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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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

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

C Name of organization**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

Doing Business As

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

Room/suite

380 LAFAYETTE RD**103**

City or town, state or country, and ZIP + 4

SAINT PAUL, MN 55107**F** Name and address of principal officer **PATRICK GANNON
SAME AS C ABOVE****D** Employer identification number**41-1730422****E** Telephone number**651-290-9704****G** Gross receipts \$**2,409,879.****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)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MNCHILDCARE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1992****M** State of legal domicile: **MN****Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE MISSION OF THE MINNESOTA CHILD CARE RESOURCE AND REFERRAL NETWORK IS TO PROVIDE STATEWIDE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,434,097.	2,286,071.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,063.	116,458.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,475.	7,350.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,539,635.	2,409,879.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	464,288.	417,197.
	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)	1,274,512.	1,209,126.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	865,556.	881,174.
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,604,356.	2,507,497.
	19	Revenue less expenses Subtract line 18 from line 12	-64,721.	-97,618.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,256,144.	2,057,193.
	22	Net assets or fund balances Subtract line 21 from line 20	1,626,037.	1,524,704.
			630,107.	532,489.

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 ▶ *Patrick Gannon* Signature of officer **3/21/2012** Date

▶ **PATRICK GANNON, CURRENT BOARD CHAIR** Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **ROZALYN A. ALLYSON** Preparer's signature *Rozalyn Allyson* Date **02/18/12** Check if self-employed ☐ PTIN

Firm's name ▶ **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.** Firm's EIN ▶

Firm's address ▶ **30 EAST PLATO BOULEVARD
SAINT PAUL, MN 55107-1809** Phone no. **(651) 227-6695**

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

☒ Yes ☐ No

CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK

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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

THE MINNESOTA CHILD CARE RESOURCE AND REFERRAL NETWORK WAS INCORPORATED IN 1992 TO PROVIDE TECHNICAL ASSISTANCE, TRAINING AND COORDINATION FOR THE CHILD CARE RESOURCE AND REFERRAL PROGRAMS THROUGHOUT MINNESOTA, TO COLLECT DATA REGARDING THE SUPPLY OF AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code:) (Expenses \$ 935,086. including grants of \$) (Revenue \$)

CCR&R SYSTEM SUPPORT:

* ACTIVITY NUMBERS ARE FOR THE DHS CONTRACT PERIOD JULY 1, 2010-JUNE 30, 2011

SUPPORT PARENTAL CHOICE WITH INFORMATION AND EDUCATION:

A TOTAL OF 27,079 PARENTS RECEIVED CHILD CARE REFERRALS AND INFORMATION ON QUALITY CARE THROUGH PHONE REFERRALS AT THE CCR&R AGENCIES, OR OUR WEBSITE SEARCH TOOL*.

A NEW VIDEO: IS THIS THE RIGHT PLACE FOR MY CHILD: CHOOSING AND USING CHILD CARE GENERATED MANY WEB HITS AND WAS AIRED ON TWO MINNESOTA PBS STATIONS.

A NEW QUALITY CHILD CARE LOOKS LIKE CHECKLIST WAS DEVELOPED AND

4b (Code) (Expenses \$ 353,591. including grants of \$) (Revenue \$)

PARENT AWARE

PARENT AWARE IS A VOLUNTARY QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) FOR EARLY CARE AND EDUCATION PROGRAMS INCLUDING LICENSED FAMILY CHILD CARE PROGRAMS, CHILD CARE CENTERS, HEAD START, AND SCHOOL READINESS PROGRAMS. THE PROGRAM WAS PILOTED IN FOUR MINNESOTA COMMUNITIES INCLUDING THE CITY OF MINNEAPOLIS, THE CITY OF SAINT PAUL, THE WAYZATA SCHOOL DISTRICT, AND BLUE EARTH AND NICOLLET COUNTIES. AS OF JULY 2011, A TOTAL OF 345 PROGRAMS HAD A CURRENT PARENT AWARE RATING

PARENT AWARE RATINGS:

4c (Code) (Expenses \$ 550,880. including grants of \$ 417,197.) (Revenue \$)

SCHOLARSHIPS AND GRANTS

THE T.E.A.C.H. EARLY CHILDHOOD MINNESOTA SCHOLARSHIP PROGRAM (TEACHER EDUCATION AND COMPENSATION HELPS) IS AN EDUCATION SCHOLARSHIP PROGRAM FOR EARLY CARE AND EDUCATION PROVIDERS TO ATTAIN HIGHER EDUCATION DEGREES, WITH THE GOAL OF INCREASING THEIR COMPETENCY, AND REDUCING STAFF TURNOVER BY PROVIDING INCENTIVES TO STAY IN THE FIELD.

