB	HY	3 .44450	247	
66	Translation Equipment	1/14/10		2,986							2,986	597	200DB	HY	5 .32000	956	
67	Copier	1/26/10		4,343							4,343	869	200DB	HY	5 .32000	1,390	
68	Computer	11/09/09		1,182							1,182	394	200DB	HY	3 .44450	525	
Total Machinery and Equipment				70,363	0	0	0	0	0	0	70,363	52,246					8,582



Client 102

Riverside County Child Care Consortium

33-0265253

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Form 990, Part IX, Line 24f  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Resource Lending Library	19,329.	19,329.		
Postage and Shipping	11,488.	8,223.	3,265.	
Mileage	11,344.	7,380.	3,964.	
Facilitator/Presenter Fees	4,400.	4,400.		
Accreditation Expenses	3,254.	3,254.		
Membership Fees	1,865.		1,865.	
Advertising	839.		839.	
Bank Service Charges	326.		326.	
Miscellaneous	100.		100.	
Small Equipment	-971.		-971.	
Total	\$ 51,974.	\$ 42,586.	\$ 9,388.	\$ 0.

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## 2010 Federal Book Depreciation Schedule

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Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11:25AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec Bal Dep.	Salvage /Basis Reductn	Dep. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
Form 990/990-PF																
Auto / Transport Equipment																
52	Resource Library Van	3/14/07		27,587							27,587	18,642	S/L	MQ	5	20000
Total Auto / Transport Equipment																
				27,587	0	0	0	0	0	0	27,587	18,642				5,517
Furniture and Fixtures																
3	42" 4 Drwr Filing Cab (4)	4/12/02		2,572							2,572	2,572	200DB	HY	7	0
5	Office Table	1/30/04		478							478	458	200DB	HY	7	04460
7	Filing Cabinets	11/18/03		1,307							1,307	1,250	200DB	HY	7	04460
8	Training Room Furniture	12/05/03		2,987							2,987	2,854	200DB	HY	7	04460
9	Recpt Front Desk Station	12/17/03		4,757							4,757	4,545	200DB	HY	7	04460
10	Office Furniture	12/18/03		2,207							2,207	2,108	200DB	HY	7	04460
11	Secretary Desk Station	1/29/04		6,665							6,665	6,367	200DB	HY	7	04460
12	Refrigerator/Microwave	4/08/04		1,020							1,020	974	200DB	HY	7	04460
13	Typewriter	3/04/04		143							143	137	200DB	HY	7	04460
14	Desk/Cabinets	6/30/05		2,663							2,663	2,308	200DB	HY	7	08930
24	File Cabinet	9/29/05		291							291	226	200DB	HY	7	08920
25	Office Furniture	10/10/05		3,410							3,410	2,649	200DB	HY	7	08920
26	Office Chairs	10/25/05		215							215	168	200DB	HY	7	08920
27	Rack for Flyers	11/29/05		225							225	174	200DB	HY	7	08920
28	Bookcase	12/19/05		452							452	351	200DB	HY	7	08920
29	Metal Shelves (3)	12/19/05		709							709	551	200DB	HY	7	08920
30	Lateral File Cabinets (2)	1/01/06		1,142							1,142	888	200DB	HY	7	08920
31	Shelving	1/19/06		522							522	406	200DB	HY	7	08920
32	Mobile Workstation	1/26/06		224							224	174	200DB	HY	7	08920

