Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990 tax vear beginning JUL 1, 2013 and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning

B c	Check if applicabl	C Name of organization		D Employer identification number				
	Addre chang							
\vdash	chang Name chang			95_3	081695			
\vdash	□Initial		om/suite					
	return Termir	` '	Join/Suite	E Telephone number	717-1020			
	⊒ated ∃Amen	And I		G Gross receipts \$	144,027,064.			
\vdash	⊒return ∏Applic	City or town, state or province, country, and ZIP or foreign postal code CHATSWORTH, CA 91311	-					
	⊥tiön pendir		DHD	H(a) Is this a group refor subordinates				
		SAME AS C ABOVE	H(b) Are all subordinates in					
1 7	Γαν.αν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527		list. (see instructions)			
		re: WWW.CCRCLA.ORG	0Z1	H(c) Group exemption				
		organization: X Corporation Trust Association Other ▶	I Year o		State of legal domicile: CA			
	art I	Summary	I Tour	7 TOTHILLION: = 2 7 9 14	Ctate of logar dofficitor, Cara			
		Briefly describe the organization's mission or most significant activities: SEE SC	CHEDU	LE O				
Activities & Governance	'	briory decorate and organization of modern of modern agrimodite decivities.						
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.			
ove	1			3	19			
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			19			
8		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			653			
ΪĘ		Total number of volunteers (estimate if necessary)			637			
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)		91,642,694.	126,918,021.			
nu	9	Program service revenue (Part VIII, line 2g)		19,459,520.	16,984,370.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,189.	4,118.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		198,610.	120,555.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	11,319,013.	144,027,064.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		24,934,091.	28,789,255.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.			
ğ					445 404 600			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			115,101,608.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			143,890,863.			
		Revenue less expenses. Subtract line 18 from line 12		253,269.	136,201.			
ts or inces				jinning of Current Year	End of Year			
t Assets id Baland	20	Total assets (Part X, line 16)		16,470,356.	17,567,331.			
ind A		Total liabilities (Part X, line 26)		12,244,349. 4,226,007.	13,205,123.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,220,007.	4,302,200.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	inter and to the heet of mi	/ knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			Kilowicago alla bollol, it is			
ti do,	, 001100	t, and complete. Boolaration of property (called thair officer) to become off an information of which	прторатог	nao any knowleage.				
Sig	n	Signature of officer		Date				
Her		MICHAEL R. OLENICK, PHD, PRESIDENT & CE	ΞO					
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN			
Paid	d	LIOR TEMKIN LIOR TEMKIN	- 0	5/14/15 if self-employe	P00748170			
	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617			
	Only	Firm's address 10960 WILSHIRE BLVD. STE 700						
	-	LOS ANGELES, CA 90024-3783		Phone no. (3)	10) 477-3924			
Mav	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

Pai	t 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:
	CCRC PROMOTES OPTIMAL CHILD DEVELOPMENT AND FAMILY WELL-BEING THROUGH
	ACCESS TO QUALITY CHILD CARE, FAMILY SUPPORT, ECONOMIC DEVELOPMENT,
	AND COMMUNITY EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the 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 \$ 101,735,030 . including grants of \$) (Revenue \$ 2,052,061 .)
	CCRC ADMINISTERS PROGRAMS FUNDED BY THE CALIFORNIA DEPARTMENT OF
	EDUCATION DESIGNED TO ASSIST FAMILIES WITH CHILDCARE EXPENSES AND
	REFERRAL SERVICES.
4b	(Code:) (Expenses \$ 13,278,683 • including grants of \$) (Revenue \$ 14,862,216 •)
	CCRC ADMINISTERS PROGRAMS FUNDED BY THE LOS ANGELES DEPARTMENT OF
	PUBLIC SOCIAL SERVICES DESIGNED TO ASSIST FAMILIES WITH CHILDCARE
	EXPENSES.
4c	(Code:) (Expenses \$ 16,813,705 • including grants of \$) (Revenue \$
	THE HEAD START PROGRAM PROVIDES COMPREHENSIVE HEALTH, EDUCATIONAL,
	NUTRITIONAL, SOCIAL AND OTHER SERVICES PRIMARILY TO ECONOMICALLY
	DISADVANTAGED PRESCHOOL CHILDREN TO ENABLE THEM TO ATTAIN OVERALL
	SOCIAL COMPETENCE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,761,809 • including grants of \$) (Revenue \$ 70,093 •)
4e	Total program service expenses \ \ \ 135,589,227.
	Form 990 (2013)

