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EXTENSION GRANTED TO FEBRUARY 15, 2012

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 1551 BROADWAY

Room/suite 300

City or town, state or country, and ZIP + 4 TACOMA, WA 98402

D Employer identification number
91-1427991

E Telephone number (253)383-1735

G Gross receipts $ 4,952,114.

F Name and address of principal officer ELIZABETH M. BONBRIGHT
1551 BROADWAY, SUITE 300, TACOMA, WA 98402

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.CHILDCARENET.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: STATEWIDE CHILD CARE RESOURCE AND REFERRAL ASSOCIATION

2 Check this box ▶ ☐ 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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,048,702.	4,946,611.
9	Program service revenue (Part VIII, line 2g)	6,097.	1,801.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,299.	3,702.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,078,098.	4,952,114.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	533,403.	506,062.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	814,649.	848,072.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,261.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,268,613.	4,303,424.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,616,665.	5,657,558.
19	Revenue less expenses Subtract line 18 from line 12	-538,567.	-705,444.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,397,686.	1,999,373.
21	Total liabilities (Part X, line 26)	690,095.	997,226.
22	Net assets or fund balances Subtract line 21 from line 20	1,707,591.	1,002,147.

SCANNED FEB 09 2012

RECEIVED JAN 30 2012 OGDEN UT IRS-SSC

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 — Date 1/26/12

▶ ELIZABETH M. BONBRIGHT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROB E. KLEE	Preparer's signature	Date 1/25/12	Check ☐ if self-employed	PTIN
Firm's name ▶ SMITH BUNDAY BERMAN BRITTON, P.S.				Firm's EIN ▶
Firm's address ▶ 11808 NORTHUP WAY, SUITE 240 BELLEVUE, WA 98005-1959				Phone no. (425)827-8255

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

9/16

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SUPPORT FAMILIES AND CAREGIVERS, SHAPE POLICY, AND BUILD COMMUNITIES THAT PROMOTE THE LEARNING AND DEVELOPMENT OF CHILDREN AND YOUTH THROUGHOUT WASHINGTON STATE THROUGH A STRONG STATEWIDE NETWORK OF LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAMS.

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) 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 $ 4,494,902. including grants of $ _____) (Revenue $ 1,801.)

THE WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK ("CCR&R NETWORK") IS FOCUSED ON IMPROVING THE QUALITY OF THE EXPERIENCE THAT CHILDREN FROM BIRTH THROUGH AGE 12 HAVE IN CHILD CARE, EARLY LEARNING AND OUT-OF-SCHOOL CARE. THE CCR&R NETWORK SUBCONTRACTS WITH A VARIETY OF HOST ORGANIZATIONS FOR THE PROVISION OF LOCALLY-BASED CCR&R SERVICES TO BUILD QUALITY CHILD OUTCOMES INCLUDING, BUT NOT LIMITED TO: CHILD CARE CONSUMER EDUCATION AND REFERRALS; CAREGIVER TRAINING, TECHNICAL ASSISTANCE AND ONSITE CONSULTATION; AND COMMUNITY CAPACITY BUILDING. THE CCR&R NETWORK SERVES AS AN INFORMATION HUB FOR THE CHILD CARE AND EARLY LEARNING FIELD, ADVOCATES FOR STATE AND NATIONAL POLICIES AND INVESTMENTS IN QUALITY EARLY LEARNING, AND COLLECTS, ANALYZES AND DISSEMINATES CHILD CARE SUPPLY AND DEMAND DATA.

4b (Code _____) (Expenses $ 690,207. including grants of $ 506,062.) (Revenue $ 0.)

THE WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK ("CCR&R NETWORK") IS A STATEWIDE LEADER IN PROVIDING PROFESSIONAL DEVELOPMENT FOR THE EARLY LEARNING AND AFTERSCHOOL WORKFORCE. CCR&R NETWORK BUILDS QUALITY IN PROGRAMS SERVING CHILDREN BY PROVIDING RESOURCES AND SUPPORT TO LOCAL CCR&R STAFF, TRAINERS, COACHES AND ONSITE CONSULTANTS WHO ENGAGE WITH THE LICENSED AND LICENSED-EXEMPT INDIVIDUALS WORKING WITH CHILDREN EVERY DAY. THE CCR&R NETWORK ALSO DEVELOPS AND DISSEMINATES CURRICULUM FOR TRAINERS TO SHARE WITH CAREGIVERS AND ADMINISTERS THE WASHINGTON SCHOLARSHIPS FOR CHILD CARE PROFESSIONALS PROGRAM. THIS PROGRAM ASSISTS CHILD CARE WORKERS TO PAY FOR A COLLEGE EDUCATION IN EARLY CHILDHOOD THROUGH COMMUNITY OR TECHNICAL COLLEGES AND 4-YEAR COLLEGES AND UNIVERSITIES. THE PROGRAM ALSO HELPS TO PAY FOR

4c (Code. _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 5,185,109.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		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*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		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*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		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, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		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*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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* ☐ Yes ☒ 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*	36		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*	37		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	38	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WA

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.

