efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CHILD CARE SERVICES ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) PO BOX 901 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CHAPEL HILL, NC 27514

D Employer identification number
56-1514058

E Telephone number
(919) 967-3272

G Gross receipts $ 22,200,660

F Name and address of principal officer
SUE RUSSELL
PO BOX 901
CHAPEL HILL, NC 27514

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 CHILDCARESERVICES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CCSA'S MISSION IS TO ENSURE THAT AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE IS AVAILABLE FOR ALL YOUNG CHILDREN AND THEIR FAMILIES

Activities & Governance

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	121
6	Total number of volunteers (estimate if necessary)	**6**	147
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-14,807
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-9,926

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,678,663	20,585,345
9	Program service revenue (Part VIII, line 2g)	1,265,973	1,419,339
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-23,607	21,583
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-23,669	-10,943
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,897,360	22,015,324
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,889,140	15,136,276
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)	5,896,070	5,802,137
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶38,074		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,502,971	1,603,834
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,288,181	22,542,247
19	Revenue less expenses Subtract line 18 from line 12	609,179	-526,923

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,234,980	7,756,463
21	Total liabilities (Part X, line 26)	3,241,611	3,184,560
22	Net assets or fund balances Subtract line 21 from line 20	4,993,369	4,571,903

Net Assets or Fund Balances

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

****** 2017-12-14
Signature of officer Date

SUE RUSSELL INTERIM PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBIN MCDUFFIE	ROBIN MCDUFFIE			P00098611

Firm's name ▶ BLACKMAN & SLOOP CPAS PA | Firm's EIN ▶ 56-1304727

Firm's address ▶ 1414 RALEIGH RD SUITE 300
CHAPEL HILL, NC 27517 | Phone no (919) 942-8700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

ENSURING AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE FOR ALL YOUNG CHILDREN AND THEIR FAMILIES CCSA'S PRIMARY PURPOSE IS TO PROVIDE SERVICES, RESEARCH, AND ADVOCACY AT THE LOCAL, STATE, AND NATIONAL LEVELS CCSA, AS THE LOCAL CHILD CARE RESOURCE AND REFERRAL AGENCY, PROVIDES FAMILY SUPPORT SERVICES IN ALAMANCE, CASWELL, DURHAM, FRANKLIN, GRANVILLE, ORANGE, PERSON, VANCE, AND WAKE COUNTIES, WHICH INCLUDES HELPING FAMILIES FIND AND IDENTIFY RESOURCES TO PAY FOR QUALITY CHILD CARE CCSA PROVIDES SERVICES FOR CHILD CARE PROVIDERS TO HELP IMPROVE THE QUALITY OF CHILD CARE, INCLUDING SUPPORT, TRAINING, ON-SITE CONSULTATIONS, NUTRITION SERVICES, SALARY SUPPLEMENTS, HEALTH INSURANCE, AND COLLEGE SCHOLARSHIPS NATIONALLY AND STATEWIDE, CCSA HAS ADDRESSED THE ISSUES OF UNDER-EDUCATION, POOR COMPENSATION, AND HIGH TURNOVER IN THE EARLY CHILDHOOD WORKFORCE THROUGH INNOVATIVE PROGRAMS SUCH AS THE T E A C H EARLY CHILDHOOD PROJECT AND THE CHILD CARE WAGE$ PROJECT

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 6,617,298 including grants of $ 5,908,698) (Revenue $)
See Additional Data

4b (Code) (Expenses $ 4,287,505 including grants of $ 2,887,873) (Revenue $ 301,488)
See Additional Data

4c (Code) (Expenses $ 9,942,465 including grants of $ 6,339,705) (Revenue $ 1,117,851)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 20,847,268

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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**		No
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 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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*	**35b**		
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	3,492		
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**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	121		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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 as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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**			No
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**			No
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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line 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	1a 16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 16		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ NC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶EMMANUEL PAUL VP OF FINANCE AND HR 1829 E FRANKLIN ST BLDG 1000 CHAPEL HILL, NC 27514 (919) 967-3272

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEGGY BALL CHAIR	0 30	X		X				0	0	0
(2) JOAN MORAN VICE CHAIR	0 20	X		X				0	0	0
(3) MICHELE MILLER-COX SECRETARY	0 20	X		X				0	0	0
(4) ALEKSSANDRA HOLOD ASSISTANT SECRETARY	0 10	X		X				0	0	0
(5) ERICA GREGG PARKER TREASURER	0 20	X		X				0	0	0
(6) JO ABERNATHY ASSISTANT TREASURER	0 10	X		X				0	0	0
(7) ED HOLLOWELL BOARD MEMBER (THR 9/16)	0 10	X						0	0	0
(8) ADRIANA MARTINEZ BOARD MEMBER	0 10	X						0	0	0
(9) DALPHIA MURPHY BOARD MEMBER	0 10	X						0	0	0
(10) MICHAEL PAGE BOARD MEMBER	0 10	X						0	0	0
(11) ADAM ZOLOTOR BOARD MEMBER	0 10	X						0	0	0
(12) GERRY COBB BOARD MEMBER	0 10	X						0	0	0
(13) SHARON HIRSCH BOARD MEMBER	0 10	X						0	0	0
(14) CHRISTINA GOSHAW HINKLE BOARD MEMBER	0 20	X						0	0	0
(15) KIMBERLY SHAW BOARD MEMBER	0 10	X						0	0	0
(16) JOHN STERNBERGH BOARD MEMBER (THR 9/16)	0 20	X						0	0	0
(17) ANNA CARTER PRESIDENT (THR 5/31/2017)	45 00			X				114,794	0	8,820

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUE RUSSELL INTERIM PRESIDENT (FR 6/1/2017)	45 00			X				76,529	0	7,358
(19) EMMANUEL PAUL VP OF FINANCE AND HR	45 00			X				99,320	0	10,110
(20) LINDA CHAPPEL VP OF TRIANGLE CCR&R	45 00					X		105,207	0	9,270
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								395,850	0	35,558

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDCARE NETWORK 921 RUBY STREET DURHAM, NC 27704	PROGRAM SERVICES	490,626
CHILD CARE RESOURCES INC 4600 PARK RD 400 CHARLOTTE, NC 28209	PROGRAM SERVICES	409,337
SOUTHWESTERN CHILD DEVELOPMENT COMMISSIO PO BOX 250 1528 WEBSTER RD WEBSTER, NC 28788	PROGRAM SERVICES	376,455
UNC -WILMINGTON 601 S COLLEGE RD WILMINGTON, NC 28403	PROGRAM SERVICES	373,068
SOUTHEASTERN COMMUNITY COLLEGE 4564 CHADBOURN HWY PO BOX 151 WHITEVILLE, NC 28472	PROGRAM SERVICES	355,911

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 29

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**	71,541			
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**	19,568,648			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	945,156			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	20,585,345			