IN 2010-2011:

WE AWARDED 121 NEW SCHOLARSHIPS TOTALING \$415,074.

THE R.E.E.T.A.I.N. WORKFORCE RETENTION PROGRAM BOTH REWARDS QUALITY AND

4d Other program services. (Describe in Schedule O)

(Expenses \$ 498,709. including grants of \$) (Revenue \$ 116,458.)

4e Total program service expenses 2,338,266.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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)		

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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

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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	181	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	25	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
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? Note. See the instructions for additional information the organization must report on Schedule O	N/A	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
b Enter the number of voting members included in line 1a, above, who are independent	15	
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 ► MN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
ANN MCCULLY - 651-290-9704
380 LAFAYETTE ROAD, SUITE 103, ST. PAUL, MN 55107

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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			
MICHELLE THOLE CHAIR	1.00	X		X				0.	0.	0.
JOAN GRANGER-KOPESKY BOARD MEMBER	1.00	X						0.	0.	0.
KATHI HEDBERG BOARD MEMBER	1.00	X						0.	0.	0.
PATRICK GANNON VICE CHAIR	1.00	X		X				0.	0.	0.
DEBBIE LARSON BOARD MEMBER	1.00	X						0.	0.	0.
KATHY GROCHOW TREASURER	1.00	X		X				0.	0.	0.
SUE HEISLER BOARD MEMBER	1.00	X						0.	0.	0.
ADRIANA GALVAN BOARD MEMBER	1.00	X						0.	0.	0.
BECKY OUIMET-LEWIS SECRETARY	1.00	X		X				0.	0.	0.
KELLY MCKOWN BOARD MEMBER	1.00	X						0.	0.	0.
DAWN GANJE BOARD MEMBER	1.00	X						0.	0.	0.
TERRY HOLLINGSWORTH BOARD MEMBER	1.00	X						0.	0.	0.
MARIAM MOHAMED BOARD MEMBER	1.00	X						0.	0.	0.
WENDY WALBURG BOARD MEMBER	1.00	X						0.	0.	0.
HELEN WELLS BOARD MEMBER	1.00	X						0.	0.	0.
ANN MCCULLY EXECUTIVE DIRECTOR	40.00			X				72,920.	0.	14,077.

**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

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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								72,920.	0.	14,077.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								72,920.	0.	14,077.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2196571.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	89,500.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2286071.			
Program Service Revenue	2 a PROGRAM INCOME	Business Code	624410	115,969.	115,969.		
	b MISCELLANEOUS		900099	489.	489.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			116,458.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,350.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a 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							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions			2409879.	116,458.	0.	7,350.	

**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

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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	417,197.	417,197.		
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	86,997.	60,898.	20,241.	5,858.
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	860,033.	795,307.	64,726.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,958.	23,690.	2,268.	
9 Other employee benefits	162,887.	159,552.	3,335.	
10 Payroll taxes	73,251.	66,357.	6,475.	419.
11 Fees for services (non-employees)				
a Management				
b Legal	250.	250.		
c Accounting	49,743.	27,225.	22,518.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	200,544.	191,796.	1,248.	7,500.
12 Advertising and promotion	816.	816.		
13 Office expenses	82,104.	78,237.	3,706.	161.
14 Information technology				
15 Royalties				
16 Occupancy	82,923.	74,932.	7,199.	792.
17 Travel	39,740.	37,476.	2,053.	211.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,647.	22,456.	191.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,185.		4,185.	
23 Insurance	5,836.	5,538.	298.	
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 PUBLIC RELATIONS/MKTG	142,989.	132,238.	10,751.	
b STAFF DEV AND TRAINING	98,975.	93,900.	5,075.	
c DATABASE DEVELOPMENT	84,020.	84,020.		
d EVALUATION	50,001.	50,001.		
e PROGRAM EXPENSES	12,045.	12,045.		
f All other expenses	4,356.	4,335.	21.	
25 Total functional expenses Add lines 1 through 24f	2,507,497.	2,338,266.	154,290.	14,941.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,582,042.	2	1,552,206.
	3 Pledges and grants receivable, net	600,058.	3	435,183.
	4 Accounts receivable, net		4	
	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	63,581.	9	63,526.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	55,275.		
	b Less: accumulated depreciation	48,997.	10,463.	6,278.
	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)	2,256,144.	16	2,057,193.	
Liabilities	17 Accounts payable and accrued expenses	130,547.	17	107,203.
	18 Grants payable	169,627.	18	159,750.
	19 Deferred revenue	1,325,863.	19	1,257,751.
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,626,037.	26	1,524,704.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		568,531.	27	494,698.
28 Temporarily restricted net assets		61,576.	28	37,791.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		630,107.	33	532,489.
34 Total liabilities and net assets/fund balances		2,256,144.	34	2,057,193.