[X] Own website [X] Another's website [X] 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.

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

ELIZABETH M. BONBRIGHT - 253-383-1735
1551 BROADWAY #300, TACOMA, WA 98402

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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			
MELINDA DE LANOY BOARD PRESIDENT	3.00	X						0.	0.	0.
CATERINA TASSARA BOARD VICE PRESIDENT (TO DEC 2010)	1.00	X						0.	0.	0.
JEAN F. KELLY BOARD SECRETARY	1.00	X						0.	0.	0.
JOHN THIELBAHR BOARD TREASURER	3.00	X						0.	0.	0.
KIM FERGUSON BOARD VICE PRESIDENT (FROM JAN 2011)	2.00	X						0.	0.	0.
LAYNE BARNDT CHAIR, CONTRACT OVERSIGHT COMMITTEE	1.00	X						0.	0.	0.
GAIL JOSEPH BOARD MEMBER	1.00	X						0.	0.	0.
ERICA HALLOCK CHAIR, PUBLIC POLICY COMMITTEE	2.00	X						0.	0.	0.
NANCY MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
TRISE MOORE PRESIDENT-ELECT	2.50	X						0.	0.	0.
DEEANN PUFFERT BOARD MEMBER	1.00	X						0.	0.	0.
HILARY LOEB BOARD MEMBER	1.50	X						0.	0.	0.
ELIZABETH B. THOMPSON EXECUTIVE DIRECTOR	40.00			X				105,632.	0.	6,600.
WAYNE GLENN FINANCE DIRECTOR	40.00			X				74,073.	0.	6,600.

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

(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			
1b Sub-total ▶								179,705.	0.	13,200.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								179,705.	0.	13,200.

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 ▶ 1

		Yes	No
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*		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*		X
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*		X

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
CHILD CARE RESOURCES, 1225 SOUTH WELLER, SUITE 300, SEATTLE, WA 98144	SUBCONTRACT FOR LOCAL CHILD CARE RES	696,047.
COMMUNITY-MINDED ENTERPRISES 25 MAIN. SUITE 310, SPOKANE, WA 99201	SUBCONTRACT FOR LOCAL CHILD CARE RES	372,326.
VOLUNTEERS OF AMERICA CCR&R PO BOX 839, EVERETT, WA 98206	SUBCONTRACT FOR LOCAL CHILD CARE RES	348,399.
TACOMA/PIERCE COUNTY CHILD CARE RESOURCE & 1551 BROADWAY, STE 301, TACOMA, WA 98402	SUBCONTRACT FOR LOCAL CHILD CARE RES	339,677.
CATHOLIC FAMILY & CHILD SERVICES - YAKIMA, 5301 TIETON DRIVE, SUITE C, YAKIMA, WA	SUBCONTRACT FOR LOCAL CHILD CARE RES	272,362.

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 ▶ 11

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	14,999.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,578,719.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	352,893.				
	g Noncash contributions included in lines 1a-1f $ 7,840.						
	h **Total.** Add lines 1a-1f			4,946,611.			
Program Service Revenue		Business Code					
	2a EMPLOYER CONTRACTS	900099		1,801.	1,801.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,801.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,702.			3,702.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions.			4,952,114.	1,801.	0.	3,702.