Program Service Revenue	Business Code				
2a MEAL SERVICE REVENUE	624100	914,112	914,112		
b TRAINING PROGRAMS	624100	189,240	189,240		
c GRANT REVENUE MATCHING	624100	168,879	168,879		
d MISCELLANEOUS PROGRAMS	624100	130,488	130,488		
e CONSULTING FEES	624100	16,620	16,620		
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		1,419,339			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		20,143			20,143
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	167,019				
b Less rental expenses	181,826				
c Rental income or (loss)	-14,807				
d Net rental income or (loss) . . . . . ▶		-14,807		-14,807	
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	3,550 / 1,400				
b Less cost or other basis and sales expenses	3,510 / 0				
c Gain or (loss)	40 / 1,400				
d Net gain or (loss) . . . . . ▶		1,440			1,440
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 MISCELLANEOUS INCOME	624100	3,864			3,864
b					
c					
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		3,864			
12 Total revenue. See Instructions . . . . . ▶		22,015,324	1,419,339	-14,807	25,447

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,213,527	6,213,527		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,922,749	8,922,749		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	342,836		342,836	
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	4,298,922	3,781,120	517,802	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	795,844	694,949	100,895	
10 Payroll taxes	364,535	300,428	64,107	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	211,552	83,248	91,780	36,524
12 Advertising and promotion	6,299	5,179	1,120	
13 Office expenses	578,388	500,836	76,549	1,003
14 Information technology				
15 Royalties				
16 Occupancy	89,392	4,311	85,081	
17 Travel	133,965	131,118	2,683	164
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,169	142,084	2,907	178
20 Interest	48,125		48,125	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,431		173,431	
23 Insurance	10,325		10,325	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	147,561	32,756	114,603	202
b REPAIRS & MAINTENANCE	31,063	10,547	20,516	
c PRINTING AND PUBLICATIO	26,353	24,380	1,970	3
d MISCELLANEOUS	2,211	36	2,175	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	22,542,247	20,847,268	1,656,905	38,074
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,441,273	1	1,722,972
	2	Savings and temporary cash investments		67,213	2	146,098
	3	Pledges and grants receivable, net		968,468	3	192,908
	4	Accounts receivable, net		84,328	4	113,563
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		90,024	9	69,528
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,704,066			
	b	Less accumulated depreciation	10b 3,291,787	4,660,152	10c	4,412,279
	11	Investments—publicly traded securities		906,299	11	1,081,113
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,483	14	2,483
	15	Other assets See Part IV, line 11		14,740	15	15,519
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,234,980	16	7,756,463
Liabilities	17	Accounts payable and accrued expenses		402,502	17	407,979
	18	Grants payable		391,567	18	448,421
	19	Deferred revenue		11,969	19	4,490
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		2,420,825	23	2,291,213
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		14,748	25	32,457
	26	**Total liabilities.** Add lines 17 through 25		3,241,611	26	3,184,560
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,790,616	27	3,812,181
	28	Temporarily restricted net assets		1,202,753	28	759,722
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		4,993,369	33	4,571,903
	34	Total liabilities and net assets/fund balances		8,234,980	34	7,756,463

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,015,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,542,247
3	Revenue less expenses Subtract line 2 from line 1	3	-526,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,993,369
5	Net unrealized gains (losses) on investments	5	105,457
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,571,903

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 56-1514058

Name: CHILD CARE SERVICES ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

CHILD CARE WAGE$ THE KEY GOAL OF THE CHILD CARE WAGE$ PROJECT IS TO IMPROVE EARLY CARE AND EDUCATION SERVICES THROUGH INCREASED COMPENSATION, WAGE$ HELPS ATTRACT AND RETAIN EDUCATED EARLY CHILDHOOD PROFESSIONALS, AND ENCOURAGES PARTICIPANTS TO REACH HIGHER LEVELS OF EDUCATION THROUGH A GRADUATED SUPPLEMENT SCALE OUTCOME 1 - BY JUNE 30, 2017, THE TURNOVER RATE OF CHILD CARE WAGE$ PARTICIPANTS FOR THE YEAR WILL BE LESS THAN 25% (THE GOAL ESTABLISHED WITHIN SMART START'S PERFORMANCE BASED INCENTIVE SYSTEM) RESULTS OUTCOME MET THE TURNOVER RATE FOR WAGE$ PARTICIPANTS WAS ONLY 16%, WELL BELOW THE SMART START BENCHMARK OF 25% OUTCOME 2 - BY JUNE 30, 2017, 80% OF ACTIVE WAGE$ PARTICIPANTS HAVE A PERMANENT LEVEL ON THE SCALE (ASSOCIATE'S DEGREE PLUS OR INCLUDING AT LEAST 24 BIRTH TO FIVE FOCUSED SEMESTER HOURS OR ABOVE) OR ARE CONTINUING THEIR EDUCATION AS DOCUMENTED BY COURSEWORK TAKEN SINCE APPLICATION TO WAGE$ AND SUBMITTED IN THE CURRENT FISCAL YEAR (PARTICIPANTS IN NEWER COUNTIES NEED TIME TO PURSUE COURSEWORK AND ADVANCE TO HIGHER LEVELS ON THE SCALE AS A RESULT, COUNTIES PROVIDING SUPPLEMENTS FOR TWO YEARS OR LESS WILL NOT BE INCLUDED IN OUTCOME CALCULATION FOR FY17, ONE COUNTY HAS BEEN EXCLUDED) RESULTS OUTCOME EXCEEDED IN FY17, 90% OF ACTIVE WAGE$ PARTICIPANTS HAVE A PERMANENT LEVEL ON THE SCALE OR ARE CONTINUING THEIR EDUCATION AS DOCUMENTED BY COURSEWORK SUBMITTED IN THE CURRENT FISCAL YEAR

Form 990, Part III, Line 4b:

T E A C H EARLY CHILDHOOD THE T E A C H EARLY CHILDHOOD NORTH CAROLINA SCHOLARSHIP PROGRAM PROVIDES UNIQUE EDUCATIONAL SCHOLARSHIPS TO CHILD CARE PROFESSIONALS AS A STRATEGY TO IMPROVE THE EDUCATION, COMPENSATION AND RETENTION OF NORTH CAROLINA'S EARLY CARE AND EDUCATION WORKFORCE SCHOLARSHIPS ARE STRUCTURED USING FOUR COMPONENTS (SCHOLARSHIP, EDUCATION, COMPENSATION AND COMMITMENT) AND ARE AVAILABLE TO FACILITY BASED EARLY EDUCATORS INCLUDING PROGRAM ADMINISTRATORS AND HOME BASED PROFESSIONALS WORKING IN NORTH CAROLINA AND TO INDIVIDUALS WHO PERFORM NON-DIRECT SERVICE FUNCTIONS ON BEHALF OF YOUNG CHILDREN AND FAMILIES THROUGHOUT THE STATE'S EARLY CARE AND EDUCATION SYSTEM THESE SCHOLARSHIPS ENABLE ELIGIBLE PERSONNEL WITH THE OPPORTUNITY TO COMPLETE COURSEWORK LEADING TOWARDS CREDENTIALS AND DEGREES AT ALL OF NORTH CAROLINA'S 74 COMMUNITY COLLEGES AND UNIVERSITIES PARTICIPANTS ARE EXPECTED TO INCREASE THEIR EDUCATION BY COMPLETING A MINIMUM NUMBER OF CREDITS ANNUALLY AND IN TURN ARE GIVEN RAISES OR BONUSES IN RECOGNITION OF THEIR ACHIEVEMENT MORE IMPORTANTLY, PARTICIPANTS ARE REQUIRED TO COMMIT TO THE EARLY CARE AND EDUCATION FIELD, THEIR EMPLOYING SPONSORING PROGRAM OR SPONSORING ORGANIZATION FOR SIX MONTHS TO ONE YEAR DURING FY 2016-17, THE T E A C H EARLY CHILDHOOD SCHOLARSHIP PROGRAM MET ITS GOALS FOR IMPROVING THE EDUCATION, COMPENSATION AND RETENTION AMONG ITS PROGRAM PARTICIPANTS IN NORTH CAROLINA AND PRODUCED POSITIVE OUTCOMES AS WERE PROPOSED THE T E A C H EARLY CHILDHOOD SCHOLARSHIP PROGRAM PROVIDED CORE, COMPREHENSIVE SCHOLARSHIPS TO 2,361 EARLY EDUCATORS, PROGRAM ADMINISTRATORS, HOME BASED PROFESSIONALS AND EARLY CARE AND EDUCATION SYSTEM SPECIALISTS IN 93 OF THE STATE'S 100 COUNTIES SUCCESSFUL OUTCOMES WERE PRODUCED IN THE AREAS OF INCREASED EDUCATION, INCREASED COMPENSATION AND RETENTION FOR EXAMPLE, ON AVERAGE, TEACHERS WHO PARTICIPATED ON THE PROGRAM'S MOST UTILIZED SCHOLARSHIP MODEL, THE ASSOCIATE DEGREE SCHOLARSHIP PROGRAM, COMPLETED 14 CREDIT HOURS OF FORMAL EDUCATION, EXPERIENCED A 9% INCREASE IN EARNINGS AND HAD A 9% TURNOVER RATE MORE THAN 61,399 CHILDREN WERE CARED FOR IN A SETTING THAT SUPPORTED AT LEAST ONE RECIPIENT ON A T E A C H EARLY CHILDHOOD CORE SCHOLARSHIP THE PROVISION OF SCHOLARSHIPS ENABLED T E A C H RECIPIENTS TO ENROLL IN 17,451 CREDIT HOURS OF EDUCATION AT THE STATE'S COMMUNITY COLLEGES AND SELECTED UNIVERSITIES

Form 990, Part III, Line 4c:

FEDERAL, STATE & LOCAL INITIATIVES CCR&R COUNCIL AND CONTRACTS MANAGEMENT FULLY 100% OF REGIONAL LEAD CCR&R AGENCIES INDICATED THAT ASSISTANCE RECEIVED FROM THE R&R COUNCIL WAS HELPFUL AND 100% OF REGIONAL LEAD AGENCIES INDICATED THAT THE CCR&R COUNCIL HAS ENABLED THE IMPROVEMENT OF R&R SERVICES ALL 14 REGIONAL LEAD AGENCIES SUCCESSFULLY IMPLEMENTED AT LEAST TWO OF THE FOLLOWING THREE CCR&R CORE SERVICES CONSUMER EDUCATION AND REFERRAL, PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE ADDITIONALLY, ALL 14 OF THE REGIONAL LEAD AGENCIES AND THE 4 LOCAL CALL CENTERS MET NC CCR&R STANDARDS FOR REFERRAL ASSESSMENT CALLS (RAC) THE TWO STATEWIDE SPECIAL INITIATIVE PROJECTS WERE GREATLY AFFECTED BY STAFF TURNOVER, HOWEVER, 93% OF THE REGIONS MET THEIR INFANT TODDLER GOALS AND 79% OF THE REGIONS MET THEIR HEALTH SOCIAL BEHAVIORS GOALS STATEWIDE GOALS WERE MET IN THESE TWO PROJECTS THE INFANT TODDLER ENHANCEMENT INITIATIVE EXCEEDED THEIR GOAL OF 3,700 STATEWIDE TECHNICAL ASSISTANCE CONSULTATIONS BY PROVIDING 4,282 ON-SITE TA CONSULTATIONS IN FY17 UNDER THE STATEWIDE INFANT/TODDLER PROJECT, 492 CONTACT TRAINING HOURS WERE CONDUCTED BENEFITTING 2,856 CHILD CARE PROVIDERS (UNDUPLICATED COUNT) ACROSS NC, TECHNICAL ASSISTANCE WAS PROVIDED TO 277 LICENSED PROGRAMS, 129 CLASSROOMS COMPLETED PARTICIPATION IN THE INFANT TODDLER QUALITY RATING IMPROVEMENT PROGRAM RESULTING IN 1,316 CHILD CARE SLOTS DEMONSTRATING IMPROVED QUALITY THE AVERAGE INCREASE FROM PRE TO POST ASSESSMENT WAS 1 80 POINTS THE HEALTHY SOCIAL BEHAVIORS INITIATIVE EXCEEDED THEIR GOAL OF 3,684 STATEWIDE TECHNICAL ASSISTANCE VISITS BY PROVIDING 3,974 TA VISITS IN FY17 AND 618 CONTACT HOURS OF TRAINING OF WHICH 300 WERE CEUS UNDER THE STATEWIDE CORE SERVICES, ALL 14 REGIONS REPORTED THAT AT LEAST 70% OF THE CUSTOMERS SURVEYED INDICATED THAT THEY CHOSE 3, 4, OR 5 STAR CARE WITH 13 OF 14 REPORTING THAT AT LEAST 85% OF PARENTS INDICATING THEY CHOOSE THIS LEVEL OF CARE STATEWIDE, 97% OF PARENTS RESPONDING TO FOLLOW-UP SURVEYS INDICATED THAT THEY CHOSE 3, 4, OR 5 STAR CARE ALL 14 REGIONS REPORTED THAT AT LEAST 85% OF THE CUSTOMERS SURVEYED INDICATED THAT THEY USED QUALITY INDICATORS IN THEIR CHILD CARE SEARCH STATEWIDE, 98% OF PARENTS RESPONDING TO FOLLOW-UP SURVEYS INDICATED THAT THEY USED QUALITY INDICATORS IN THEIR CHILD CARE SEARCH AT THE CONCLUSION OF FY17, STATISTICAL DATA FROM DCDEE INDICATES THAT 80% OF ALL CHILDREN ENROLLED IN LICENSED CARE IN THE STATE OF NORTH CAROLINA WERE ENROLLED IN 4- AND 5- STAR CARE THIS IS A SIGNIFICANT PERCENTAGE OF THE STATE'S CHILDREN IN HIGHER QUALITY CARE FURTHERMORE, AT THE CONCLUSION OF FY17, ONLY 3% OF CHILDREN ENROLLED IN LICENSED CHILD CARE IN NORTH CAROLINA REMAIN ENROLLED IN 1- OR 2-STAR CARE TRAINING AND SUPPORT SERVICES THERE WERE 341 PROFESSIONAL DEVELOPMENT WORKSHOPS CONDUCTED FOR 5,855 (DUPLICATED) CHILD CARE PROFESSIONALS IN THE TRIANGLE AREA THERE WERE 969 0 IN-SERVICE HOURS RECEIVED BY THE ATTENDEES THERE WERE 5 WORKSHOPS PRESENTED IN SPANISH THERE WERE 4 PRE-LICENSING WORKSHOPS PRESENTED TO 40 POTENTIAL HOME CHILD CARE PROVIDERS CEUS WERE PROVIDED FOR OTHER COUNTIES IN REGIONS 1,2,3,4 THERE WERE 21 CLASSES OFFERED TO 231 PROVIDERS AND CCR&R STAFF, TOTAL OF 105 HOURS OTHER PROGRAM SERVICES THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) SERVED 63 CHILD CARE HOMES AND 24 CENTERS IN THE TRIANGLE THERE WERE 725,425 MEALS REIMBURSED TO AN AVERAGE OF 1,212 CHILDREN THERE WERE 212 MONITORING VISITS WERE MADE TO CHILD CARE PROGRAMS TO REVIEW RECORDS, OBSERVE MEALS AND PROVIDE TECHNICAL ASSISTANCE AS NEEDED THE TA DEPARTMENT SERVED A TOTAL OF 146 EARLY CHILDHOOD EDUCATION PROGRAMS IN FISCAL YEAR 2016-2017 CHILD CARE SCHOLARSHIP SERVICES FY17 DURHAM COUNTY SMART START SCHOLARSHIP PROGRAM (DPFC)>99% OF CONTRACTED FUNDS FOR SCHOLARSHIPS WAS EXPENDED, TOTALING $2,827,617 - A TOTAL OF 535 FAMILIES WERE SERVED - A TOTAL OF 611 CHILDREN RECEIVED SCHOLARSHIPS - CHILDREN ATTENDED 81 DIFFERENT CHILD CARE FACILITIES - 4 8 WAS THE AVERAGE STAR RATING OF THE CARE UTILIZED BY CHILDREN RECEIVING SERVICES - 294 CHILDREN WERE FUNDED JOINTLY THROUGH THE DURHAM COUNTY NCPREK PROGRAM - 84 CHILDREN RECEIVED A SCHOLARSHIP THROUGH THE EARLY HEAD START SET-ASIDE FUND - 34 CHILDREN RECEIVING SERVICES HAD DOCUMENTED DEVELOPMENTAL NEEDS - 27% OF CHILDREN LIVED IN FAMILIES REPORTING SPANISH AS THEIR PRIMARY LANGUAGE OTHER FY17 SCHOLARSHIP - 46 CHILDREN WERE SERVED THROUGH THE DURHAM AND ORANGE COUNTY REGULAR SCHOLARSHIP PROGRAMS 100% OF THESE CHILDREN RECEIVED SERVICES IN A 4 OR 5 STAR FACILITY A TOTAL OF $72,673 WAS SPENT IN UNITED WAY AND OTHER DONATED FUNDS FOR THESE SCHOLARSHIPS - 100 CHILDREN RECEIVED ASSISTANCE THROUGH THE UNC SCHOLARSHIP PROGRAM, INCLUDING 25 CHILDREN OF UNC EMPLOYEES, AND 75 CHILDREN OF UNC STUDENTS A TOTAL OF $130,493 AND $336,496 WERE EXPENDED ON SCHOLARSHIPS FROM THE UNC CHILD CARE FEE ASSISTANCE PROGRAM AND UNC STUDENTS FOR CHILD CARE SCHOLARSHIPS FUND, RESPECTIVELY FY17 SCHOLARSHIP PROGRAM EVALUATION145 FAMILIES AND 73 CHILD CARE PROGRAMS WERE SURVEYED AS PART OF THE DEPARTMENT'S ANNUAL PROGRAM EVALUATION PROCESS FINDINGS INCLUDED THE FOLLOWING - 81% OF SCHOLARSHIP RECIPIENTS REPORTED THAT SERVICES ENABLED THEM TO SELECT HIGHER QUALITY CARE FOR THEIR CHILDREN - 50% REPORTED THAT THEIR CHILDREN WERE NOT IN ANY KIND OF LICENSED CARE PRIOR TO ACCESSING A SCHOLARSHIP - 95% OF RECIPIENTS REPORTED THAT SCHOLARSHIPS ENABLED THEM TO SECURE OR MAINTAIN EMPLOYMENT - 97% REPORTED OVERALL SATISFACTION WITH CCSA'S SERVICES - AMONG CHILD CARE PROGRAMS SERVING CCSA SCHOLARSHIP CHILDREN, 100% FELT THAT THE SCHOLARSHIP PROGRAM WAS AN IMPORTANT SERVICE, 99% FELT THE PROGRAM WAS BEING OPERATED EFFECTIVELY, AND 95% FELT THAT CCSA STAFF WERE CONSIDERATE IN THEIR DEALINGS WITH PROGRAMSCHILD CARE REFERRAL SERVICES FOR FY17, A TOTAL OF 2,733 FAMILIES RECEIVED CHILD CARE CONSUMER EDUCATION AND REFERRAL SERVICES THROUGH CHILD CARE REFERRAL CENTRAL, THE REGIONAL CALL CENTER OPERATED BY CCSA - 1,158 WERE DURHAM COUNTY RESIDENTS OR CLIENTS - 260 WERE ORANGE COUNTY RESIDENTS OR CLIENTS - 1,027 WERE WAKE COUNTY RESIDENTS OR CLIENTS - 288 WERE RESIDENTS OF ALAMANCE, CASWELL, FRANKLIN, GRANVILLE, PERSON AND VANCE COUNTIES A TOTAL OF 3,812 CHILDREN WERE IMPACTED BY THESE SERVICES 24% OF FAMILIES ACCESSED SERVICES THROUGH THE AGENCY'S ONLINE REFERRAL SYSTEM ENHANCED REFERRAL SERVICES WERE PROVIDED TO 770 FAMILIES THIRTY-THREE PERCENT OF REFERRALS WERE TO FAMILIES EARNING LESS THAN $20,000 PER YEAR REFERRALS WERE PROVIDED IN SPANISH TO 150 FAMILIES (7% OF ALL COUNSELOR-DELIVERED REFERRALS) AND 9% OF ALL FAMILIES REPORTED BEING OF LATINO/A DESCENT IN THE DEPARTMENT'S ANNUAL EVALUATION OF FAMILIES SERVED, 619 FAMILIES WERE SURVEYED 92% OF ALL FAMILIES REPORTED BEING SATISFIED WITH SERVICES, 99% REPORTED FEELING RESPECTED IN THEIR INTERACTIONS WITH STAFF, AND OVER 99% REPORTED USING THREE OR MORE QUALITY INDICATORS IN THEIR SEARCH FOR CHILD CARE THE AVERAGE STAR-RATING OF CHILD CARE SELECTED BY FAMILIES RECEIVING REFERRAL SERVICES WAS 4 5 FOR THE YEAR, FAMILY SUPPORT STAFF ALSO CONDUCTED 46 WORKSHOPS AND 115 INFORMATION SESSIONS, AND PARTICIPATED IN 19 COMMUNITY FAIRS THROUGHOUT CCSA'S SERVICE AREA QUALITY SUPPLEMENTS IN FY17, 113 CHILD CARE PROGRAMS PARTICIPATED IN THE WAKE COUNTY QUALITY SUPPLEMENT PROGRAM 82% OF PROGRAMS WERE 5-STAR FACILITIES, AND 24% HAD 7 PROGRAM STANDARD POINTS PROGRAMS RECEIVED AN AVERAGE MONTHLY SUPPLEMENT OF $1,040 FEDERAL FOOD PROGRAM CCSA SERVES AS A SPONSOR FOR THE CACFP, A FEDERALLY-FUNDED PROGRAM WHICH PROVIDES AID TO CHILD CARE INSTITUTIONS FOR THE PROVISION OF NUTRITIOUS FOODS FOR CHILDREN IN THEIR CARE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	25,062,312	24,671,659	23,997,188	23,678,663	20,585,345	117,995,167
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	25,062,312	24,671,659	23,997,188	23,678,663	20,585,345	117,995,167
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)						
6 **Public support.** Subtract line 5 from line 4						117,995,167