6/30/11

## 2010 Federal Book Depreciation Schedule

Page 2

Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11 25AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
33	Desk/Crendza	2/23/06		3,617							3,617	2,811	200DB HY	7	.08920	323
34	Lateral File Cab (2Dr)	9/21/06		404							404	225	S/L MQ	7	.14280	58
35	Office Chair	11/28/06		215							215	112	S/L MQ	7	.14280	31
36	Shelving Units	2/07/07		2,000							2,000	965	S/L MQ	7	.14280	286
37	Printer Stands (2)	2/26/07		722							722	348	S/L MQ	7	.14280	103
38	3 Dr Lateral & Vert Cabin	3/06/07		905							905	436	S/L MQ	7	.14280	129
39	(10) Rolling Shelf Units	3/15/07		2,500							2,500	1,205	S/L MQ	7	.14280	357
40	(5) Work Stations	4/02/07		19,124							19,124	8,539	S/L MQ	7	.14280	2,731
41	Storage Cab/Workstation	4/16/07		622							622	278	S/L MQ	7	.14280	89
<b>Total Furniture and Fixtures</b>																
				62,098	0	0	0	0	0	0	62,098	44,079				5,857
<b>Machinery and Equipment</b>																
1	Laptop Computers (2)	6/30/03		3,848							3,848	3,848	200DB MQ	3		0
2	Multi Projector	6/30/03		1,880							1,880	1,880	200DB MQ	5		0
4	Electronic Amplifier	1/29/04		356							356	356	200DB HY	5		0
6	Telephone System	11/18/03		2,629							2,629	2,513	200DB HY	7	.04460	116
15	Dell Computer/Monitors	6/30/05		7,711							7,711	7,711	200DB HY	5		0
16	Computers (2)	9/29/05		1,092							1,092	1,092	200DB HY	3		0
17	Dictaphone	11/22/05		362							362	342	200DB HY	5	.05760	20
18	Electronic Bundle Chassis	12/13/05		1,443							1,443	1,360	200DB HY	5	.05760	83
19	Projector Screen	12/19/05		881							881	685	200DB HY	7	.08920	79
20	Computers (3)	2/06/06		2,877							2,877	2,877	200DB HY	3		0
21	Computer Monitors (3)	2/20/06		750							750	750	200DB HY	3		0
22	Translation Equipment	3/15/06		1,500							1,500	1,414	200DB HY	5	.05760	86
23	Laptop Computer	4/02/06		1,936							1,936	1,936	200DB HY	3		0
42	Laser Prtr/Typewriter	11/28/06		286							286	207	S/L MQ	5	20000	57

6/30/11

## 2010 Federal Book Depreciation Schedule

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Client 102

Riverside County Child Care Consortium

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1/06/12

11:25AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
43	Audio Conference Unit	1/08/07		908							908	614	S/L MQ	5	20000	182
44	Digital Camera	2/08/07		358							358	243	S/L MQ	5	20000	72
45	Printers	2/26/07		420							420	284	S/L MQ	5	20000	84
46	Phone System Upgrade	5/04/07		4,467							4,467	2,791	S/L MQ	5	20000	893
47	Inventory System Software	3/01/07		1,254							1,254	1,254	S/L MQ	3		0
48	Laptop/Printer - Van	3/07/07		1,856							1,856	1,856	S/L MQ	3		0
49	Computers & Monitors	4/19/07		6,212							6,212	3,881	S/L MQ	5	20000	1,242
50	Shredder (2) & Projt Stan	6/12/07		1,105							1,105	691	S/L MQ	5	20000	221
51	Lamp for LCD Projectors	5/03/07		443							443	278	S/L MQ	5	20000	89
53	Equipment	6/30/07		1,022							1,022	638	S/L MQ	5	20000	204
54	Desktop Computer & Monito	7/09/07		950							950	728	200DB MQ	5	11010	105
55	Amplifer	7/17/07		994							994	761	200DB MQ	5	11010	109
56	Laptop CDRT	9/06/07		1,359							1,359	1,041	200DB MQ	5	11010	150
57	Computer Monitors (2)	11/15/07		420							420	307	200DB MQ	5	11370	48
58	Network Server #1 and #2	6/23/08		4,254							4,254	2,800	200DB MQ	5	13680	582
59	Dell Desktop	6/23/08		538							538	354	200DB MQ	5	13680	74
60	Dell Laptop	6/23/08		1,084							1,084	713	200DB MQ	5	13680	148
61	Computers (4)	6/30/08		2,400							2,400	1,579	200DB MQ	5	13680	328
62	LCD Projectors (3)	6/30/08		1,896							1,896	1,247	200DB MQ	5	13680	259
63	Dell Laptop	6/30/08		1,512							1,512	996	200DB MQ	5	13680	207
64	E-Z up Canopy-CSTSD Grant	5/15/07		294							294	174	200DB HY	7	.08930	26
65	Laptop Computer	9/16/09		555							555	185	200DB HY	3	.44450	247
66	Translation Equipment	1/14/10		2,986							2,986	597	200DB HY	5	.32000	956
67	Copier	1/26/10		4,343							4,343	869	200DB HY	5	32000	1,390
68	Computer	11/09/09		1,182							1,182	394	200DB HY	3	.44450	525

Total Machinery and Equipment

70,363 0 0 0 0 0 70,363 52,246 8,582

6/30/11

## 2010 Federal Book Depreciation Schedule

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Client 102

Riverside County Child Care Consortium

33-0265253

1/06/12

11.26AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reductn	Depr. Basis	Prior Dep.	Method	Life	Rate	Current Dep.
	Total Depreciation			160,048		0	0	0	0	0	160,048	114,967				19,956
	Grand Total Depreciation			160,048		0	0	0	0	0	160,048	114,967				19,956