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	506,062.	506,062.		
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	198,779.	66,951.	125,009.	6,819.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	500,762.	371,494.	128,032.	1,236.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,757.	17,138.	9,427.	192.
9 Other employee benefits	53,137.	34,035.	18,721.	381.
10 Payroll taxes	68,637.	43,394.	24,520.	723.
11 Fees for services (non-employees)				
a Management				
b Legal	1,610.		1,610.	
c Accounting	17,132.		17,132.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	77,604.	41,905.	35,050.	649.
14 Information technology	51,907.	17,914.	33,993.	
15 Royalties				
16 Occupancy	98,893.	55,624.	43,269.	
17 Travel	54,534.	45,216.	9,060.	258.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,990.	3,477.	5,513.	
23 Insurance				
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 CONTRACT/SUBCONTRACT SE	3,767,505.	3,762,003.	5,502.	
b CURRICULM/PROFESSIONAL	119,638.	116,711.	2,927.	
c EVALUATION SERVICES	96,380.	96,380.		
d BAD DEBT	4,230.	4,230.		
e MEMBERSHIP DUES AND LIC	3,986.	2,575.	1,411.	
f All other expenses	1,015.		1,012.	3.
25 Total functional expenses. Add lines 1 through 24f	5,657,558.	5,185,109.	462,188.	10,261.
26 Joint costs. Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		100.	1	100.
	2	Savings and temporary cash investments		1,287,373.	2	1,056,231.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,086,283.	4	907,150.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,289.	9	13,914.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 297,114.			
	b	Less. accumulated depreciation	10b 275,136.	8,641.	10c	21,978.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,397,686.	16	1,999,373.
Liabilities	17	Accounts payable and accrued expenses		649,403.	17	956,547.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		40,692.	25	40,679.
	26	**Total liabilities.** Add lines 17 through 25		690,095.	26	997,226.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,091,624.	27	857,940.
	28	Temporarily restricted net assets		615,967.	28	144,207.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,707,591.	33	1,002,147.
	34	Total liabilities and net assets/fund balances		2,397,686.	34	1,999,373.

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	4,952,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,657,558.
3	Revenue less expenses Subtract line 2 from line 1	3	-705,444.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,707,591.
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	1,002,147.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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	Employer identification number
WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK	91-1427991

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 to 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 it 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
11g(i)		
11g(ii)		
11g(iii)		

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 col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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 any "unusual grants ")	1335306.	5326950.	6237052.	5048702.	4946611.	22894621.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1335306.	5326950.	6237052.	5048702.	4946611.	22894621.
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)						529,437.
6 **Public support.** Subtract line 5 from line 4						22365184.

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	1335306.	5326950.	6237052.	5048702.	4946611.	22894621.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,522.	39,026.	17,765.	23,299.	3,702.	134,314.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						23028935.

12 Gross receipts from related activities, etc (see instructions)	12	27,742.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.12 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	95.36 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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 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 any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK	91-1427991

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____
3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	15,075.	
c Total lobbying expenditures (add lines 1a and 1b)	15,075.	
d Other exempt purpose expenditures	5,642,483.	
e Total exempt purpose expenditures (add lines 1c and 1d)	5,657,558.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	432,878.	
g Grassroots nontaxable amount (enter 25% of line 1f)	108,220.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	393,182.	436,612.	430,833.	432,878.	1,693,505.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,540,258.
c Total lobbying expenditures	4,909.	12,602.	5,112.	15,075.	37,698.
d Grassroots nontaxable amount	98,296.	109,153.	107,708.	108,220.	423,377.
e Grassroots ceiling amount (150% of line 2d, column (e))					635,066.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK

Employer identification number: 91-1427991

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)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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

1a 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 the 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

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		232,282.	231,363.	919.
e Other		64,832.	43,773.	21,059.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				21,978.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(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. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED VACATION	17,681.
(3) ACCRUED PAYROLL EXPENSES	19,824.
(4) ACCRUED SUBLEASE DEPOSIT	3,174.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	40,679.

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)	1	4,952,114.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,657,558.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-705,444.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-705,444.

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	4,952,114.
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	0.
3	Subtract line **2e** from line **1**			3	4,952,114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	4,952,114.

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

1	Total expenses and losses per audited financial statements			1	5,657,558.
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	0.
3	Subtract line **2e** from line **1**			3	5,657,558.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,657,558.

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK

Employer identification number 91-1427991

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? [X] Yes [ ] No

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

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 ▶ [ ]

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

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

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
EDUCATION SCHOLARSHIPS FOR CHILD CARE PROFESSIONALS - INCLUDING TUITION, FEES, BOOKS, TRAVEL FOR SCHOOL AND RELATED EXPENSES	336	506,062.	0.		