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	25,062,312	24,671,659	23,997,188	23,678,663	20,585,345	117,995,167
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,448	164,270	177,374	178,544	187,162	867,798
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 VI)		12,097	7,437	4,321	3,864	27,719
11 **Total support.** Add lines 7 through 10						118,890,684

12 Gross receipts from related activities, etc (see instructions)	12	6,170,837

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 2016 (line 6, column (f) divided by line 11, column (f))	14	99 250 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99 310 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS OTHER INCOME - 2013 AMOUNT $ 12,097 2014 AMOUNT $ 7,437 2015 AMOUNT $ 4,321 2016 AMOUNT $ 3,864

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CHILD CARE SERVICES ASSOCIATION	56-1514058

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-
2				
3				
4				
5				
6				

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			5,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	GRASSROOTS LOBBYING RELATED TO EARLY CARE AND EDUCATION ISSUES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on 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 Revenue included on 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 XIII

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" on 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	489,916	493,920	426,121	372,205	352,133
b Contributions	255		40,970		6,314
c Net investment earnings, gains, and losses	108,209	-4,004	26,829	53,916	13,758
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	598,380	489,916	493,920	426,121	372,205

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		194,603		194,603
b Buildings		5,589,335	1,837,296	3,752,039
c Leasehold improvements				
d Equipment		1,396,046	1,186,404	209,642
e Other		524,082	268,087	255,995
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,412,279

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MEAL DEPOSITS	32,457
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	32,457

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,302,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	105,457		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	105,457
3	Subtract line **2e** from line **1**			3	22,197,150
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 XIII)	4b	-181,826		
c	Add lines **4a** and **4b**			4c	-181,826
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	22,015,324

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	22,724,073
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 XIII)	2d	181,826		
e	Add lines **2a** through **2d**			2e	181,826
3	Subtract line **2e** from line **1**			3	22,542,247
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 XIII)	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	22,542,247

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-1514058

Name: CHILD CARE SERVICES ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	AS OF JUNE 30, 2017 AND 2016, THE BOARD OF DIRECTORS HAS DESIGNATED $553,008 AND $450,172 RESPECTIVELY, OF UNRESTRICTED NET ASSETS AS THE RAMSEY TREMALGIA SCHOLARSHIP FUND TO PROVI DE SCHOLARSHIPS TO LOW-INCOME FAMILIES AS OF JUNE 30, 2017 AND 2016, THE BOARD OF DIRECTO RS HAS DESIGNATED $45,372 AND $39,744, RESPECTIVELY, OF UNRESTRICTED NET ASSETS AS THE TEA CH ENDOWMENT FUND SINCE THESE AMOUNTS RESULTED FROM INTERNAL DESIGNATIONS AND ARE NOT DON OR-RESTRICTED, THEY ARE CLASSIFIED AND REPORTED AS UNRESTRICTED NET ASSETS THE ORGANIZATI ON HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVI DE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENTS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 6% OVER THE LON G TERM ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL RELATED EXPENSES NETTED AGAINST REVENUES -181,826

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL RELATED EXPENSES NETTED AGAINST REVENUES 181,826

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	ENO RIVER CONSULTING 2501 CLARK AVE RALEIGH, NC 27607	DESIGN AND ASSIST IN CONTRACT FUNDRAISING SERVICES		No	0	55,050	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶		55,050	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NC

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

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? . . . . . ☑ 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 100

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) WAGES SUPPLEMENT PAYMENTS TO CHILD CARE WORKERS THROUGH THE CHILD CARE WAGE$ PROJECT	3299	5,890,897			
(2) EDUCATION SCHOLARSHIPS TO CHILD CARE WORKERS UNDER THE TEACH EARLY CHILDHOOD, TEACH MORE AT FOUR, AND TEACH INFANT TODDLER PROGRAMS	2361	2,805,873			
(3) CHILD CARE SUBSIDY, CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND OTHER RESOURCE AND REFERRAL GRANTS TO CHILD CARE CENTERS	232	225,979			
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR GRANTS WHEREBY CCSA IS THE DIRECT SERVICE PROVIDER, CCSA CONDUCTS AN INTERNAL REVIEW THAT INVOLVES CHECKING THE ELIGIBILITY OF THE RECIPIENT AND THE AMOUNT OF THE PAYMENT AGAINST THE REQUIREMENTS OF THE GRANT IN ADDITION TO THAT, THERE IS AN ANNUAL MONITORING VISIT BY THE FUNDER TO ENSURE COMPLIANCE WITH THE GRANTS FOR GRANTS AWARDED WHERE CCSA IS NOT THE DIRECT SERVICE PROVIDER, THERE IS A MONTHLY REVIEW OF FINANCIAL REPORT OF EXPENDITURES AGAINST THE APPROVED BUDGET, A CAREFUL REVIEW OF ALL BUDGET AMENDMENTS BY PROGRAMMATIC AND FISCAL TEAMS, AND A REQUIREMENT THAT AN AUDIT BE CONDUCTED AND SUBMITTED TO CCSA SHOULD THE AMOUNT OF THE AWARD BE EQUAL TO OR GREATER THAN $750,000, IN ACCORDANCE WITH OMB STANDARDS FOR AWARDS OF LESS THAN $750,000, A LIMITED SCOPE MONITORING WILL TAKE PLACE THAT INCLUDES REVIEWING OF THE FOLLOWING TYPES OF COMPLIANCE REQUIREMENTS ACTIVITIES ALLOWED OR UNALLOWED, ALLOWABLE COSTS/COST PRINCIPLES, ELIGIBILITY, AND REPORTING

Additional Data

Software ID:
Software Version:
EIN: 56-1514058
Name: CHILD CARE SERVICES ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
21ST CENTURY CHILD CARE INC 108 E PILOT ST DURHAM, NC 27707	56-2174088		6,779				CHILD CARE SUBSIDY
7 HILLS LEARNING LLC 501 EAST BARBEE CHAPEL ROAD CHAPEL HILL, NC 27517	46-1367823		38,135				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
A NEW ADVENTURE 148 AVON AVE WASHINGTON, NC 27889	27-2986930		20,000				CHILD AND ADULT CARE FOOD PROGRAM
ABUNDANT LOVE CHRISTIAN FAMILY DAYCARE 2210 EAST NC HWY 54 DURHAM, NC 27713	80-0364836		21,469				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALAMANCE PARTNERSHIP FOR CHILDREN INC 2322 RIVER RD BURLINGTON, NC 27217	56-1884459	501(C)3	24,637				CHILD AND ADULT CARE FOOD PROGRAM
ALBEMARLE ALLIANCE FOR CHILDREN AND FAMILIES 1403 PARKVIEW DRIVE ELIZABETH CITY, NC 279096533	56-2088109	501(C)3	162,402				CHILD CARE RESOURCE & REFERRAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALL MY CHILDREN CHILD CARE CENTER 5307 PARTRIDGE ST DURHAM, NC 27704	56-2239129		21,434				CHILD CARE SUBSIDY
ANGEL CARE ACADEMY INC 1821 HILLANDALE RD STE1B DURHAM, NC 27705	61-1638214		7,156				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
APPLE LEARNING 1162 MARTIN LUTHER KING JR BLVD CHAPEL HILL, NC 27514	45-4499088		25,132				CHILD CARE SUBSIDY
ART BEE HOME DAY CARE 3635 SANA COURT DURHAM, NC 27713	66-0606685		6,127				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASKORP INC 3008 DIXON RD DURHAM, NC 27707	56-2089271		135,693				CHILD CARE SUBSIDY
BAMBINO'S PLAYSHCOOL 4823 MEADOW DRIVE SUITE 300 DURHAM, NC 27713	47-3543650		12,751				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BEAUTIFUL BEGINNINGS CHILD CARE CENTER PO BOX 21397 DURHAM, NC 27703	56-2194699		199,192				CHILD CARE SUBSIDY
BELCHER VALIRE - DBA SERENITY CHILD CARE CENTER 613 WILLIAM VICKERS AVE DURHAM, NC 27701	36-4743540		16,467				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BELL BRENDA H 1110 CALUMET DR DURHAM, NC 27704	34-2021866		5,346				CHILD CARE SUBSIDY
BRIGHT BEGINNINGS 216 DAVIDSON AVE DURHAM, NC 27704	80-0663537		31,613				CHILD AND ADULT CARE FOOD PROGRAM& CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRIGHT HORIZONS CHILDRENS CENTERS LLC 1012 SLATER RD DURHAM, NC 27703	04-2949680		12,331				CHILD CARE SUBSIDY
BRYSON CHRISTIAN MONTESSORI 6701 GARRETT RD DURHAM, NC 27707	56-1713751		376,607				CHILD AND ADULT CARE FOOD PROGRAM&CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUTTERFLY KISSES ACADEMY 3627 GUESS RD DURHAM, NC 27705	56-2331611		31,784				CHILD CARE SUBSIDY
CABRERA'S PLAYSCHOOL 4 RED SAGE CT DURHAM, NC 27703	71-0927403		5,918				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARE-O-WORLD (PBLA INC) 146 WHISPERING PINES RD WASHINGTON, NC 27889	56-1126550		6,297				CHILD CARE SUBSIDY
CARIELLO FAMILY GROUP 10550 LITTLE BRIER CREEK LANE RALEIGH, NC 27617	20-0292139		11,771				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARRBORO UNITED METHODIST CHILD CARE CENTER 200 HILLSBOROUGH RD CARRBORO, NC 27510	26-4256154		22,108				CHILD AND ADULT CARE FOOD PROGRAM
CHAPEL HILL COOP PRES INFTOD 106 PUREFOY ROAD CHAPEL HILL, NC 27514	56-6022921	501(C)3	33,021				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHAPEL HILL DAY CARE CENTER 401 KILDAIRE ROAD CHAPEL HILL, NC 27516	56-0891967		17,662				CHILD CARE SUBSIDY
CHAPEL HILL KEHILLAH 1200 MASON FARM RD CHAPEL HILL, NC 27514	56-1976536		32,954				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHAPEL HILL TRAINING OUTREACH PROJECT INC 800 EASTOWNE DRIVE CHAPEL HILL, NC 27514	58-2046321		20,565				CHILD CARE SUBSIDY
CHILD CARE MATTERS INC 825 A NORTH ESTES DRIVE CHAPEL HILL, NC 27514	26-3994822		28,087				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILD CARE RESOURCES INC 4600 PARK ROAD SUITE 400 CHARLOTTE, NC 28209	56-1514058	501(C)3	437,846				CHILD CARE RESOURCE & REFERRAL SERVICES
CHILD DEVELOPMENT SCHOOLS 921 RUBY STREET DURHAM, NC 27704	63-0986576		602,470				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S CAMPUS SOUTHPOINT 7317 FAYETTEVILLE RD DURHAM, NC 27713	20-2610878		30,388				CHILD CARE SUBSIDY
CHILDWORKS PRESCHOOL INC 6215 LITCHFORD RD RALEIGH, NC 27615	56-1715771		17,889				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRISTIAN PREP ACADEMY 1405 E NC HWY 54 DURHAM, NC 27713	68-0633631		117,583				CHILD CARE SUBSIDY
CLINTON LILLIAN 1704 S ROXBORO STREET DURHAM, NC 27707	56-2239836		7,658				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY SCHOOL FOR PEOPLE UNDER 6 102 HARGRAVES STREET CARRBORO, NC 27510	56-0961645	501(C)3	17,198				CHILD CARE SUBSIDY
CREATIVE SCHOOLS INC 2139 VALLEYGATE DRIVE STE 203 FAYETTEVILLE, NC 28304	56-1469260		42,766				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
D&S BRANNON ENTERPRISES LLC 1326 HILL STREET DURHAM, NC 27707	26-1231397		23,278				CHILD CARE SUBSIDY
DEBERRY LOLITA K 904 STENNIS WAY DURHAM, NC 27703	01-0696312		24,096				CHILD CARE SUBSIDY & FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DELAWARE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 2004 FOULK RD SUITE 6 WILMINGTON, NC 19810	51-0315060		12,500				STARTUP DE WAGE AND TEACH PROGRAM
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)3	216,671				CHILD CARE RESOURCE & REFERRAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EARLY START ACADEMY 702 TRENT DRIVE DURHAM, NC 27705	27-2981142		161,544				CHILD AND ADULT CARE FOOD PROGRAM & CHILD CARE SUBSIDY
FAULKS ROBERTA A 4 INEZ CT DURHAM, NC 27713	56-1813404		8,387				CHILD CARE SUBSIDY & FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FIRST PRESBYTERIAN DAY SCHOOL 305 E MAIN STREET DURHAM, NC 27701	56-1049251		87,251				CHILD AND ADULT CARE FOOD PROGRAM & CHILD CARE SUBSIDY
FRANKLIN GRANVILLE VANCE SMART START INC PO BOX 142 HENDERSON, NC 27536	56-2045172	501(C)3	29,376				CHILD CARE RESOURCE & REFERRAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FUTURE SCHOLARS CHILDCARE AND DEVELOPMENT CENTER 114 W CORBIN ST HILLSBOROUGH, NC 27278	81-2401439		10,358				CHILD AND ADULT CARE FOOD PROGRAM
GILFILLAN YVETTE 3009 CARDINAL LAKE DRIVE DURHAM, NC 27704	80-0240372		9,799				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GINGER BREAD CHILD DEVELOPMENT CENTER 3224 DEARBORN DRIVE DURHAM, NC 27704	47-1995076		7,021				CHILD CARE SUBSIDY
GURUKUL LLC 5020 NC HWY55 DURHAM, NC 27713	47-4993605		25,309				CHILD AND ADULT CARE FOOD PROGRAM & CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HAPPY DAY NURSERY AND DAY 107 LAUREL AVENUE CARRBORO, NC 27510	56-1573750		5,276				CHILD CARE SUBSIDY
HIGHER CALLING MINISTRIES AND CHILD CARE INC 1916 CARTIER RUBY LN RALEIGH, NC 27610	27-1630029		6,195				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUMPING JACKS ACADEMY 3325 GUESS RD DURHAM, NC 27705	26-2742914		30,523				CHILD CARE SUBSIDY
KERLY & KING INC 145 HUFFINE STREET GIBSONVILLE, NC 27249	56-2157949		5,117				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIDS LEARNING CENTER 4210 HWY 55 DURHAM, NC 27713	20-5272135		8,419				CHILD CARE SUBSIDY
KINDER CARE LEARNING CENTERS LLC 203 KILMAYNE DRIVE CARY, NC 27511	63-0941966		37,101				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LAKEWOOD COMMUNITY PRESCHOOL 1912 CHAPEL HILL RD DURHAM, NC 27707	47-3338679		99,451				CHILD CARE SUBSIDY
LAMB KIDS OF RTP 5020 NC HWY 55 DURHAM, NC 27713	26-0419292		165,832				CHILD AND ADULT CARE FOOD PROGRAM & CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEAKE SHIRLEY F 3407 EMILY ST DURHAM, NC 27704	27-0665946		5,012				CHILD AND ADULT CARE FOOD PROGRAM
LEARNING AND BEYOND LLC 5300 FAYETTEVILLE ST DURHAM, NC 27713	27-1815228		13,156				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEARNING TOTS ACADEMY OF APEX 2209 CANDUN DR APEX, NC 27523	27-0611446		18,487				CHILD AND ADULT CARE FOOD PROGRAM
LEARNING TOTS ACADEMY INC 1900 SEDWICK RD DURHAM, NC 27713	26-2067049		56,435				CHILD AND ADULT CARE FOOD PROGRAM&CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIL TREASURES DAY CARE 554 N NASH ST HILLSBOROUGH, NC 27278	55-0825820		23,682				CHILD AND ADULT CARE FOOD PROGRAM
LITTLE ENGINE ACADEMY BRAGTOWN LLC 2713 N ROXBORO RD DURHAM, NC 27704	26-3045658		8,358				CHILD CARE SUBSDIY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LITTLE PEOPLE DAY CARE CENTER INC 1020 S MIAMI BLVD HWY 70 EAST STE 117 DURHAM, NC 27703	01-0735991		134,627				CHILD CARE SUBSIDY
LITTLE WONDERS CHILD CARE SERVICES LLC PO BOX 21102 DURHAM, NC 27703	47-1286315		7,609				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MACK-REED YOLANDA 1914 NC HWY 55 DURHAM, NC 27707	56-2257644		24,451				CHILD CARE SUBSIDY
MARTIN-PITT PARTNERSHIP FOR CHILDREN 111-B EASTBOOK DRIVE GREENVILLE, NC 27858	56-1913394	501(C)3	322,506				CHILD CARE RESOURCE & REFERRAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MCCLAMMY - KIDS ACADEMY LLC 1212 HORTON ROAD DURHAM, NC 27704	46-2974855		8,228				CHILD CARE SUBSIDY
MCNAIR ALICIA D 1321 TRALEA DRIVE DURHAM, NC 27707	56-2261234		12,402				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MCNAIR CAROLYN CAMERON 1921 STREBOR STREET DURHAM, NC 27705	01-0925155		6,123				CHILD AND ADULT CARE FOOD PROGRAM
MI ESCUELITA SPANISH IMMERSION 405 B SMITH LEVEL ROAD CHAPEL HILL, NC 27516	56-2124159		23,258				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MORGAN JUDY 322 MACE RD MEBANE, NC 27302	84-1699490		7,861				CHILD AND ADULT CARE FOOD PROGRAM
NIKITA SANDERS 3601 LONG RIDGE RD DURHAM, NC 27703	56-2253244		5,399				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ORANGE GROVE MISSIONARY BAPTIST CHURCH 505 EAST END AVENUE DURHAM, NC 27703	56-2122600		8,845				CHILD AND ADULT CARE FOOD PROGRAM
PATTIE G BROWN ENTERPRISES 2724 ATLANTIC ST DURHAM, NC 27707	51-0420486		62,206				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PBLA INC 203 GRAY RD CHOCOWINITY, NC 27817	56-1126550		100,552				CHILD CARE SUBSIDY
PERMO CORPORATION 2502 PRESIDENTIAL DR DURHAM, NC 27703	26-0846629		11,766				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PERSON COUNTY PARTNERSHIP FOR CHILDREN PO BOX 1791 ROXBORO, NC 27573	56-1872882	501(C)3	6,659				CHILD CARE RESOURCE & REFERRAL SERVICES
POOLE BESSIE A 3806 FAYETTEVILLE ST DURHAM, NC 27713	86-1094376		7,786				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRESLEYBROOKE ACADEMY INC 1577 MUNNS ROAD CREEDMOOR, NC 27522	46-5356292		24,733				CHILD CARE SUBSIDY
PRIESTER SHAKEEMA 3118 FORRESTAL DRIVE DURHAM, NC 27703	47-2142323		13,197				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REE SOUTHEAST INC 1732 CROOKS RD TROY, NC 48084	80-0575983		6,678				CHILD CARE SUBSIDY
ROBINSON BARBARA O 104 NEWBERRY LANE DURHAM, NC 27703	16-1616486		6,127				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROLESVILLE CHILD DEVELOPMENT INC 1212 HERITAGE LINKS DR WAKE FOREST, NC 27587	46-2751331		15,964				CHILD AND ADULT CARE FOOD PROGRAM
ROYSTER DEBORAH A 1011 ELLIS ROAD DURHAM, NC 27703	56-2185294		5,262				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCARBOROUGH NURSERY SCHOOL 309 N QUEEN ST DURHAM, NC 27701	56-0543233		8,759				CHILD CARE SUBSIDY
SHINING STARZ ACADEMY INC 323 CRAWFORD ROAD HILLSBOROUGH, NC 27278	33-1208662		5,158				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHEASTERN COMMUNITY COLLEGE PO BOX 151 WHITEVILLE, NC 28472	56-0815200		342,199				CHILD CARE RESOURCE & REFERRAL SERVICES
SOUTHWESTERN CHILD DEVELOPMENT COMMISSION POBOX 250 WEBSTER, NC 28788	23-7181553	501(C)3	405,916				CHILD CARE RESOURCE & REFERRAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SPANISH FOR FUN ACADEMY 1001 S COLUMBIA ST CHAPEL HILL, NC 27514	02-0551351		35,325				CHILD CARE SUBSIDY
STITH LORRAINE J 618 HOPE AVE DURHAM, NC 27707	56-1301919		25,952				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUNSHINE SMILES ACADEMY 2611 BROAD ST DURHAM, NC 27704	26-2605273		6,741				CHILD CARE SUBSIDY
TCHUM 3 LLC 515 E WINMORE AVE CHAPEL HILL, NC 27516	27-3701120		20,340				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEACH A LOT INC 123 HILLSPRING LANE DURHAM, NC 27713	26-0343063		20,707				CHILD CARE SUBSIDY
TENDERCARE LEARNING CENTER 3617 DUKE HOMESTEAD RD DURHAM, NC 27704	90-0110326		19,614				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE ECONOMIC DEVELPMENT LEARNING CENTER 884 HWY 33E CHOCOWINITY, NC 27817	56-1623388		15,000				CHILD CARE SUBSIDY
THE LEARNING GARDEN 3816 SW DURHAM DRIVE DURHAM, NC 27707	27-1589381		7,436				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TINY STEPS-PASITOS 4 BYPASS LANE RD CHAPEL HILL, NC 27517	56-2271435		35,898				CHILD AND ADULT CARE FOOD PROGRAM
TODDLER'S ACADEMY INC 2811 BEECHWOOD DR DURHAM, NC 27707	56-1124558		22,993				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOTSLAND PRESCHOOL 644 WEST OLD COUNTY ROAD BELHAVEN, NC 27810	56-1317252		49,607				CHILD CARE SUBSIDY
TREASURES OF JOY INC 3500 S ALSTON AVE DURHAM, NC 27713	56-1991365		90,791				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRIANGLE DAY CARE CENTER 1301 RIDDLE RD DURHAM, NC 27713	56-2097524		180,318				CHILD CARE SUBSIDY
TRUESDALE BRANDY 2717 PLAINFIELD CIRCLE RALEIGH, NC 27610	26-4277666		8,514				CHILD AND ADULT CARE FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNC HORIZONS CHILD DEVELOPMENT CENTER 134 MUNCIPAL DRIVE CHAPEL HILL, NC 27514	56-6001393		17,450				CHILD AND ADULT CARE FOOD PROGRAM
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON 601 S COLLEGE ROAD WILMINGTON, NC 28403	56-1258660		114,539				TEACH EARLY CHILDHOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF NC AT GREENSBORO PO BOX 26170 GREENSBORO, NC 274026170	56-6001468		53,488				TEACH EARLY CHILDHOOD PROGRAM
VICTOROUS DAY CARE & PRESCHOOL ACADEMY 2116 PAGE ROAD DURHAM, NC 27703	56-2224945		27,123				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VICTORY VILLIAGE DAY CARE 130 FRIDAY CENTER DR CHAPEL HILL, NC 27517	56-0586172	501(C)3	54,391				CHILD DAY SUBSIDY
WARTHEN DARNELLA - DBA A NEW BEGINNING 406 MARE CT BAHAMA, NC 27503	36-4600207		27,171				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WEAVER DAIRY COMMUNITY 124 WEAVER DAIRY RD CHAPEL HILL, NC 27514	56-2036228		8,635				CHILD CARE SUBSDIY
WESTMINISTER SCHOOLS INC 110 KINGSTON DRIVE CHAPEL HILL, NC 27514	56-1933908		25,621				CHILD CARE SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHITE ROCK CHILD DEVELOPMENT CENTER 3400 FAYETTEVILLE STREET DURHAM, NC 27707	56-6001764		55,732				CHILD CARE SUBSIDY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493349003427