Form **990** (2010)

**CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

Form 990 (2010)

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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	2,409,879.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,507,497.
3	Revenue less expenses Subtract line 2 from line 1	3	-97,618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	630,107.
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	532,489.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**

Employer identification number
41-1730422

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?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

CHILD CARE RESOURCE AND REFERRAL NETWORK

Schedule A (Form 990 or 990-EZ) 2010 REFERRAL NETWORK

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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.")	2,209,837.	3,008,267.	2,582,668.	2,434,097.	2,286,071.	12,520,940.
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	2,209,837.	3,008,267.	2,582,668.	2,434,097.	2,286,071.	12,520,940.
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)						97,536.
6 Public support. Subtract line 5 from line 4						12,423,404.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,209,837.	3,008,267.	2,582,668.	2,434,097.	2,286,071.	12,520,940.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,899.	26,042.	15,507.	11,475.	7,350.	102,273.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						12,623,213.
12 Gross receipts from related activities, etc. (see instructions)					12	441,424.
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.42 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.44 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal 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 ► <input type="checkbox"/>						

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 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

2010Open to Public
InspectionName of the organization **CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK**Employer identification number
41-1730422**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	► \$ _____

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CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK

Schedule D (Form 990) 2010

41-1730422 Page **3**

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

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

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)

CHILD CARE RESOURCE AND REFERRAL NETWORK

Schedule D (Form 990) 2010

REFERRAL NETWORK

41-1730422 Page 4

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	2,409,879.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,507,497.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-97,618.
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	-97,618.

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	2,409,879.
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	2,409,879.
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	2,409,879.

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

1	Total expenses and losses per audited financial statements	1	2,507,497.
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	2,507,497.
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	2,507,497.

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.

PART X, LINE 2: THE NETWORK IS EXEMPT FROM INCOME TAXES UNDER INTERNAL

REVENUE CODE SECTION 501(C)(3) AND APPLICABLE MINNESOTA STATUTES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM BUSINESSES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. MANAGEMENT BELIEVES THE NETWORK DID NOT HAVE ANY UNRELATED BUSINESS INCOME IN 2010 OR 2009.

THE NETWORK IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

FEDERAL AND STATE TAX AUTHORITIES HAVE THE RIGHT TO EXAMINE THE CURRENT

Schedule D (Form 990) 2010

CHILD CARE RESOURCE AND REFERRAL NETWORK
REFERRAL NETWORK

Schedule D (Form 990) 2010

41-1730422 Page 5

Part XIV Supplemental Information (continued)

AND PRIOR THREE YEARS RETURNS. ANY INTEREST OR PENALTIES ASSOCIATED WITH
TAX POSITIONS ARE REPORTED AS SUCH WITHIN THE MANAGEMENT AND GENERAL
EXPENSES CATEGORY. FOR 2010 AND 2009, THERE WERE NO SUCH INTEREST OR
PENALTIES RECORDED IN THE FINANCIAL STATEMENTS.

2010

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

► Attach to Form 990.

Employer identification number
41-1730422

Name of the organization		CHILD CARE RESOURCE AND REFERRAL NETWORK
Part I		General Information on Grants and Assistance

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

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

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. ▶

[illegible]

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

33 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Page 2

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
TEACH SCHOLARSHIP	121	417,197.	0.		

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information
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SCHEDULE I, PART I, LINE 2: CONTRACTS ARE SIGNED THAT LAY OUT THE
EXPECTATIONS OF THE NETWORK. SPECIFIC TASKS ARE INCLUDED IN THE CONTRACT
LANGUAGE INCLUDING ANY LIMITATIONS OF THESE GRANT FUNDS.

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	CHILD CARE RESOURCE AND REFERRAL NETWORK REFERRAL NETWORK	Employer identification number 41-1730422
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEADERSHIP IN SHAPING COLLABORATIONS THAT COLLECTIVELY BUILD A DIVERSE,
HIGH QUALITY CHILD CARE SYSTEM ACCESSIBLE TO ALL MINNESOTA FAMILIES
THROUGH PARTNERSHIP WITH AND IN SUPPORT OF LOCAL CHILD CARE RESOURCE
AND REFERRAL SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEMAND FOR CHILD CARE, AND TO CREATE AND MANAGE STATEWIDE, CHILD
CARE-FOCUSED PROJECTS.