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II______ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 8 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? Х If "Yes," complete Schedule D, Part IV 9 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 Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

CHILD CARE RESOURCE CENTER INC 95-3081695 Form 990 (2013) Page 4 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 X Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? _____ 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L, Part II 26 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 Х 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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X

Х

35b

37

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1a 770 9		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter 6-1 Find applicable						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) wrinings to prize wrinners? 2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions) 3 b If the veganization have unrealed business greaters sincered in 10,000 or more during the vear? 3 a X 3 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 b A arty time during the calendary vare, 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 accounts? 5 b If "Yes," and the the name of the foreign country. 5 b If "Yes," and the present the name of the foreign country. 5 b If "Yes," and the present the name of the foreign country. 5 c If "Yes," to line 5 ao r 5b, did the organization line if was or is a party to a prohibet as wheler transaction? 5 c If "Yes," to line 5 ao r 5b, did the organization line if was or is a party to a prohibet sux sheller transaction solicit any contributions that may receive deductible as charitable contributions? 5 c If "Yes," to line 5 ao r 5b, did the organization line include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 5 c If "Yes," to line organization receive deductible contributions under section 170(c). 6 a If "Yes," and the organization the include with every solicitation an expose statement that such contributions or gifts were not tax deductible? 6 b If "Yes," and the organization received a contribution of cause of the value of the goods or services	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3b If Ves, 'has it filed a Form 990-Ti or this year? If *No,' to line 3b, provide an explanation in Schedule O 3a At any time during the calendary 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 accountly? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, 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)? 5b If *Yes,' to line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization file Form 88861? 6c Does the organization aparty to a prohibited tax shelter transaction? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 6d If Yes,' told the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c). 6d If Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b If Yes,' did the organization notify the donor of the value of the goods or services provided? 7 c X 7 d If Yes,' did the organization selection and party for goods and services provided to the payor? 7 d If Yes,' dinicate the number of Forms 8282 filed during the year 6 Did the organization receive a contribution of qualified intellectual property, did the organization in file prom 899 arequired? 7 f If X 7 g If the organization receiv	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	653			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 1'Yes,* in strilled a Form 990-1 for this year? if 1'No,* 1'o line 3,0, provide an explanation in Schedule 0 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 accounts. 5b if 1'Yes,* enter the name of the foreign country Such as a bank account, securities account, or other financial accounts. 5a Was the organization or party to a prohibited to a shelter transaction at any time during the tax year? 5a Was 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Justine of the organization include with every solicitation and party for goods and services provided to the payor? 6c Justine organization self, exchange, or otherwise dispose of tangible personal property for which it was required to fle Form 8282? 6c Justine organization self, exchange, or otherwise dispose of tangible personal property for which it was required to fle Form 8282? 6d If Yes, "indicate the number of Forms 8282 flied during the year 6d If Yes, "indicate the paralization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If Yes, "indicate the number of Forms 8282 flied during the year 6d If Yes, "indicate the number of Forms 8282 flied during the year 7d If He organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If the organization self, exchange is any time during the year? 9d If the organization make any taxable distribution or dars, boats, airplanes, or other vehi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X	
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitate locaritoristic organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 6c 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 deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," indicate the number of Forms 8828? flied during the year 7c Did the organization neceive a payment in excess of \$75 made partly as contributions and partly for property for which it was required to the Form 8829. 8c Did the organization neceived and contribution of customers, or excess payments and partly or indirectly, or pay premiums on		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)? 5a Was the organization requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Des 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 Des 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? 6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," idd the organization notity the donor of the value of the goods or services provided? 7c Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If If Yes, indicate the number of Forms 8282 filed during the year 9c Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7c X 7d Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7f Sponsoring organization maintaining donor advised funds and section 509(a)(3) supporting organization. Be a Form 1098-C? 7f Sponsoring organizations maintaining donor advised funds. a Did the organization file and maintained by a sponsoring organiza	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b fi *Yes,** enter the name of the foreign country; ** b fi *Yes,** enter the name of the foreign country; ** see instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c fi *Yes,** to line 5a or 5b, did the organization file Form 8886.7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible as charitable contributions? 6a X b fi *Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). a Did the organization sthat may receive deductible contributions under section 170(c). a Did the organization sthat may receive deductible contributions under section 170(c). b fi *Yes,** did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d fi *Yes,** indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 c? 7 Yes, if the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 c? 7 Yes, filed the organization maintaining donor advised fulned an estimation formations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supp	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
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a Initiation fees and capital contributions included on Part VIII, line 12	b				9b		
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 1			1 1				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			-				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40		-				
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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				'	12a		
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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			120				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					40-		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				างล		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	1.						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	α		₄₀₁				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_		-				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					140		x
	ü	in res, has it lied a roth rzo to report these payments? If No, provide an explanation in scheduli	· · · · · ·			990	(2012)