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DIVISION VPS PROVIDE ACCOMPLISHMENTS FOR THE YEAR TO THE VP OF FINANCE AND HR ONCE TH E 990 IS COMPILED, THE PRESIDENT AND VP OF FINANCE AND HR REVIEW IT AND THEN DISCUSS IT WI TH THE AUDIT AND FINANCE COMMITTEE THE 990 IS THEN SHARED WITH MANAGEMENT AND THE BOARD O F DIRECTORS ONCE IT HAS BEEN REVIEWED AND APPROVED, THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY MUST BE SIGNED ANNUALLY AND ANY CONFLICTS MUST BE DISCLOSED AT THAT TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TO DETERMINE THE REASONABLENESS OF THE EXECUTIVE DIRECTOR'S COMPENSATION, THE VP OF FINANC E AND HR CONDUCTED AN ANALYSIS OF PREVAILING WAGES FOR EXECUTIVE DIRECTORS IN SIMILAR SIZE ORGANIZATIONS WITHIN THE GEOGRAPHIC AREA IN FY2012 THE INFORMATION WAS PROVIDED TO THE B OARD EXECUTIVE COMMITTEE, WHICH SETS THE SALARY FOR THE PRESIDENT ALL OTHER SALARIES ARE SET BY THE PRESIDENT USING SALARIES AND BENEFITS DATA BY SIMILAR ORGANIZATIONS AND POSITIO NS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, FINANCIAL STATEMENTS AND REPORTING, LINE 2C	OVERSIGHT COMMITTEE THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF T HE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS HAS NOT CHANGED FROM THE PRIOR YEAR