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

DISTRIBUTED TO PARENTS.

EXPAND AND STRENGTHEN THE CHILD CARE DELIVERY SYSTEM:

A TOTAL OF 2,150 CHILD CARE PROFESSIONAL DEVELOPMENT SESSIONS WERE
OFFERED TO OVER 33,500 PARTICIPANTS STATEWIDE.*

COMPETITIVE IMPROVEMENT GRANTS TOTALING \$851,095 WERE AWARDED TO 1,643
PROVIDERS AND \$500,000 IN IMPROVEMENT FUNDS WERE AWARDED TO 200
PROVIDERS THROUGH THE BUILDING QUALITY PROGRAM WHICH IS AN INTENSIVE,
ONE-ON-ONE CONSULTATION PROGRAM TO HELP PROVIDERS PREPARE FOR A FUTURE
QUALITY RATING AND IMPROVEMENT SYSTEM.*

THE NEW MINNESOTA CHILD CARE CREDENTIAL - A SERIES OF 20 TRAINING
SESSIONS TOTALING 123 HOURS-- WAS LAUNCHED AND ENROLLED 127 PROVIDERS
IN FACE-TO-FACE CLASSES, AS WELL AS 30 STUDENTS ONLINE*.

COMPILE, ANALYZE, AND DISSEMINATE CHILD CARE DATA:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

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Name of the organization CHILD CARE RESOURCE AND REFERRAL NETWORK
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THE NETWORK PROVIDED OVERSIGHT AND MANAGEMENT OF ALL DATA COLLECTION DUTIES OF THE CCR&R SYSTEM, INCLUDING THE ANNUAL MARKET RATE SURVEY AND BUSINESS SURVEY OF LICENSED CHILD CARE PROVIDERS IN MINNESOTA. A DATA REPORT/ANNUAL REPORT WAS CREATED AND USED WITH STAKEHOLDERS AND POLICYMAKERS TO ILLUSTRATE CURRENT CHILD CARE ISSUES AND NEEDS, AND THE GIS MAPPING SYSTEM WAS UPDATED.

BUILD COMMUNITY THROUGH PARTNERSHIP, COORDINATION AND COLLABORATION: THE NETWORK WORKED WITH OVER 30 STATEWIDE, EARLY CHILDHOOD AND SCHOOL AGE ORGANIZATIONS AND INITIATIVES SUPPORTING CHILD CARE IN GENERAL, SCHOOL READINESS, FAMILY, FRIEND & NEIGHBOR (FFN) CARE, LOW-INCOME, AND REFUGEE/IMMIGRANT COMMUNITIES ON BEHALF OF THE CCR&R SYSTEM.

TECHNICAL ASSISTANCE TO CCR&R AGENCIES/STAFF:

THE NETWORK COORDINATED THREE STATEWIDE AND OVER 20 PROGRAM-SPECIFIC MEETINGS FOR CCR&R STAFF IN 2010-2011.

THE NETWORK WORKED WITH THE NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES (NACCRA) TO BRING ITS NATIONAL PROFESSIONAL DEVELOPMENT INSTITUTE FOR CCR&R STAFF TO MINNEAPOLIS, AND SUPPORTED MINNESOTA STAFF ATTENDANCE.

MARKETING AND COMMUNICATIONS:

THE NETWORK DOUBLED ITS AUDIENCE ON SOCIAL MEDIA SITES INCLUDING FACEBOOK AND TWITTER.

A NEW STATEWIDE PR PLAN WAS FINALIZED AND MADE AVAILABLE TO THE CCR&R SYSTEM. THE PLAN INCLUDED INFORMATION ON MARKETING TOOLS, TEMPLATES, STATEWIDE INITIATIVES, TRADITIONAL MEDIA, AND NEW MEDIA. THERE WERE ALSO KEY MESSAGES TO USE WITH PARENTS, PROVIDERS, AND COMMUNITY

Name of the organization **CHILD CARE RESOURCE AND REFERRAL NETWORK
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MEMBERS.

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

IN 2010-2011:

51 PROGRAMS COMPLETED THE FULL RATING PROCESS. OF THESE PROGRAMS, 27%
RECEIVED 4 STARS, 45% RECEIVED 3 STARS, 25% RECEIVED 2 STARS, AND 3%
RECEIVED 1 STAR.