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

1a Er	Check if Schedule O contains a response or note to any line in this Part VI On A. Governing Body and Management Inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? Indie 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? Indie the organization make any significant changes to its governing documents since the prior Form 990 was filed? Indie the organization have members or stockholders?	2 3 4	Yes	No X
b Er 2 Di 3 Di 6 Di 5 Di 7a Di m b Ar	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent Ida any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? Indicated 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? Indicated the organization make any significant changes to its governing documents since the prior Form 990 was filed? Indicated the organization become aware during the year of a significant diversion of the organization's assets?	3	Yes	
b Er 2 Di 3 Di 6 Di 5 Di 7a Di m b Ar	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent Ida any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? Indicated 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? Indicated the organization make any significant changes to its governing documents since the prior Form 990 was filed? Indicated the organization become aware during the year of a significant diversion of the organization's assets?	3		X
b Er 2 Di 3 Di 6 Di 5 Di 7a Di m b Ar	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? In 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? In the organization make any significant changes to its governing documents since the prior Form 990 was filed? In the organization become aware during the year of a significant diversion of the organization's assets?	3		X
 b Er 2 Di of 3 Di of 4 Di 5 Di 6 Di 7a Di m b Ar 	nter the number of voting members included in line 1a, above, who are independent	3		X
2 Di of of 3 Di of 4 Di 5 Di 6 Di me b Ar	id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct supervision f officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets?	3		X
2 Di of of 3 Di of 4 Di 5 Di 6 Di me b Ar	id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct supervision fofficers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
off 3 Dir of 4 Dir 5 Dir 6 Dir 7a Dir mo b Ar	fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the direct supervision f officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form 990 was filed? id the organization become aware during the year of a significant diversion of the organization's assets?	3		Х
3 Di of 4 Di 5 Di 6 Di mo b Ar	id the organization delegate control over management duties customarily performed by or under the direct supervision f officers, directors, or trustees, or key employees to a management company or other person?	3		
of 4 Di 5 Di 6 Di 7a Di mo b Ar	f officers, directors, or trustees, or key employees to a management company or other person?			
4 Di5 Di6 Di7a Dib Ar	id the organization make any significant changes to its governing documents since the prior Form 990 was filed?id the organization become aware during the year of a significant diversion of the organization's assets?		$\overline{}$	Х
5 Dia6 Dia7a Diab Ar	id the organization become aware during the year of a significant diversion of the organization's assets?			Х
6 Dia 7a Dia mo b Ar		5		X
7a Di- mo b Ar	the organization have members or stockholders:	6		X
mo b Ar	id the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
b Ar	nore members of the governing body?	7a		х
	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
		76		Х
	ersons other than the governing body? id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		71
		0-	Х	
	he governing body?	8a	-22	Х
	ach committee with authority to act on behalf of the governing body?	8b		
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
	rganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Section	on b. Folicies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10 0 Di	id the organization have local chapters, branches, or affiliates?	10a	162	X
	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
		10b		
	nd branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? escribe in Schedule O the process, if any, used by the organization to review this Form 990.	па	22	
		120	Х	
		12a	X	
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 25	
		40-	х	ĺ
	Schedule O how this was done	12c 13	X	
	id the organization have a written whistleblower policy?	14	X	
	id the organization have a written document retention and destruction policy?	14	- 22	
	id the process for determining compensation of the following persons include a review and approval by independent			
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	he organization's CEO, Executive Director, or top management official	15a		Х
	hther officers or key employees of the organization	15b		21
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
	axable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
	i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's xempt status with respect to such arrangements?	16h		
	xempt status with respect to such arrangements?	16b		
	ist the states with which a copy of this Form 990 is required to be filed ►CA			
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	ıle	
	or public inspection. Indicate how you made these available. Check all that apply.	vanal		
	X Own website Another's website X Upon request X Other (explain in Schedule O)			
	escribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	tatements available to the public during the tax year.	a iii idi	ioidi	
	tate the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion· 🖿	•	
	DENISE TRINH - (818)717-1020			
	20001 PRAIRIE STREET, CHATSWORTH, CA 91311			