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

INDIVIDUALS WHO RECEIVE SCHOLARSHIP GRANTS FROM THE WASHINGTON SCHOLARSHIPS FOR CHILD CARE PROFESSIONALS PROGRAM EXECUTE AN ANNUAL CONTRACT. INDIVIDUALS ARE REQUIRED TO COMPLETE 12 TO 20 COLLEGE CREDITS EACH YEAR AND PAY FOR A PORTION OF THEIR TUITION, FEES, AND BOOKS. INDIVIDUALS SUBMIT GRADES AND FORMS TO ACCESS PAYMENT FOR THEIR TUITION AND RELEASE TIME AS OUTLINED IN THEIR CONTRACT. FOR THOSE RECIPIENTS ACCESSING CHILD DEVELOPMENT ASSOCIATES ("CDA") CREDENTIAL SCHOLARSHIPS, INDIVIDUALS SIGN A CONTRACT AND ALSO PAY FOR A PORTION OF THE ASSESSMENT FEE UP FRONT AND RECEIVE A BONUS UPON SUBMISSION OF

Part IV Supplemental Information

RECEIPT OF THEIR CDA CREDENTIAL TO OUR STAFF. THE STAFF REGULARLY MONITORS INDIVIDUALS TO ENSURE THAT THEY ARE PROGRESSING TOWARDS THEIR EDUCATIONAL GOALS RELATED TO THEIR CONTRACTS.

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: WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK

Employer identification number: 91-1427991

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREGIVERS TO OBTAIN A CHILD DEVELOPMENT ASSOCIATES (C.D.A.) CREDENTIAL.

FORM 990, PART VI, SECTION A, LINE 6: THERE ARE 11 MEMBER AGENCIES, EACH OF WHICH PROVIDES LOCAL CHILD CARE RESOURCE AND REFERRAL SERVICES WITHIN A SPECIFIC, DEFINED GEOGRAPHIC AREA UNDER CONTRACT WITH THE CCR&R NETWORK. SELECTION OF MEMBERS IS THROUGH A COMPETITIVE REQUEST FOR PROPOSALS ("RFP") PROCESS. MEMBER AGENCIES MUST BE APPROVED FOR MEMBERSHIP BY A VOTE OF THE BOARD OF TRUSTEES, PAY ANNUAL DUES, AND DESIGNATE AN APPROPRIATE REPRESENTATIVE WHO ATTENDS MEMBER COUNCIL MEETINGS.

MEMBER AGENCIES HAVE THE RIGHT TO VOTE FOR THE ELECTION OF ALL TRUSTEES ON THE BOARD OF TRUSTEES AND THE RIGHT TO APPROVE AN ANNUAL PUBLIC POLICY AGENDA. EACH MEMBER AGENCY IS ENTITLED TO ONE VOTE FOR ANY MATTER PUT TO A VOTE AT ANY MEETING OF THE MEMBER COUNCIL. THE MEMBER COUNCIL AS THE REPRESENTATIVE BODY OF MEMBER AGENCIES IS ENTITLED TO REPRESENTATION ON THE BOARD OF TRUSTEES NOMINATING COMMITTEE AND PUBLIC POLICY COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER AGENCY DESIGNATES A REPRESENTATIVE TO THE MEMBER COUNCIL. THE DESIGNATED REPRESENTATIVE FROM EACH MEMBER AGENCY IS AN ADMINISTRATOR OR PROGRAM DIRECTOR IN THE AGENCY WITH THE OVERARCHING RESPONSIBILITY FOR THE MANAGEMENT OF CHILD CARE RESOURCE AND REFERRAL PROGRAMS IN THE AGENCY. THE MEMBER COUNCIL FOCUSES ON CHILD CARE RESOURCE AND REFERRAL PROGRAM ISSUES, RECOMMENDS POLICIES TO THE BOARD OF TRUSTEES FOR DISCUSSION AND ADOPTION, REVIEWS CONTRACT

LANGUAGE RELATED TO CHILD CARE RESOURCE AND REFERRAL OBLIGATIONS, SHARES BEST PRACTICES FOR LOCAL PROGRAMMING AND MANAGEMENT, MAKES RECOMMENDATIONS ON PROCEDURAL ISSUES RELATED TO SATEWIDE RESOURCE AND REFERRAL PROGRAMS, AND ELECTS ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: AT THE END OF EACH FISCAL YEAR, THE NETWORK'S AUDITORS WILL SUBMIT THE ANNUAL IRS FORM 990 REPORT TO THE BOARD OF TRUSTEES FOR APPROVAL. FORM 990 IS TO BE FILED AS SOON AS POSSIBLE AFTER THE ANNUAL FINANCIAL AUDIT IS COMPLETED BUT NO LATER THAN 45 DAYS PRIOR TO THE DEADLINE FOR FILING THE REPORT. IF THE BOARD OF TRUSTEES CANNOT APPROVE THE FILING OF THIS REPORT AT A REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING, THEN THE AUDITORS WILL SUBMIT THIS REPORT TO THE PRESIDENT OF THE BOARD OF TRUSTEES WHO WILL CONVENE A SPECIAL EXECUTIVE COMMITTEE MEETING TO REVIEW AND APPROVE THE REPORT FOR FILING. UPON APPROVAL BY THE EXECUTIVE COMMITTEE, THE PRESIDENT OF THE BOARD OF TRUSTEES WILL SUBMIT THE IRS FORM 990 REPORT TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA EMAIL FOR APPROVAL TO BE FILED. A MAJORITY VOTE OF THE BOARD OF TRUSTEES IS REQUIRED FOR APPROVAL. AFTER APPROVAL BY THE BOARD OF TRUSTEES, THE NETWORK'S FINANCE OFFICER WILL PROCESS THE FILING OF THE IRS FORM 990 REPORT AS REQURIED.

FORM 990, PART VI, SECTION B, LINE 12C: UPON APPOINTMENT OR HIRE AND EVERY YEAR THEREAFTER AT THE ANNUAL BOARD OF TRUSTEES MEETING, EACH BOARD OF TRUSTEES MEMBER, BOARD COMMITTE MEMBERS, EXECUTIVE DIRECTOR, OR DIRECTOR LEVEL STAFF IS REQUIRED TO COMPLETE AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE QUESTIONAIRE AND THE RELATED CONFLICT OF INTEREST STATEMENT. THE CCR&R NETWORK REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THIS POLICY BY TRACKING THE ITEMS DISCLOSED IN EACH INDIVIDUAL'S

QUESTIONAIRE AND ENSURING THAT A CONFLICTED INDIVIDUAL HAS NO ROLE IN POLICY OR FISCAL DECISION-MAKING THAT IN ANY WAY RELATES TO OR IMPACTS THEIR CONFLICT ISSUE. THE MOST COMMON MONITORING AND ENFOREMENT METHOD INVOLVES EXCLUDING ALL LOCAL CCR&R DIRECTORS FROM PARTICIPATING IN THE DISCUSSION AND ALL DECISIONS AND VOTES AFFECTING LOCAL CCR&R PROGRAM CONTRACTS AND FUNDING ALLOCATIONS. IN ALL CASES, THE CONFLICTED INDIVIDUALS MUST RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A THOROUGH PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR EACH YEAR. EVERY OTHER YEAR THIS IS A 360 DEGREE PERFORMANCE EVALUATION INCLUDING INPUT FROM EVERY BOARD MEMBER, EVERY STAFF MEMBER, ALL OF THE LOCAL CCR&R PROGRAM DIRECTORS, AND A REPRESENTATIVE SAMPLING OF STATEWIDE COMMUNITY PHILANTHROPIC AND GOVERNMENTAL PARTNERS.

THIS PROCESS INCLUDES AN ASSESSMENT OF THE EXECUTIVE DIRECTOR'S HISTORICAL COMPENSATION PACKAGE AS WELL AS HER CURRENT COMPENSATION PACKAGE WHICH IS THEN COMPARED WITH COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED NONPROFIT ORGANIZATIONS IN THE PUGET SOUND REGION AND LIKE-SIZED STATEWIDE CHILD CARE RESOURCE & REFERRAL NETWORK OFFICES IN OTHER STATES ACROSS THE NATION. THE EXECUTIVE COMMITTEE REQUESTS INPUT FROM ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: WASHINGTON STATE CHILD CARE RESOURCE AND REFERRAL NETWORK ("CCR&R") APPLICABLE TAX FORMS - FORM 1023, 990 ARE AVAILABLE FOR REVIEW UPON REQUEST IN OUR OFFICES DURING NORMAL BUSINESS HOURS. IN ADDITION, CCR&R'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FOR REVIEW UPON

Name of the organization WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK

Employer identification number 91-1427991

REQUEST IN OUR OFFICES DURING NORMAL BUSINESS HOURS. SOME OR ALL OF THESE DOCUMENTS MAY ALSO BE AVAILABLE ON OUR WEBSITE AT WWW.CHILDCARENET.ORG.

FORM 990, PART XI, QUESTION 2C

THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE HAVE BEEN NO CHANGES IN THIS PROCEDURE FROM THE PRIOR YEAR.

FORM 4562 - DEPRECIATION AND AMORTIZATION

THE TAXPAYER HEREBY ELECTS, PURSUANT TO IRC SECTION 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SECTION 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING 06/30/11.

ALL PROPERTY IN THE 3 YEAR CLASS

ALL PROPERTY IN THE 5 YEAR CLASS

ALL PROPERTY IN THE 7 YEAR CLASS

ALL PROPERTY IN THE 10 YEAR CLASS

ALL PROPERTY IN THE 15 YEAR CLASS

ALL PROPERTY IN THE 20 YEAR CLASS

ALL PROPERTY IN THE 25 YEAR CLASS

COMPUTER SOFTWARE AS DEFINED BY IRC SECTION 167(F)(1)(B)

QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	FURNITURE & FIXTURES								
5	CANON COPIER	04/28/00	ADS	5.00	17	12,515.		12,515.	0.
22	DESK-SPECIAL NEEDS	12/06/00	ADS	3.00	17	803.		803.	0.
23	DESK-INFANT CARE	12/06/00	ADS	3.00	17	787.		787.	0.
25	CORNERSTONE DESK - DASA	04/02/01	ADS	3.00	17	506.		506.	0.
27	PENINSULA DESK & CREDENZA	04/17/01	ADS	3.00	17	1,031.		1,031.	0.
59	DESK - TEACH	09/17/02	ADS	5.00	17	445.		445.	0.
60	RECEPTION DESK/BOOKKEEPR WORKSTATION	09/24/02	ADS	5.00	17	1,656.		1,656.	0.
61	ROLLING FILE CABINET - TEACH	09/26/02	ADS	5.00	17	134.		134.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					17,877.	0.	17,877.	0.
	MACHINERY & EQUIPMENT								
4	COMPUTER NETWORK	04/28/00	ADS	5.00	17	15,718.		15,718.	0.
8	DESKS (2)	10/19/00	ADS	3.00	17	1,195.		1,195.	0.
9	DELL COMPUTERS (2)	10/22/00	ADS	3.00	17	2,302.		2,302.	0.
11	COMPUTER	04/30/01	ADS	3.00	17	1,188.		1,188.	0.
12	CANON FAX 2060	05/11/01	ADS	3.00	17	2,027.		2,027.	0.
14	COMPUTER	07/01/00	ADS	3.00	17	954.		954.	0.
15	COMPUTER	07/01/00	ADS	3.00	17	954.		954.	0.
17	IBI MASTER 500 BINDING SYSTEM	10/02/00	ADS	3.00	17	787.		787.	0.
18	DELL COMPUTER GX100	10/22/00	ADS	3.00	17	1,257.		1,257.	0.
19	DELL COMPUTER	10/22/00	ADS	3.00	17	1,151.		1,151.	0.
24	COMPUTER	12/18/00	ADS	3.00	17	1,228.		1,228.	0.
26	18 BUTTON PHONES	04/16/01	ADS	3.00	17	504.		504.	0.
28	COMPUTER	04/30/01	ADS	3.00	17	1,188.		1,188.	0.
30	RICHOCH 4727 COPIER	11/21/94	ADS	5.00	17	7,384.		7,384.	0.
31	TOSHIBA LAPTOP COMPUTER/CARRY CASE	11/29/94	ADS	5.00	17	3,957.		3,957.	0.
32	PC MEMORY UPGRADE	11/29/94	ADS	5.00	17	200.		200.	0.