54 ADDITIONAL PROGRAMS WERE RE-RATED (AN ANNUAL REQUIREMENT FOR
FULLY-RATED PROGRAMS PARTICIPATING IN THE PILOT).

THESE 105 PROVIDERS WHO WERE FULLY RATED OR RE-RATED WERE SUPPORTED BY
PROVIDER RESOURCE SPECIALISTS WHO MET WITH THEM A MINIMUM OF 3-5 TIMES
ACROSS THE RATINGS PROCESS.

69 FULLY RATED OR RE-RATED PROGRAMS WITH A RATING OF 3 STARS OR LESS
ALSO RECEIVED QUALITY IMPROVEMENT SUPPORTS (INCLUDING TECHNICAL
ASSISTANCE FROM CONSULTANTS AND FINANCIAL SUPPORT TO PURCHASE
MATERIALS, EQUIPMENT AND TRAINING) IN ORDER TO CONTINUE TO INCREASE
THEIR QUALITY.

PARENT AWARE ALSO INCLUDES MANY AUTOMATICALLY-RATED 4-STAR PROGRAMS
SUCH AS ACCREDITED CHILD CARE CENTERS AND FAMILY CHILD CARE PROGRAMS
(168), HEAD START PROGRAMS (22) AND SCHOOL READINESS PROGRAMS (50) PLUS
3 PROVISIONALLY RATED PROGRAMS.

PROMOTION OF PARENT AWARE:

Name of the organization CHILD CARE RESOURCE AND REFERRAL NETWORK
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OVER 7,900 PIECES OF OUTREACH LITERATURE WERE DISTRIBUTED ACROSS THE
YEAR.

1,266 PIECES OF MARKETING MATERIALS, INCLUDING SIGNS, BANNERS AND
WINDOW CLINGS, FOR PROVIDERS TO USE IN MARKETING THEIR PROGRAM TO
PARENTS

THE WWW.PARENTAWARERATINGS.ORG WEBSITE WAS ACCESSED BY 15,323 UNIQUE
VISITORS AND PARENTS HAVE SEARCHED FOR STAR-RATED CHILD CARE PROGRAMS
OVER 43,000 TIMES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
REDUCES TURN-OVER IN THE FIELD BY PROVIDING GRANTS TO CHILD CARE
PROVIDERS WHO HAVE ALREADY GRADUATED WITH AT LEAST A TWO-YEAR ASSOCIATE
DEGREE OR CURRENTLY HOLD A CHILD DEVELOPMENT ASSOCIATE (CDA)
CREDENTIAL.

IN 2010-2011:

WE AWARDED GRANTS TOTALING \$228,500 TO 89 PROVIDERS.

THE CDA/MN CHILD CARE CREDENTIAL SUPPORT PROJECT OFFERS FINANCIAL
SUPPORT AND GUIDANCE TO CHILD CARE PROFESSIONALS WHO ARE WORKING TOWARD
THEIR NATIONAL CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL OR THE
MINNESOTA CHILD CARE CREDENTIAL, WITH A SPECIAL EMPHASIS ON PROVIDERS
SERVING INFANTS AND TODDLERS. CANDIDATES MAY ALSO APPLY FOR FINANCIAL
SUPPORT (UP TO \$300) TO PAY FOR THE SERVICES OF A QUALIFIED CDA
ADVISOR.

IN 2010-2011:

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WE AWARDED A TOTAL OF \$34,497 TO 115 PROFESSIONALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EAGER- TO- LEARN IS AN INTERNET-BASED PROGRAM OFFERING HIGH QUALITY,
ONLINE EDUCATION FOR PROVIDERS. EAGER-TO-LEARN COURSES OFFER A
CONTINUUM OF RESEARCH-BASED TOPICS THAT PROMOTE DEVELOPMENTALLY
APPROPRIATE CARE AND EFFECTIVE EARLY CARE AND EDUCATION STRATEGIES, AND
FILL A NICHE BETWEEN SELF-STUDY/INDIVIDUAL TRAINING OPPORTUNITIES, AND
THE FORMAL HIGHER EDUCATION SYSTEM.

IN 2010-2011:

THE EAGER- TO- LEARN PROGRAM HELD 140 CLASSES FOR 1,664 PARTICIPANTS.
EXPENSES \$ 309,599. INCLUDING GRANTS OF \$ 0. REVENUE \$ 116,458.