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	ia a a	Irecto	or/trus	itee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	nstee	trust		e e	nben		(W-2/1099-MISC)		organization and related
	below		tional	١.	nploy	st con yee	_			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a55
(1) ALYCE AKERS	1.00		_							
BOARD MEMBER		Х						0.	0.	0.
(2) CHARLES "CJ" ALLEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) CAROL BATHKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ATHENA BOULGARIDES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JOANNIE BUSILLO-AGUAYO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DUNIA CRUZ	1.00									
BOARD MEMBER/HEAD START PC MEMBER		Х						0.	0.	0.
(7) DILYS GARCIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) RITA GARCIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) AARON GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SCOTT PHILLIPS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SHIRLEY ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JESSICA SHOFLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JERIEL SMITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ADRIAN STERN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) EDWARD HILL	1.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(16) JUDITH HIRSHBERG	1.50									
SECRETARY		Х		Х				0.	0.	0.
(17) ANTHONY PENA	1.50									
TREASURER		Х		Х				0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organizations and related (ey employee nstitutional below organizations line) (18) KEN THUNBERG 1.50 X X 0. 0. 0. CHAIR EMERITUS 1.50 (19) MICHELLE TORRES X X 0. 0. 0. VICE CHAIR 40.00 (20) MICHAEL R OLENICK PH.D. X 257,931 0. 5,561. PRESIDENT & CEO 40.00 (21) ELLEN CERVANTES X 201,955 0. 4,351. VICE PRESIDENT & COO 40.00 (22) RICHARD ROBERTS X 0. 3,807. VICE PRESIDENT, INFO. TECH. 176,171 40.00 (23) DENISE TRINH Х 182,425. 0. 3,928. CFO 40.00 (24) MICHAEL BURRIS INFO. TECH., DIR. X 108,320 0. 1,503. 40.00 (25) SHIRLEY CAMERON X 147,866 0. 2,907. VICE PRESIDENT, HUMAN RESOURCES 40.00 (26) BETH CHIARO Х 136,248 0. 1,351. SUBSIDY PROG, DIR. 0. 23,408. 1,210,916. 240,732 5,477. 0. c Total from continuation sheets to Part VII, Section A 1,451,648. 0. 28,885. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
20001 PRAIRIE, LLC, 15315 MAGOLIA BLVD.,		
SUITE 410, SHERMAN OAKS, CA 91403	HQ OFFICE LEASE	1,704,310.
PENNY & PEGGY NARIN 24 HR CC		
9018 BALBOA #582, NORTHRIDGE, CA 91325	CHILD CARE	901,867.
KIDZ ROCK CHILDCARE CENTER, 1825 WEST AVE.		
J, SUITE 123, LANCASTER, CA 93534	CHILD CARE	396,058.
CARING TOUCH CHRISTIAN FAMILY CENTER INC		
3035 EAST AVE. S., PALMDALE, CA 93550	CHILD CARE	364,238.
ABC LITTLE SCHOOL		
6447 WOODMAN AVE., VAN NUYS, CA 91401	CHILD CARE	354,447.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 CHILD CA	RE RESOU	JR(CE	Cl	ΞN'	ΓEI	₹ :	INC	95-308	1695
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		-		C)			(D)	(E)	(F)
Name and title	1	Average			ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	nours for	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	ution	<u></u>	Key employee	est co	-Ba			J
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Key e	High	Former			
(27) SUSAN SAVAGE	40.00									
RESEARCH, DIR.						Х		113,214.	0.	2,456
(28) BETTY ZAMORANO-PEDGREGON	40.00									
HEAD START, DIR.		L				Х		127,518.	0.	3,021
			<u> </u>	_	_	_				
		\vdash	\vdash	-	-	_	\vdash			
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	L									
Total to Part VII, Section A, line 1c								240,732.		5,477
Total to Fait Vil, Couldn't A, III to 10								,		-,,

					SOURCE C	ENTER INC		95-3081	.695 Page 9
Pa	rt \	/							
			Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f FEES FOR SERVICES - LA FAMILY FEES REGISTRATION FEES	1b	126,847,800. 70,221. Business Code 624410 624410 624410	126,918,021. 14,862,206. 2,052,071. 70,093.	14,862,206. 2,052,071. 70,093.	revenue	512 - 514
Pro			All other program service reve	enue					
			Total. Add lines 2a-2f			16,984,370.			
	3 4 5		Investment income (including other similar amounts) Income from investment of ta. Royalties	x-exempt bond p	proceeds	4,118.			4,118.
		a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	d a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
enne	8	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	g events (not	>				
Other Revenue	9	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	a b draising events ctivities. See	>				
	10	c a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	bing activities returns a b	>				
	11		Net income or (loss) from sale Miscellaneous Revenu OTHER REVENUE		Business Code	120,555.			120,555
	10	е	All other revenue Total. Add lines 11a-11d Total rayanua. See instructions			120,555. 144,027,064.	16,984,370.	0.	124,673
33200 10-29	9 13		Total revenue. See instructions.		P	111,021,004.	10,304,370.	0.	Form 990 (2013)

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).

0001	Charle if Cabadula Chartaina a mana				
	Check if Schedule O contains a respo	nse or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	804,844.	647,142.	156,953.	749.
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	22,823,741.	18,309,176.	4,492,688.	21,877.
8	Pension plan accruals and contributions (include		·	-	<u> </u>
_	section 401(k) and 403(b) employer contributions)	258,406.	213,767.	44,490.	149.
9	Other employee benefits	2,894,108.	2,394,152.	498,282.	1,674.
10	Payroll taxes	2,008,156.	1,658,714.	347,782.	1,660.
11	Fees for services (non-employees):	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, _, , _ , , _ 1 •	22.,,024	
	Management	38,374.		38,374.	
	Legal	83,455.		83,455.	
	Accounting	05,455.		03,433.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	F0F 06F	F02 F06	000 400	0.7.6
	column (A) amount, list line 11g expenses on Sch 0.)	727,065.		222,403.	876.
12	Advertising and promotion	187,987.		123,672.	121.
13	Office expenses	1,702,840.		225,139.	2,528.
14	Information technology	533,445.	89,386.	444,010.	49.
15	Royalties				
16	Occupancy	3,823,350.	3,014,215.	799,363.	9,772.
17	Travel	152,135.	121,421.	30,553.	161.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	344,086.	215,195.	128,370.	521.
20	Interest	1,050.		1,050.	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	810,673.	810,673.		
23	Insurance	888,949.	724,898.	163,772.	279.
24	Other expenses. Itemize expenses not covered		, 32 3 3	, = .	
4	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 0.)				
-	CHILD CARE PROVIDERS	98,165,666.	98,165,666.		
a	CONTRACTED SERVICES	6,072,520.			
b	REPAIRS AND MAINTENANCE	834,249.		202,779.	1,401.
С.	TELEPHONE	383,208.		73,931.	474.
d				181,768.	511.
	All other expenses	352,556.	170,277.		
25	Total functional expenses. Add lines 1 through 24e	143,890,863.	135,589,227.	8,258,834.	42,802.
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)				
33201	0 10-29-13				Form 990 (2013)

332010 10-29-13

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,289,053.	1	6,052,548
2	Savings and temporary cash investments	335,489.	2	383,546
3	Pledges and grants receivable, net	10,490,576.	3	6,468,281
4	Accounts receivable, net	86,865.	4	96,222
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			
			6	
7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use	217,319.	9	482,50
9	Prepaid expenses and deferred charges	217,317.	9	402,50
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10,655,820.			
Ι.		3,858,884.	40	3,874,86
		3,030,004.	10c	3,074,00
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	100 170	14	200 27
15	Other assets. See Part IV, line 11	192,170.	15	209,37
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,470,356.	16	17,567,33
17	Accounts payable and accrued expenses	11,741,547.	17	12,706,69
18	Grants payable	167 212	18	00 50
19	Deferred revenue	167,313.	19	80,59
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		23	
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	335,489.	25	417,82
26	Total liabilities. Add lines 17 through 25	12,244,349.	26	13,205,12
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,129,479.	27	4,361,86
28	Temporarily restricted net assets	96,528.	28	34
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	4,226,007.	33	4,362,20
34	Total liabilities and net assets/fund balances	16,470,356.	34	17,567,33
		-		Form 990 (20

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,			
3	Revenue less expenses. Subtract line 2 from line 1	3				01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,	226	5, 0	07.
5	Net unrealized gains (losses) on investments	5				
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	<u>4,</u>	362	2,2	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_	\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	·			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			37	
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		I		~	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name of the organization

Employer identification number

			ARE RESOURCE						9	5-3081	.695	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organ 1	A church, co A school des A hospital or	nvention of churche cribed in section 17 a cooperative hospi search organization	because it is: (For lines 1 is, or association of church (0(b)(1)(A)(ii). (Attach Sotal service organization coperated in conjunction	ches desc hedule E.) described	ribed in se in section	ection 170	(b)(1)(A)(i) (A)(iii).		i). Enter	the hospita	l's nam	ne,
5	section 170 A federal, sta An organizati section 170(A community An organizati activities rela income and to See section An organizati An organizati more publicly describes the a Type of By checking foundation m If the organiz supporting of Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	(b)(1)(A)(iv). (Completed to the completed to the complet	ent or governmental uniterives a substantial part of the Part II.) section 170(b)(1)(A)(vi). (eives: (1) more than 33 forctions - subject to certal axable income (less sections) and the part III.) perated exclusively to temperated exclusively for the ations described in section ganization and complete the organization and complete the organization is not than one or more publicly then determination from the section of the section of the organization is not than one or more publicly then determination from the section of the s	t described of its supp (Complete 1/3% of its ain exceptition 511 taust for public benefit on 509(a)(ete lines 1 ype III - Function Function 1 y supported the IRS that the IR	Part II.) support from a support from support froms, and (fax) from but sic safety. Support from	on 170(b)(- government rom contri 2) no more sinesses a See section rom the full on 509(a)(a n 11h. integrated ar indirectly ations desi upe I, Type n from any persons of	butions, me than 33 facquired bon 509(a)(4). See second by one or cribed in second by the following	nembershi 1/3% of its 1/3% of its 1/3 or to carr 1 Typ 1 Typ 1 Typ 1 r more dis 1 ettion 509 2 III 2 owing pers 2 in (ii) and (p fees, as support anization by out the a)(3). Che III - No qualified $\Theta(a)(1)$ or sons?	public description of the purposes of the box on-functional persons of the section 509 of the purposes of the purposes of the box on-functional persons of the section 509 of the purpose	oceipts investing investin	from ment 5. or
` '	of supported anization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the d in col. (i) lis governing Yes	sted in your document?	organizat (i) of you	ion in col. r support?	(vi) Is organizati (i) organiz U.S Yes	ed in the	(vii) Amoun sup	t of mor	netary
Total												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	95,020,076.	88,893,503.	81,255,376.	91,565,711.	126,918,021.	483,652,687.
2	Tax revenues levied for the organ-						_
	ization'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	95,020,076.	88,893,503.	81,255,376.	91,565,711.	126,918,021.	483,652,687.
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.						483,652,687.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	95,020,076.	88,893,503.	81,255,376.	91,565,711.	126,918,021.	483,652,687.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	19,253.	42,380.	3,992.	3,539.	4,118.	73,282.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	72,690.	118,974.	349,018.	198,610.	120,555.	859,847.
11	Total support. Add lines 7 through 10						484,585,816.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 85	,269,866.
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	-
	organization, check this box and stop				-		>
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2013 (I	line 6, column (f) di	ivided by line 11, o	column (f))		14	99.81 %
15	Public support percentage from 2012					15	99.76 %
16a	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶ 🔲
					Sche	dule A (Form 990	or 990-EZ) 2013

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

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

Se	ction A. Public Support	order, produce comp	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	ı	T	1	1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				 	 	
	or loss from the sale of capital						
12	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization's	first second this	d fourth or fifth t	av voar as a soctio	1 on 501(c)(3) organi:	zation
17	check this box and stop here	-			-		
Sec	etion C. Computation of Publ						
	Public support percentage for 2013 (I			column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-13						0 or 990-EZ) 2013

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHILD CARE RESOURCE CENTER INC

Employer identification number 95-3081695

organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate yarist from during year) Aggregate yarist from during year year year year year year year year	Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grainst form (during year) 4 Aggregate value at end of year 5 Did the organization in some 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? 6 Did the organization in property, subject to the organization's exclusive legal control? 7 Oncorrection are the organization for the benefit of the donor or donor advisor, or for any other purpose conferring importances in the property of the donor or donor advisor, or for any other purpose conferring importances in the property of the organization answered 'Yes' to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 9 Protection of natural habitat 1 Preservation of a conservation easement on the last day of the tax year: a Total number of conservation easements 5 Total anumber of conservation easements 6 Total number of conservation easements 7 Total number of conservation easements in colled in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Vear Vear Vear Vear Vear Vear Vear Vear		organization answered "Yes" to Form 990, Part IV, line	e 6.	
2 Aggregate contributions to (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 inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the hendric of the donor of donor advisors of the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the hendric of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of pan 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. a Total number of conservation easements 2 I Held at the End of the Tax Year a Total number of conservation easements 2 I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure lasted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (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 inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the hendric of the donor of donor advisors of the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the hendric of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of pan 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. a Total number of conservation easements 2 I Held at the End of the Tax Year a Total number of conservation easements 2 I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure lasted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	1	Total number at end of year		
A 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 in form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in form all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in form all grantees, donors, and donor advisors in writing that the 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? Part III	2			
A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are 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? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an initionally important land area Preservation of open space 2 Complete lines 2st 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. a Total number of conservation easements 2 a Held at the End of the Tax Year a Total number of conservation easements 2 a Line	3			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?	4			
are the organization's property, subject to the organization's exclusive legal control?	5	•	writing that the assets held in donor advi	ised funds
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 puryate benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements the buty the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)		-	-	
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
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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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 S	Pai			Other Similar Assets.
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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public exl	hibition, education, or research in further	ance of public service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$		the text of the footnote to its financial statements that descri	ibes these items.	
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(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of po	ublic service, provide the following amounts
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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 > \$				
a Revenues included in Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
b Assets included in Form 990, Part X	а			
	b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2013

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

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" to 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				
b	Buildings				
С	Leasehold improvements		583,989.	316,711.	267,278.
	Equipment		7,399,790.	4,527,053.	2,872,737.
е	Other		2,672,041.	1,937,195.	734,846.
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colui	mn (B), line 10(c).)	>	3,874,861.

Schedule D (Form 990) 2013

Part VII	Investments -	Other	Securities.

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line (c) Method of valuation: Co	ost or end-of-year market value
1) Financial derivatives	(a) Book value	(e) meaned of valuation. Of	22. 2. Ond or your market value
2) Closely-held equity interests		+	
B) Other			
(A)			
(B)			
(C)		+	
(D)		+	
(E)		+	
i		+	
(F)		+	
(G)		+	
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D . W.		10
Complete if the organization answered "Yes" t (a) Description of investment			13. ost or end-of-year market value
	(b) Book value	(c) Method of Valuation. Co	ost or end-or-year market value
(1)			
(2)		1	
(3)			
(4)		_	
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. (b) Book value
Complete if the organization answered "Yes" t (a) [e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" t (a) [(1) (2)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [(1) (2) (3)		a 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [1] (2) (3) (4)		a 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [1] (2) (3) (4) (5)		a 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6)		a 11d. See Form 990, Part X, line	
(a) [(1) (2) (3) (4) (5) (6) (7)		a 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7)		a 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Part it is a (b) billing of the organization answered "Yes" to (c) billing of the organization and (c) billing of the organization answered "Yes" to (c) billing organization and (c) billing of the organization and (c) billing organization	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	Description		(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES	Description	e 11e or 11f. See Form 990, Part (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4)	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4) (5)	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4) (5) (6)	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4) (5) (6) (7)	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4) (5) (6) (7) (8)	Description	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) RESERVE FUNDS (3) DUE TO FUNDING AGENCIES (4) (5) (6) (7)	Description 15.) To Form 990, Part IV, line	2 11e or 11f. See Form 990, Part (b) Book value 383,546.	(b) Book value

332053 09-25-13

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	etur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	144,125,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	98,414.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	98,414.
3	Subtract line 2e from line 1			3	144,027,064.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				144,027,064.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	а.			
1	Total expenses and losses per audited financial statements			1	143,989,277.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	98,414.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	98,414.
3	Subtract line 2e from line 1			3	143,890,863.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	143,890,863.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b	and 2b; Part V, line	4; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional inforn	nation.		
PAI	RT X, LINE 2:				
THI	E ORGANIZATION ALSO APPLIES THE PROVISION:	S OF FA	SB		
AC	COUNTING STANDARDS CODIFICATION TOPIC NO.	740, A	CCOUNTING	FOR	
	CERTAINTY IN INCOME TAXES ("ASC 740"). ASC				

IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES, AND PRESCRIBES A RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE BALANCE SHEET, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION HAS DETERMINED THAT THE ADOPTION OF ASC 740 DID NOT RESULT IN THE RECOGNITION OF ANY LIABILITY FOR UNRECOGNIZED TAX Schedule D (Form 990) 2013

-g-
Part XIII Supplemental Information (continued)
BENEFITS AND THAT THERE ARE NO UNRECOGNIZED TAX BENEFITS THAT WOULD, IF
RECOGNIZED, AFFECT THE EFFECTIVE TAX RATE.
THE ORGANIZATION'S STATE INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION
FOR ALL TAX YEARS ENDED ON JUNE 30, 2010, 2011, 2012, AND 2013 WITH
REGARDS TO ALL TAX POSITIONS AND THE RESULTS REPORTED. THE ORGANIZATION'S
FEDERAL INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION FOR ALL TAX YEARS
ENDED ON JUNE 30, 2011, 2012, AND 2013 WITH REGARDS TO ALL TAX POSITIONS
AND THE RESULTS REPORTED.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHILD CARE RESOURCE CENTER INC

Employer identification number 95-3081695

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedul	e J (Forr	n 990	2013

Schedule J (Form 990) 2013

ENTER INC 95-3081695

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	in prior Form 990
(1) MICHAEL R OLENICK PH.D.	Ξ	227,720.	0	30,211.	5,561.	0	263,492.	• 0
PRESIDENT & CEO	<u> </u>		0	1		0	1	
(2) ELLEN CERVANTES	Ξ	166,291.	0	35,664.	4,351.	0	206,306.	
VICE PRESIDENT & COO	∷		0	ll		0		
(3) RICHARD ROBERTS	Ξ	145,47	0	30,697.	3,80	0	179,978.	• 0
VICE PRESIDENT, INFO. TECH.	(iii)		0 •			0		
(4) DENISE TRINH	(E)	152,19	0 •	30,226.	3,928.	0	186,353.	
CFO	(ii)					0		
(5) SHIRLEY CAMERON	Ξ	132,791.	0	15,075.	2,907.	0	150,773.	0
VICE PRESIDENT, HUMAN RESOURCES	(ii)		0	• 0	• 0	0	0 •	• 0
	<u>(E)</u>							
	(iii)							
	Ξ							
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	Ξ							
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	Ξ							
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Schedule J (Form 990) 2013

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CHILD CARE RESOURCE CENTER INC

Employer identification number 95-3081695

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CHILD CARE RESOURCE CENTER (CCRC) PROMOTES OPTIMAL CHILD DEVELOPMENT AND FAMILY WELL-BEING THROUGH ACCESS TO QUALITY CHILD CARE, FAMILY SUPPORT, ECONOMIC DEVELOPMENT, AND COMMUNITY EDUCATION. CCRC'S PROGRAMS INCLUDE RESOURCE & REFERRAL, CHILD CARE FINANCIAL ASSISTANCE, HEAD START & EARLY HEAD START, TRAINING & TECHNICAL ASSISTANCE AND SCHOOL READINESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES INCLUDE SERVICES PROVIDED PRIMARILY UNDER SCHOOL READINESS INITIATIVE, DISASTER PREPAREDNESS, CHOOSE HEALTH LA CHILD CARE (LAROCCS), GATEWAYS, MOTHEREAD LITERACY SERVICES AND HOME VISITATION.

EXPENSES \$ 3,761,809. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,093.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE MEETING NOTES FOR THE COMMITTEE MEETINGS. HOWEVER, THE COMMITTEES DO NOT TAKE ACTION TO APPROVE ANY ITEM. ALL ITEMS REQUIRING BOARD ACTIONS ARE BROUGHT TO THE BOARD BY THE COMMITTEES FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11:

THE INFORMATIONAL RETURN IS PREPARED BY OUTSIDE ACCOUNTANTS

AND IS REVIEWED BY THE PRESIDENT AND CFO OF THE ORGANIZATION. ONCE APPROVED

BY THE PRESIDENT AND CFO, THE INFORMATIONAL RETURN IS THEN PROVIDED FOR THE

REST OF THE BOARD PRIOR TO ELECTRONIC FILING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization CHILD CARE RESOURCE CENTER INC	Employer identification number 95-3081695
CHILD CHIL REPORTED CHILIR INC	33 3001033
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS AND DIRECTORS ANNUALLY SIGN A CONFLICT OF INTERE	ST
AFFIDAVIT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE OF THE BOA	RD
ANNUALLY REVIEW AND APPROVE THE COMPENSATION OF THE ORGANIZATION'S	
PRESIDENT AND CEO. THE PROCESS INCLUDES A REVIEW OF THE COMPENSATION	
AGAINST CURRENT COMPARABILITY DATA (SURVEY OR STUDY) PREPARED BY AN	
INDEPENDENT COMPENSATION CONSULTANT.	
FORM 990, PART VI, SECTION C, LINE 18:	
ANY DOCUMENTS REQUESTED BY THE PUBLIC WILL BE FURNISHED U	PON
REQUEST. THE DOCUMENTS CAN ALSO BE FOUND ON GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANY DOCUMENTS REQUESTED BY THE PUBLIC WILL BE FURNISHED U	PON
REQUEST.	