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
33	LAPTOP COMPUTER	03/15/99	ADS	5.00	17	3,170.		3,170.	0.
34	733MHZ 128 MB (CPU ONLY)	07/30/01	ADS	3.00	17	921.		921.	0.
35	LINUX SERVER	10/31/01	ADS	3.00	17	1,326.		1,326.	0.
36	RED TAPE BACK UP SYSTEM	11/12/01	ADS	3.00	17	669.		669.	0.
37	REBUILD COMPUTER	01/31/02	ADS	3.00	17	383.		383.	0.
38	NACCRRAWARE SERVER	03/25/02	ADS	3.00	17	4,891.		4,891.	0.
39	NPS PRO SYSTEM 3-USER LIC	05/03/02	ADS	3.00	17	18,562.		18,562.	0.
40	DELL LAPTOP COMPUTER	05/01/02	ADS	3.00	17	3,330.		3,330.	0.
41	SVRP4RNOS SERVER	06/01/02	ADS	3.00	17	4,265.		4,265.	0.
42	TAPE BACK UP SYSTEM	06/01/02	ADS	3.00	17	520.		520.	0.
43	3 DELL PRECISION 340 COMPUTERS	06/20/02	ADS	3.00	17	8,883.		8,883.	0.
44	SBSDP32K DUAL PILL SERVER SYSTEM	06/18/02	ADS	3.00	17	7,670.		7,670.	0.
45	NETWORK BACKUP SYSTEM	06/18/02	ADS	3.00	17	1,082.		1,082.	0.
46	NETWORK EQUIPMENT	06/18/02	ADS	3.00	17	1,213.		1,213.	0.
47	SHA ULTRA-PORTABLE TABLET	06/18/02	ADS	3.00	17	3,634.		3,634.	0.
48	2 DELL PRECISION 340 COMPUTERS	06/19/02	ADS	3.00	17	4,880.		4,880.	0.
49	5 DELL PRECISION 340 COMPUTERS	06/19/02	ADS	3.00	17	12,076.		12,076.	0.
50	SHREDDER	06/21/02	ADS	5.00	17	2,001.		2,001.	0.
51	AVAYA IP TELEPHONE SYSTEM	06/21/02	ADS	5.00	17	17,360.		17,360.	0.
52	DELL LAPTOP COMPUTER	06/21/02	ADS	3.00	17	2,211.		2,211.	0.
53	RICOH AFICIO AP3800 PRINTER/COPIER	06/28/02	ADS	5.00	17	12,366.		12,366.	0.
54	2 LAZER JET 4100 PRINTERS	06/21/02	ADS	5.00	17	6,462.		6,462.	0.
55	MS SBS SERVER, INCLUDING SET UP	06/28/02	ADS	3.00	17	7,844.		7,844.	0.
56	DIGITAL SEAKERPHONE	07/17/02	ADS	3.00	17	446.		446.	0.
58	DELL COMPUTERS (2)	08/22/02	ADS	3.00	17	4,337.		4,337.	0.
62	TEACH DATABASE SERVER	07/31/03	ADS	3.00	17	6,424.		6,424.	0.
63	EBT LAPTOP COMPUTER WITH DOCKING PORT	11/08/05	ADS	3.00	17	2,167.		2,167.	0.

016261
05-01-10

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
64	SONICWALL APPLIANCE	03/03/06	ADS	3.00	17	504.		504.	0.
65	SONICWALL VPN LICENSES	04/03/06	ADS	3.00	17	286.		286.	0.
66	POWER CONNECT SWITCH	03/05/06	ADS	3.00	17	367.		366.	0.
67	2 DELL SERVERS	03/16/06	ADS	3.00	17	9,987.		9,987.	0.
68	MONITOR SWITCH AND CABLES	06/17/06	ADS	3.00	17	554.		554.	0.
69	UPS BACK UP TAPES AND SOFTWARE	06/21/06	ADS	3.00	17	1,719.		1,719.	0.
73	NEW SERVERS SET UP AND CONFIG	05/13/06	ADS	5.00	17	5,861.		5,861.	0.
74	2 DELL LAPTOP COMPUTERS	05/10/06	ADS	3.00	17	3,130.		3,130.	0.
75	DELL AXIM PDA	05/05/06	ADS	3.00	17	386.		386.	0.
77	2 DELL ROUTERS	05/16/06	ADS	3.00	17	117.		118.	0.
78	DELL LAPTOP COMPUTER	05/19/06	ADS	3.00	17	1,565.		1,565.	0.
79	DELL DOCKING STATION	05/19/06	ADS	3.00	17	160.		160.	0.
80	CDW-SONY VAIO LAPTOP AND ACCESSORIES	06/23/06	ADS	3.00	17	3,332.		3,332.	0.
83	TREO 650 PDA/PHONE	05/25/06	ADS	3.00	17	400.		400.	0.
84	HESHAM ODEH - NEW DATA BASE	06/16/06	ADS	3.00	17	7,670.		7,670.	0.
85	4 FLAT SCREEN MONITORS	06/30/06	ADS	3.00	17	976.		976.	0.
86	AXIM WITH ACCESSORIES	06/30/06	ADS	3.00	17	422.		422.	0.
87	DELL OPTIPLEX 745 DESKTOP COMPUTER	06/28/07	ADS	3.00	17	1,286.		1,285.	0.
88	DELL LATTITUDE D420 LAPTOP COMPUTER	06/30/07	ADS	3.00	17	1,938.		1,938.	0.
89	(2) DELL OPTIPLEX 745 DESKTOP COMPUTERS	08/23/07	ADS	3.00	17	2,452.		2,332.	120.
92	WINDOWS TERMINAL SERVER WITH 10 LICENSES	02/01/08	ADS	3.00	17	2,775.		2,235.	539.
93	DELL OPTIPLEX 755 DESKTOP COMPUTER	06/30/08	ADS	3.00	17	1,122.		748.	374.
94	DELL LATTIDUE D630 LAPTOP COMPUTER	06/30/08	ADS	3.00	17	1,086.		724.	362.
95	DELL LATITUDE D830 LAPTOP COMPUTER	08/31/08	ADS	3.00	17	1,421.		869.	474.
98	DELL LATITUDE E6400 LAPTOP & MONITOR FOR H. MOSS	12/31/09	ADS	3.00	17	1,679.		280.	560.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					232,282.	0.	228,934.	2,429.
	OTHER								

016261
05-01-10

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
2	NACCRA SOFTWARE	06/28/00	ADS	5.00	17	5,000.		5,000.	0.
57	SPECIAL USER SOFTWARE	07/31/02	ADS	3.00	17	1,162.		1,162.	0.
70	MS EXCHANGE SOFTWARE	06/24/06	ADS	3.00	17	3,821.		3,821.	0.
71	DELL BACKUP EXEC SOFTWARE	04/13/06	ADS	3.00	17	1,188.		1,188.	0.
72	EXCHANGE SECURITY AND SPAM SOFTWARE	04/17/06	ADS	3.00	17	1,267.		1,268.	0.
76	SPSS SOFTWARE	05/11/06	ADS	3.00	17	799.		799.	0.
81	TECHSOUP-CRYSTAL REPORTS SOFTWARE	06/16/06	ADS	3.00	17	100.		100.	0.
82	PURPLUS SOFTWARE-2 ADOBE STD SOFTWARE	06/13/06	ADS	3.00	17	258.		258.	0.
90	MIP BUDGET MANAGEMENT MODULE SOFTWARE	11/01/07	ADS	3.00	17	2,618.		2,328.	290.
91	MIP EFT FOR A/P MODULE SOFTWARE	12/15/07	ADS	3.00	17	1,574.		1,071.	502.
96	SERVER BACKUP SOFTWARE UPGRADE	08/31/08	ADS	3.00	17	2,700.		1,650.	900.
97	MIP VISUAL ANALYZER SOFTWARE	12/31/09	ADS	3.00	17	4,141.		690.	1,380.
99	LEXMARK CS736DN PRINTER	09/03/10	ADS	3.00	20A	1,857.			516.
100	DELL,APC SMART-UPC 3000VA USB	01/01/11	ADS	3.00	20A	1,149.			192.
101	DELL, BARRACUDA SPAM & VIRUS FIREWALL 100	01/01/11	ADS	3.00	20A	1,126.			188.
102	DELL, POWEREDGE R510 SERVER	01/01/11	ADS	3.00	20A	2,996.			499.
103	DELL 2 POWEREDGE R510 SERVERS	01/01/11	ADS	3.00	20A	6,004.			1,001.
104	DELL, TAPE BACKUP FOR NETWORK	01/01/11	ADS	3.00	20A	4,327.			721.
105	DELL, 4 LAPTOP COMPUTERS	04/07/11	ADS	3.00	20A	4,868.			372.
	* 990 PAGE 10 TOTAL OTHER					46,955.	0.	19,335.	6,561.
	* GRAND TOTAL 990 PAGE 10 DEPR					297,114.	0.	266,146.	8,990.

016261
05-01-10

- Current year section 179 (D) - Asset disposed

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK	FORM 990 PAGE 10	91-1427991

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	5,501.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27.5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life		22,327.	VARIES	HY	S/L	3,489.
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	8,990.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	21,178.

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year					
43 Amortization of costs that began before your 2010 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	WASHINGTON STATE CHILD CARE RESOURCE & REFERRAL NETWORK	91-1427991
	Number, street, and room or suite no If a P O box, see instructions 1551 BROADWAY, NO. 300	
	City, town or post office, state, and ZIP code For a foreign address, see instructions TACOMA, WA 98402	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ELIZABETH M. BONBRIGHT 1551 BROADWAY #300 - TACOMA, WA 98402
  Telephone No. ▶ 253-383-1735 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

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