SURGE SUPPORT/RESPITE CHILD CARE SERVICES: THROUGH FUNDING AND
PARTNERSHIP WITH THE U.S. ARMY CHILD, YOUTH & SCHOOL SERVICES AND THE
NATIONAL ASSOCIATION OF CHILD CARE RESOURCE & REFERRAL AGENCIES CHILD
CARE, CHILD CARE PROVIDERS HAVE BEEN RECRUITED TO PROVIDE VOLUNTEER AND
SUBSIDIZED CARE FOR DEPLOYED ARMY RESERVE AND NATIONAL GUARD FAMILIES
IN MINNESOTA. THESE PROVIDERS ALSO HAVE ACCESS TO SPECIALIZED TRAINING
WHICH HELPS THEM TO BETTER UNDERSTAND AND SUPPORT CHILDREN AND FAMILIES
IMPACTED BY DEPLOYMENT.

IN 2009-2010, CHILD CARE PROFESSIONALS SERVED MORE THAN 754 CHILDREN IN
THIS CAPACITY.

EXPENSES \$ 96,252. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization **CHILD CARE RESOURCE AND REFERRAL NETWORK
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OTHER

EXPENSES \$ 92,858. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 2009 FORM 990 WAS PRESENTED TO THE FULL BOARD OF DIRECTORS ALONG WITH THE ANNUAL AUDIT AT THE JANUARY, 2011 ANNUAL MEETING. WE WILL FOLLOW THE SAME PROCEDURE FOR THE 2010 FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: NETWORK BOARD MEMBERS RECEIVE AND SIGN A NEW COPY OF THE CONFLICT OF INTEREST STATEMENT EACH YEAR AT THE BOARD'S ANNUAL MEETING IN JANUARY. MEMBERS ARE REMINDED THAT THEY HAVE A RESPONSIBILITY TO DISCLOSE TO THE BOARD (AND ANY COMMITTEE ON WHICH THEY SERVE) THE MATERIAL FACTS OF ANY PROPOSED ACTION OR TRANSACTION OF THE NETWORK IN WHICH SUCH DIRECTOR HAS ANY CONFLICTS, AND THEY SHOULD DO SO PRIOR TO THE CONSIDERATION OF SUCH ITEMS. BOARD MEMBERS WHO HAVE DECLARED A CONFLICT OF INTEREST DO NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. ALL BOARD MEMBERS AND OFFICERS ARE OBLIGATED TO NOTIFY THE BOARD IF THEY BELIEVE THAT AN INDIVIDUAL DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S ANNUAL REVIEW IS PERFORMED AT THE APRIL/MAY BOARD MEETING BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES A DISCUSSION OF THE EXECUTIVE DIRECTOR'S SALARY, BASED ON THE ORGANIZATION-WIDE SALARY STRUCTURE, THE MOST CURRENT MN COUNCIL OF NONPROFIT'S SALARY SURVEY RESULTS FOR SIMILAR SIZED NONPROFITS, AND THE BUDGET CLIMATE FOR THE COMING YEAR. GENERAL PERFORMANCE RECOMMENDATIONS ARE CAPTURED IN THE BOARD MINUTES, AND THE SALARY INCREASE

Name of the organization CHILD CARE RESOURCE AND REFERRAL NETWORK
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FORMS ARE KEPT IN THE PERSONNEL FILES OF THE EXECUTIVE DIRECTOR.

WITH SUPPORT FROM A CONSULTANT THROUGH THE MINNESOTA ASSISTANCE PROJECT (MAP), THE NETWORK CREATED A SALARY RANKING METHODOLOGY AND A COMPENSATION STRUCTURE FORM TO ASSESS EACH POSITION IN THE ORGANIZATION. ONCE THE TOTAL POINTS WERE ESTABLISHED, THE RANGE FOR EACH POSITION WAS DETERMINED. THE SALARY RANGES WERE BASED ON A COMBINATION OF THE MINNESOTA COUNCIL OF NONPROFITS SALARY SURVEY, AND A SURVEY DONE BY THE NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES (NACCRA). MORE RECENTLY, WE ADJUSTED WHERE PEOPLE WERE WITHIN THEIR RANGE BY USING A SALARY ANALYSIS FOCUSED ON EXPERIENCE IN THE FIELD AND EDUCATION.

FORM 990, PART VI, SECTION C, LINE 19: ANNUAL AUDIT/FINANCIAL STATEMENTS AND 990 ARE POSTED ON OUR WEBSITE. CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PAGE 12, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR