Department of the Treasury

### Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011 C Name of organization D Employer identification number Address change CHILD CARE RESOURCE CENTER INC Name change CCRC 95-3081695 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-20001 PRAIRIE STREET (818)717-1020 Amended 116,943,588. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending CHATSWORTH, CA 91311 H(a) Is this a group return F Name and address of principal officer: MICHAEL R. OLENICK, PHD Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CCRCLA.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation Association Other > L Year of formation: 1976 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 599 5 Total number of volunteers (estimate if necessary) 6 407 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 95,020,076. 88,893,503. Revenue Program service revenue (Part VIII, line 2g) 29,672,262. 9 27,885,109. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,253. -139,938. 10 72,690. 118,974. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 124,784,281. 116,757,648. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 25,280,988 24,893,810. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 92,433,979. 99,300,737. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 117,327,789. 124,581,725. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 202,556. -570,141. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 14,106,771. 16,299,075. Total assets (Part X, line 16) 9,667,508. 12,429,954. 21 Total liabilities (Part X, line 26) let/ 4,439,263. 3,869,121. 22 Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MICHAEL R. OLENICK, PHD, PRESIDENT & CEO Here Type or print name and title Preparer's signature Date Check Print/Type preparer's name LIOR TEMKIN 05/11/12 self-employed Paid Firm's name SINGERLEWAK LLP Preparer Firm's EIN Firm's address 10960 WILSHIRE BLVD. STE 700 Use Only LOS ANGELES, CA 90024-3783 Phone no. (310) 477-3924

X Yes

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

Page 3

1 Is the organization described in section SOT(c)(S) or 4947(x)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule of Contributors?  3 JX  3 JX  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public officer? If "Yes," complete Schedule C, Part II  5 Is the organizations. Did the organization engage in lobbying activities, or have a section 501(i)) election in effect during the text year? If "Yes," complete Schedule C, Part II  6 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Sel 191 If "Yes," complete Schedule C, Part II  7 Is the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the dilatrivition or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  8 JX  9 Did the organization maintain englections of works of art, historical treasures, or other similar assets If "Yes," complete Schedule D, Part II  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets If "Yes," complete Schedule D, Part II  10 Did the organization maintain collections of works of art, historical treasures, or other similar assets If "Yes," complete Schedule D, Part IV  10 Did the organization fund or the following questions is "Yes," then complete Schedule D, Part IV  10 Did the organization fund or through a related organization, hold assets in term, permanent, or quasi-indomental?  11 If "Yes," complete Schedule D, Part IV  11 If the organization ranger to an amount for land, buildings, and equipment in Part X, line 19 Harts, if the 19 Harts, if the 19 Harts, if the organization report an amount for investments of the securities in Part X, line 19 Harts, if the 19 Harts, if the 19 Harts, if the 19 Harts, if the organization report an amount for other assets in Part X, line 19 Hart X, line 19 Harts, if the 19 Harts, if the organ	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			İ
3 Did the organization angage in direct or indirect positical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," camplete Schedule C, Part II  4 Sections 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fi)) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(fi)(4), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6)  6 Did the organization and action 501(fi)(4), 501(6)(6), 501(6)(6), 501(6)(6), 501(6)(6)  7 Did the organization maintain any obnor salvised funds or any similar undo s accounts? If "Yes," complete Schedule D, Part II  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit conserving, debt management, credit repair or debt negotiation services? If "Yes," complete Schedule D, Part II  10 Did the organization in amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit conserving, debt management, credit repair or debt negotiation services? If "Yes," complete Schedule D, Part II  10 Did the organization serves to any of the following questions is "Yes," then complete Schedule D, Part X, VIII, VII, X, or X as applicable.  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10; If hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  11 Did the organization report an amount for other assets in Part X, line 29 If "Yes," complete Schedule D, Part X VIII  12 Did the organization report an amount for other assets in Part X, line 29 If "Yes," complete Schedule D, Part X VIII X  13 Did the organization report an amount for other assets in Part		***************************************	1	Х	
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5 Is the organization a section 501(c)(6), 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 98.191 if "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Did the organization received or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit connecling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in Part X, line 10 and the organization report an amount for investments - program related in Part X, line 10 and the organization report an amount for investments - program related in Part X, line 10 and the organization report an amount for orbit and sastes reported in Part X, line 10 amount for investments - program related in Part X, line 10 and the organization report an amount for orbit investments in Part X, line 10 and the organization report an amount for orbit investments in Part X, line 10 and the organization report an amount for orbit investments in	4		'		
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			18		х
complete Schedule G, Part III  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	,5		
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			19		Х
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			
				$\neg \uparrow$	
			20b		

	rt IV Checklist of Required Schedules (continued)	<u>. 0 7 3</u>	. Er	age 1
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			,,,
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
249	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	
<b>2</b> 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
b		24b		
c		245		
_	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (		
	instructions for applicable filing thresholds, conditions, and exceptions):	1000000000		
	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	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<b>2</b> 9		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	
01	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		]	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T		
	and that is treated as a nartnership for federal income tay purposes? If "Ves." complete Schedule R. Part VI	27		X

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

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

	Check if Schedule O contains a response to any question in this Part V				
•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<sub>1a</sub> 7168			
b		1ь О	2000		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
	(gambling) winnings to prize winners?	*********	10	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			2000 March	
	filed for the calendar year ending with or within the year covered by this return	<sub>2a</sub> 599			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	***************************************	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		├
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	_		٠.
	any contributions that were not tax deductible?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts	۵.		
7	were not tax deductible?		6b	100000000000000000000000000000000000000	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	or provided to the payor?		State.	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.0	<u> </u>	$\vdash$
Ū	to file Form 8282?	required	7c		l x
d		'd			2000 2000 2000 2000 2000 2000 2000 200
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	tract?	7e	100000000000000000000000000000000000000	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f	Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did t	he supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any	time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			\$50055	90000000
а	Did the organization make any taxable distributions under section 49667		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Total Company
10	Section 501(c)(7) organizations. Enter:	1			
a		Da			
b		7b			
11	Section 501(c)(12) organizations. Enter:	1			
a b	Gross income from members or shareholders	1a			
D		, <u>,</u>			
122	amounts due or received from them.) 1  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1b	40	350000	niverse 5
	The state of the s	2b	12a	ACCUPATION OF	555555555
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-W ]		100 mm m	
	is the organization licensed to issue qualified health plans in more than one state?		13a	Normanie.	200000000000000000000000000000000000000
	Note. See the instructions for additional information the organization must report on Schedule O.			12001110000 0,0001100000 0,0001000000 0,00010000000	2000
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	3b			
C		3c			
	Did the general attenues at a succession of the following territory and the first territory of the following territory and the first territory of the following territory and the first territory of the first		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C		14b		
				aan /	(2010)

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

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	L 7							
b		<u>L7</u>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?			X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	<u> </u>					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х					
6	Does the organization have members or stockholders?	6		Х					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			,,					
	governing body?	7a		X					
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Signature.	A					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
_	by the following:		<b>7</b>						
	The governing body?	. 8a	X						
b	Each committee with authority to act on behalf of the governing body?	. <u>  6b</u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х					
000	tion B. Foncies (This Section B requests information about policies not required by the Internal nevenue Code.)		Yes	NI.					
10a	Does the organization have local chapters, branches, or affiliates?	10a	res	No X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>Iva</u>							
	and the state of t	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	. —	Х						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	2a Does the organization have a written conflict of interest policy? If "No," go to line 13								
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b	х						
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	.							
	in Schedule O how this is done	12c	х						
13	Does the organization have a written whistleblower policy?	13	Х						
14	Does the organization have a written document retention and destruction policy?		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent	Control of the contro	1200 00 00 00 00 00 00 00 00 00 00 00 00						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Commence (1)						
a	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120000000000000000000000000000000000000						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		90000000 900000000						
	taxable entity during the year?	16a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	10.57 (0.51 10.50 (0.51) 10.50 (0.51)							
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ie for							
	public inspection. Indicate how you make these available. Check all that apply.								
10	Own website Another's website U Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and final	ncial						
20	statements available to the public,	<b>k</b>							
	State the name, physical address, and telephone number of the person who possesses the books and records of the organi DENISE TRINH, CFO $-(818)717-1020$	zation: 📂							
	20001 PRAIRIE STREET, CHATSWORTH, CA 91311								
		Eorm (	0007	20.10)					

032006

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	T	(C)		C)	<u></u>		(D)	(E)	(F)
Name and Title	Average hours per	(c	heck	Pos all			iy)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROY ALLENSTEIN ESQ.		1								
BOARD MEMBER	1.00	X						0.	0.	0.
CAROL BATHKE								_		
BOARD MEMBER	1.00	X						0.	0.	0.
AARON GREEN								_	_	_
BOARD MEMBER	1.00	X				_		0.	0.	0.
EDWARD HILL ESQ.		l							_	_
BOARD MEMBER	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
EILEEN HILL CPA	4 00	l							_	_
BOARD MEMBER	1.00	X				Щ		0.	0.	0.
LUIS HIDALGO	4 00								_	_
BOARD MEMBER	1.00	X				_		0.	0.	0.
JUDITH HIRSHBERG	4 00					İ		_		
BOARD MEMBER	1.00	X				L		0.	0.	0.
ROBERTA LACHMAN	1 00	, , ;							•	•
BOARD MEMBER	1.00	X	-					0.	0.	0.
STACYLEE LONGMORE PH.D.	1 00	١,,						^	^	^
BOARD MEMBER ANTHONY PENA	1.00	Х	$\vdash$					0.	0.	0.
BOARD MEMBER	1.00	х						o.	ا ۸	0.
SHIRLEY ROBINSON	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	о.	0.
KEN THUNBERG	1.00	Δ						V •	<u> </u>	
BOARD MEMBER	1.00	x				li		0.	0.	0.
JOAN BINDER WEISS	1.00	Ĥ	$\vdash$					V +	U + 1	
BOARD MEMBER	1.00	x						o.	0.	0.
ALYCE AKERS PH.D.	1.00	-	$\dashv$					•	- 01	
CHAIR	1.00	x		x				0.	0.	0.
DILYS TOSTESON GARCIA										
VICE CHAIR	1.00	$ \mathbf{x} $		х				0.	0.	0.
JAVIER LA FIANZA	_ + + •	Ħ	$\dashv$	╗		$\vdash$			~ *	
TREASURER	1.00	$ \mathbf{x} $		х				0.	ο.	0.
JERIEL SMITH ESQ.										
SECRETARY	4.00	$ \mathbf{x} $		х				0.	0.	0.
032007 12-21-10								- 1		Form 990 (2010)

032007 12-21-10

Port VIII - CALLD CA									95-3081	695 Page
Part VII   Section A. Officers, Directors, Tr	ustees, Key Er	nple I	oyee	es, a	nd l	High	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	stee or director		Pos call	that	Highest compensated a	Ė	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MICHAEL R OLENICK PH.D.	i									
PRESIDENT & CEO	40.00			Х				241,548.	0.	4,835
ELLEN CERVANTES										
VICE PRESIDENT	40.00				Х			182,260.	0.	7,560
RICHARD ROBERTS	40.00								_	
VP INFO. TECH.	40.00			<u> </u>	X			153,635.	0.	6,300
DENISE TRINH	40.00							465 005		
CPO	40.00			<u> </u>	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	165,205.	0.	13,325
BETH CHIARO SUBSIDY PROG, DIR.	40.00					x		115,866.	0.	5,162
BETTY ZAMORANO-PEDGREGON										
HEAD START, DIR.	40.00					Х		110,032.	0.	4,512
								·		
1b Sub-total								968,546.	0.	41,694
c Total from continuation sheets to Part V	II, Section A							0.	0.	0
d Total (add lines 1b and 1c)								968,546.	0.	41,694
<ul> <li>Total number of individuals (including but a compensation from the organization</li> </ul>							no re	eceived more than \$100	,000 in reportable	(
<ul> <li>Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the s</li> </ul>	such individual			<b>.</b>			. , , , , ,	••••		Yes No

rendered to the organization? If "Yes," complete Schedule J for such person 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.

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A) Name and business address	(B) Description of services	(C) Compensation
20001 PRAIRIE, LLC, 15315 MAGNOLIA BLVD, SUITE 410, SHERMAN OAKS, CA 91403	HQ OFFICE LEASE	1,882,646.
PENNY & PEGGY NARIN 24 HR CC 9018 BALBOA #582, NORTHRIDGE, CA 91325	CHILD CARE	862,088.
LA PETITE ACADEMY PALMDALE 1709 PALMDALE BLVD., PALMDALE, CA 91350	CHILD CARE	615,468.
YMCA OF METROPOLITAN LA/NORTH VALLEY 11336 CORBIN AVE., NORTHRIDGE, CA 91326	CHILD CARE	606,827.
LA PETITE ACADEMY LANCASTER 43741 CHALLENGER WAY, LANCASTER, CA 93535	CHILD CARE	475,701.
2 Total number of independent contractors (including but not limited to those list \$100,000 in compensation from the organization ▶ 80	ted above) who received more than	

Page 9

	a v	III   Statement of Reven			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 8	a Federated campaigns	1a					
ga	1	b Membership dues	1b					
Contributions, gifts, grants and other similar amounts	(	c Fundraising events	1c					
<u>ag</u>	(	d Related organizations	1d					
ξĒ	•	e Government grants (contribution	ons) 1e	88,846,016.		22.000000 20.00000000000000000000000000		
er is	1	f All other contributions, gifts, grants	1 1					
έş		similar amounts not included above		47,487.				
5 E		g Noncash contributions included in lines 1						
9 0	ŀ	h Total. Add lines 1a-1f			88,893,503.			
	_	PERG BOD GERVICE	OC 13	Business Code				
<u>ş</u>	2 8		ES - LA	624410	26,673,435.	26,673,435.		
E S	_	b FAMILY FEES		624410	1211674.	1211674.		
εe		<u> </u>						<u> </u>
8a		d						
Program Service Revenue	•	f All other program service reven						<u> </u>
	'	g Total. Add lines 2a-2f			27,885,109.			
	3	Investment income (including of				Activities (Section 1997) and a second section of the section of t	A CONTRACTOR OF THE CONTRACTOR	
	_	other similar amounts)			42,380.			42,380.
	4	Income from investment of tax-			,			<u> </u>
- 1	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	a Gross Rents						
		b Less: rental expenses						
	C	c Rental income or (loss)						
	(	d Net rental income or (loss)		<b>&gt;</b>				
	7ε	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		3,622.				
	b	b Less: cost or other basis		105040				
l		and sales expenses		185940.				
		c Gain or (loss)		-182,318.	100 210			100040
		d Net gain or (loss)		<u></u>	-182,318.			-182318.
<u> </u>	8 8	a Gross income from fundraising	- · · - · · · · · · · · · · ·					
Other Revenue		including \$						
ا بي		contributions reported on line 1						
흍	h	Part IV, line 18 b Less: direct expenses	b					
δ		c Net income or (loss) from fundr						
1		a Gross income from gaming acti	-					
		Part IV, line 19						
	b	b Less: direct expenses						
		c Net income or (loss) from gamir		<b>&gt;</b>		The second section of the section of the section of		in the state of th
	10 a	a Gross sales of inventory, less re	eturns					
		and allowances	a					
	b	Less: cost of goods sold b						
<u> </u>	C	c Net income or (loss) from sales	of inventory					1
L		Miscellaneous Revenue		Business Code				
		REGISTRATION FEE	<u> </u>	900099	61,520.			61,520.
	b	other revenue		900099	57,454.			57,454.
	C							
		d All other revenue			110 074			
	e 12	Total. Add lines 11a-11d			118,974.	27,885,109.	0.	-20,964.
032009 12-21-		TOTAL TOTALIDA, OGG MORRIGURIS.			110,131,040,	27,000,103,	- 0.	Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and	(A) Total expenses	(B) Program service	(C) Management and	(D)
	Grants and other assistance to governments and		expenses	general expenses	Fundraising expenses
2	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
	trustees, and key employees	778,341.	639,926.	137,615.	800.
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	18,963,849.	15,580,140.	3,363,653.	20,056.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	200,463.	165,426.	34,862.	175.
9	Other employee benefits	3,209,954.		558,238.	2,808.
10	Payroll taxes	1,741,203.	1,468,060.	271,532.	1,611.
11	Fees for services (non-employees):				
a	Management				
b	Legal	28,865.		28,865.	
C	Accounting	90,329.		90,329.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	858,668.	673,001.	184,604.	1,063.
12	Advertising and promotion	73,507.	42,974.	28,493.	2,040.
13	Office expenses	1,492,545.	1,216,181.	271,165.	5,199.
14	Information technology	215,290.	57,085.	158,023.	182.
15	Royalties				
16	Occupancy	3,934,829.	2,573,398.	1,354,661.	6,770.
17	Travel	106,877.	96,091.	10,488.	298.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	236,227.	150,386.	85,564.	277.
20	Interest	104,047.	17,179.	85,028.	1,840.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,534,484.	1,534,484.		
23	Insurance	864,645.	771,874.	92,346.	425.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	PAYMENTS TO CHILD CARE	81,350,171.	81,350,171.		
b	REPAIRS AND MAINTENANCE	845,009.	527,380.	316,578.	1,051.
С	TELEPHONE	409,319.	319,115.	89,418.	786.
d	MEMBERSHIP DUES	138,291.	3,648.	134,643.	
е					
f	All other expenses	150,876.	131,523.	19,183.	170.
25	Total functional expenses. Add lines 1 through 24f	117327789.	109966950.	7,315,288.	45,551.
26	Joint costs. Check here  if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		

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Pa	rt X	Balance Sheet					1
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,955,487.		4,264,476.
	2	Savings and temporary cash investments		*******************************	314,020.		402,965.
	3	Pledges and grants receivable, net			5,833,137.	3	7,236,937.
	4	Accounts receivable, net			43,455.	4	23,210.
	5	Receivables from current and former officers, di	rectors,	trustees, key		0.000	
		employees, and highest compensated employe of Schedule L		·			
	В	Receivables from other disqualified persons (as				5	
	"	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		700 000000 700 000000 700 0000000 700 0000000			
		employees' beneficiary organizations (see instru					
য়	7					6 7	
Assets	1	Notes and loans receivable, net			_		
∢	8	Inventories for sale or use	**********		429,543.	8	155,990.
	1	Prepaid expenses and deferred charges			423,343.	9	133,330.
	liva	Land, buildings, and equipment: cost or other	1.0.	8,254,475.			
	ا	basis. Complete Part VI of Schedule D	10a	4,241,221.	4,531,129.	463	4,013,254.
		Less: accumulated depreciation			4,001,149.	1	4,013,234.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	••••••		0.	14	202 242
	15	Other assets. See Part IV, line 11			14,106,771.		202,243. 16,299,075.
	16	Total assets. Add lines 1 through 15 (must equ			7,221,479.	16	8,281,396.
	17	Accounts payable and accrued expenses	1,441,413+	17	0,201,390.		
	18   19	Grants payable				18	381,891.
	20	Deferred revenue				19	301,091.
	21	Tax-exempt bond liabilities				20	
Liabilities	1	Escrow or custodial account liability. Complete I				21	
ij	22	Payables to current and former officers, director					
Ë		highest compensated employees, and disqualifi of Schedule L		•		Sinten.	
	99	***************************************				22	
	23 24	Secured mortgages and notes payable to unrela				23	
	25	Unsecured notes and loans payable to unrelated			2,446,029.	24 25	3,766,667.
	26	Other liabilities. Complete Part X of Schedule D <b>Total liabilities.</b> Add lines 17 through 25			9,667,508.	26	
	20	Organizations that follow SFAS 117, check he		X and accrete	<i>5</i> ,007,300.	20	12,427,734
s.		lines 27 through 29, and lines 33 and 34.	#e <b>F</b>	Las and complete			
ĕ	27				4,439,263.	27	3 840 632
Ē	28	Unrestricted net assets			4,433,2031		3,840,632. 28,489.
J B	29	Temporarily restricted net assets Permanently restricted net assets				28 29	20, 403
Ĕ	23	Organizations that do not follow SFAS 117, cl		re Dand		29	
F		complete lines 30 through 34.	ieck ne				
য	30			*		20	
Net Assets or Fund Balances		Capital stock or trust principal, or current funds				30	
t A	31 32	Paid-in or capital surplus, or land, building, or eq			-	31	
Š	33	Retained earnings, endowment, accumulated in:			4,439,263.	32 33	3,869,121.
	34	Total liabilities and net assets/fund balances			14,106,771.	34	16,299,075.
	J-4	rotal liabilities and het assets/fund datances			*********	ა4	50rm <b>990</b> (2010)

Pa	rt XI Reconciliation of Net Assets				<u> </u>				
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,75						
2	Protal expenses (must equal Part IX, column (A), line 25)								
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,86		0.				
6									
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				Ш				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		7000 (0)						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		N. 100 (100 (100 (100 (100 (100 (100 (100				
	separate basis, consolidated basis, or both:		(1000 - 1000) (1000 - 1000) (1000 - 1000) (1000 - 1000)		A1121000000 1112100000000000000000000000				
	Separate basis Consolidated basis Both consolidated and separate basis				2000 (1000) 1100 (1000) 1100 (1000)				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	it						
	Act and OMB Circular A-133?		3a	X	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audi	t [						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Х					
			Form	990	(2010)				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection Employer identification number

		CHILD (	ARE RESOURCE	E CENT	CER IN	IC .			95	5-3081	695	
Part I	Reason	for Public Chai	<b>ʻity Status</b> (All organi	zations mu	ust comple	te this pa	rt.) See ins	tructions.				
The organ  1	A church, co A school des A hospital or A medical re	onvention of churche scribed in section 1 a cooperative hosp search organization	because it is: (For lines is, or association of chuir 70(b)(1)(A)(ii). (Attach Soital service organization operated in conjunction	rches desc chedule E. described	cribed in so ) I in section	ection 170 n 170(b)(1	D(b)(1)(A)(i )(A)(iii).	•	ii). Enter ti	he hospital	's nam	ne,
5	section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and See section An organizat An organizat more publicly describes the a Type By checking foundation m	tion operated for the D(b)(1)(A)(iv). (Complate, or local governmion that normally red (b)(1)(A)(vi). (Complate of the that normally red ated to its exempt furth that normally red ated to its exempt furth that normally red ated to its exempt furth that normally red ated to its exempt furth that normally red ated to its exempt furth on organized and organized and organized and organized organized type of supporting the supporting of this box, I certify that nanagers and other the support of the su	nent or governmental un reives a substantial part ete Part II.) section 170(b)(1)(A)(vi). reives: (1) more than 33 notions - subject to certa axable income (less sect e Part III.) perated exclusively for the perated exclusively for the ations described in section	it describe of its supp (Complete 1/3% of its ain except stion 511 ta est for pub he benefit ion 509(a)( lete lines 1 to Typ t controlled y supporte	ed in section of the part II.) s support in ions, and (ax) from but the part II. If the part II. If the part II. If the part III. If the part	on 170(b)( a governm from contr 2) no more usinesses See section from 509(a)(a) h 11h. ctionally in or indirectly	1)(A)(v). ental unit of fibutions, note than 33 acquired be on 509(a)(anctions of, 2). See see tegrated by by one of cribed in second	nembersh 1/3% of its by the orga 4). cor to carr ction 509( r more dis	e general prices, and support familization and anization and anization and anization and anization and anization ani	oublic description of gross record gross of the box  Type III - Coersons off	ceipts invest 30, 197 of one that Other	from ment 75.
g h	Since Augus (i) A perso the gov (ii) A family (iii) A 35%	n who directly or ind eming body of the s member of a perso controlled entity of a	nis box prganization accepted an lirectly controls, either al upported organization? In described in (i) above? I person described in (i) about the supported or	ny gift or c lone or tog  or (ii) abov	ontributior gether with	n from any persons	of the follogescribed	owing per in (ii) and (	iii) below,		Yes	No
	of supported nization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li governing	organization sted in your document?	organizat (i) of you		organizatio (i) organiz U.S		(vii) Am sup		f
			(see instructions))	Yes	No	Yes	No	Yes	No			
<b>F</b> otal												

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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							
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Gifts, grants, contributions, and			(-,	(-)	\., \ \ \.	(·) · - · - ·	
	membership fees received. (Do not							
	include any "unusual grants.")	80,426,472.	80,432,635.	84,092,729.	95,020,076.	88,893,503.	428,865,415.	
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	80,426,472.	80,432,635,	84,092,729.	95,020,076.	88,893,503.	428,865,415,	
	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)							
ß	***************************************						428,865,415.	
	6 Public support. Subtract line 5 from line 4. 428,865,415. Section B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 4	80,426,472.	80,432,635.	84,092,729.	95,020,076.	88,893,503.	428,865,415.	
	Gross income from interest,	, , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,	,,,		
Ŭ	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	30,998.	53,371.	20,788.	19,253.	42,380.	166,790.	
۵	Net income from unrelated business	3073301	33,3711		10,200	*A, 300 t		
3	activities, whether or not the							
	business is regularly carried on							
40	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part IV.)	190,078.	96 169	142,723.	72 690	118,974.	620 634	
44	Total support, Add lines 7 through 10	10,0,0,0	JU, 10J.	I TA, I AJ •	14,050	110,0,4	429,652,839.	
	• •	oto (oco instructio				12	425,032,035.	
	Gross receipts from related activities, First five years. If the Form 990 is for	•		d fourth or fifth to		· <u> </u>		
13	organization, check this box and stop	-			-		$\sim$	
Sec	tion C. Computation of Publ					***************************************		
•	Public support percentage for 2010 (I			olumo (fi)		14	99.82 %	
						15	72.34 %	
	16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
-	and stop here. The organization quali	-						
17a	10% -facts-and-circumstances test							
•,, =	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			•	•	*		
h	10% -facts-and-circumstances test							
D	more, and if the organization meets th	· · · · · · · · · · · · · · · · · · ·					U/0 UI	
	organization meets the "facts-and-circ						ightharpoonup	
18	Private foundation. If the organization							
10	THE OTHER PROPERTY OF THE PROP	n ala not check a t	70 A OH BIRE 13, 108	ι, του, τ <i>τ</i> α, υτ τ/ D		dule A (Form 990		
					Scrie	766 III O I I 7 200 P	O	

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## Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-	, 1			1		
	formed, or facilities furnished in	ĺ					
	any activity that is related to the organization's tax-exempt purpose	ĺ			İ		
2	Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus-	1					
	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		:				
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		, ,			(1)	(.,
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					-	
	acquired after June 30, 1975						
_	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						
40	assets (Explain in Part IV.)					·	
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	_			•		ation,
<u></u>	check this box and stop here	in Comment De					<b>&gt;</b>
	tion C. Computation of Publ						
	Public support percentage for 2010 (I					15	<u>%</u>
	Public support percentage from 2009			***************************************		16	<u>%</u>
	tion D. Computation of Inves		<del>-</del>				
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box a		-			***************************************	
b	33 1/3% support tests - 2009. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

1347\_\_\_\_1

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHILD CARE RESOURCE CENTER INC

Employer identification number 95-3081695

Pa	rt I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line 6.		·
		Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
_	for charitable purposes and not for the benefit of the donor or donor ad		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization (check		-
•	Preservation of land for public use (e.g., recreation or education)		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	The state of the s		
С	Number of conservation easements on a certified historic structure incl		
d	Number of conservation easements included in (c) acquired after 8/17/9		
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the	organization during the tax
	year▶		
4	Number of states where property subject to conservation easement is I	ocated >	
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finan	cial statements that describes t	he organization's accounting for
	conservation easements.		
Pai	rt IIII Organizations Maintaining Collections of Art, Hi		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	historical treasures, or other similar assets held for public exhibition, ed		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	treasures, or other similar assets held for public exhibition, education, of	r research in furtherance of pub	olic 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		gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 95)		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simi	ar Asse	ts (conti	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	ignificant	use of its	collection	n items
	(check all that apply):									
а	Public exhibition	c	, 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how ti	hey further t	the organizat	ion's exe	mpt purp	ose in Pa	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pa	rt IV   Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			Ū					ŕ	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
	. ,	•	ŭ				<u> </u>		Amount	<del></del>
С	Beginning balance						10			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990. Part X. line	217						Yes	No
	If "Yes," explain the arrangement in Part XIV.		_,,,	•••••			************			
-	t V Endowment Funds. Complete i		swered	"Yes" to Fo	rm 990, Part	IV. line 1	0.			
<u></u>	- Control Grant Grants	(a) Current year		rior year	(c) Two yea			vears back	(e) Four	vears back
1a	Beginning of year balance		1-7:		(9)					
b	Contributions								Commence of the Commence of th	
c	Net investment earnings, gains, and losses								Section of the control of the contro	
d	Grants or scholarships								[0]31/50,01/50/6/ 100/10/00/00/00/00/00/00/00/00/00/00/00/	
	Other expenditures for facilities			•					-0.00	
·	and programs								The second secon	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end halance held s			<u> </u>			Contract Contract (Contract)	100000000000000000000000000000000000000	
	Board designated or quasi-endowment		15. %							
a	Permanent endowment	%								
b	· -	<sup>76</sup>								
			ation the	at ava bald a	بغمامامه ماده	anad famili	ha avaaa!			
Sa	Are there endowment funds not in the posse	ission of the organiza	ation tha	at are neid a	ing agministe	erea for ti	ne organi	zation	Г	V-a Na
	by:									Yes No
	(i) unrelated organizations									
L.	(ii) related organizations					•••••	**********		3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations								3b	
4 Dai	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm									
Га										
	Description of investment	(a) Cost or o			or other		ccumulati		(d) Book	value
	Land	basis (investr	nent)	Dasis	(other)	aep	preciation	:00000000		
_	Land									
þ	Buildings			2 77	0 [12		/2 º	07	226	216
c	Leasehold improvements				9,513.	2 /	43,2			,216.
ď	Equipment				6,692.		$\frac{172,7}{125,2}$			968.
	Other				8,270.	т,	725,2			3,070. 3,254.
ı otal	. Add lines 1a through 1e, (Column (d) must e	guai Form 990, Part	л. colun	nn (B). Iine 1	U(C).)				± , U L 3	,,404.

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu t or end-of-year ma	
				THE VALUE
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			<del>.</del>	
(F)				·
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	· .			
Part VIII Investments - Program Related.	See Form 990, Part X, lii	ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of value t or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			•	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨				
Part IX Other Assets. See Form 990, Part X, lin				
	a) Description			(b) Book value
(1)	······································			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	t 4#1			
Fotal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X			·····	
	A, III.e 25.	(b) Amount		
		(b) Airiodijt		
(1) Federal income taxes (2) RESERVE FUNDS		402,965.		
(2) RESERVE FUNDS (3) OVERPAYMENTS PAYABLE TO	FUNDING	402,000		
(4) SOURCES	TOMBING	1,363,702.		
		2,000,000.		
		2,000,0001		
(6)				
(7)				
(8)				
(9)				
	1	i i i		
(10)			4564,000,000,000,000,000,000,000	
(10) (11)  Total, (Column (b) must equal Form 990, Part X, col (B) li Pin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote Elin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote Elin 48 (ASC 740)	ino OF I	3,766,667.		

032054

### **SCHEDULE J** (Form 990)

## **Compensation Information**

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Attach to Form 990. See separate instructions.

CHILD CARE RESOURCE CENTER INC

Employer identification number 95-3081695

a Check the appropriate box(ea) 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				Yes	No
First-class or charter travel	1a				
Travel for companions Payments Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club duos 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 relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1 to exp		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indomnification 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 writer policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  CEO/Executive Director. Check all that apply.  Compensation committee  Written employment contract  Written employment contract  Mrome organization consultant  X  Compensation survey or study  Form 990 of other organizations  X  Approval by the board or compensation committee  organization or a related organization or a related organization or a related organization or a related organization.  3  a Receive a severance payment or change of control payment from the organization or a related organization?  4a  X  Participate in, or receive payment from, a supplemental nonquellified retirement plan?  4b  X  4b  X  4b  Y  Acceptable in or receive payment from, a supplemental nonquellified retirement plan?  4c  X  4b  X  4b  X  4b  X  4b  X  4b  Y  4b  X		First-class or charter travel  Housing allowance or residence for personal use	1000		
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 Parl III to explain 1b    2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?    3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Written employment contract  CEO/Executive Director. Check all that apply.  Compensation committee  Written employment contract  Independent compensation consultant  XC Compensation survey or study  Form 990 of other organizations  XL Approval by the board or compensation committee  Pour organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?    Beceive a severance payment form, a supplemental nonqualified retirement plan?    Ab Participate in, or receive payment from, a supplemental nonqualified retirement plan?    Ab Participate in, or receive payment from, a supplemental nonqualified retirement plan?    Ac Participate in, or receive payment from, an equity-based compensation arrangement?    Ac X 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.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:  The organization?    Ba X Y if "Yes" to line 5a or 5b, describe in Part III.  Any related organization?    Ba X Y if "Yes" to line 6a or 6b, describe in Part III.  Were any amounts reported in Form 990, Part					
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  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  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:  Receive a severance payment or change-of-control payment from the organization or a related organization?  Receive a severance payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  Any related organization?  By Any related organization and 67 if "Yes," describe in Part III.  Any related organization?  By Any related organization and 67 if "Yes," describe in Part III.  Were any amounts reported in F					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director, Check all that apply.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization in, or receive payment from, a supplemental nonqualified retirement plan?  Receive a severance payment from, a equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  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:  Any related organization?  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:  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Sec		Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)	110 mg 1 110 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director, Check all that apply.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization in, or receive payment from, a supplemental nonqualified retirement plan?  Receive a severance payment from, a equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  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:  Any related organization?  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:  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Sec			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.    Compensation committee   Written employment contract   Independent compensation consultant   X Compensation survey or study   Independent compensation committee   A Compensation survey or study   Independent compensation committee   A Compensation survey or study   Independent compensation committee   A Compensation or a related organization or a related organization?   4a	Ь				
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director, Check all that apply.  Compensation committee			1b		
Some indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.   Compensation committee	2				
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?  AB Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  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.  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:  The organization?  5a X  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  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  Any related organization?  6b X  The organization?  6b X  The organization in the secribe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III.  7 X  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 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 Were any amounts reported in Form 990, Part VII, section A, Iine 1a, did the or		trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?  AB Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  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.  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:  The organization?  5a X  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  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  Any related organization?  6b X  The organization?  6b X  The organization in the secribe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III.  7 X  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 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 Were any amounts reported in Form 990, Part VII, section A, Iine 1a, did the or			10 mm ( 10 mm ) 10 mm ( 10 mm		100000000000000000000000000000000000000
Compensation committee	3		A Common Common Maria Common		
Independent compensation consultant    X   Compensation survey or study				2000 100 100 100 100 100 100 100 100 100	
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:  Receive a severance payment or change-of-control payment from the organization or a related organization?  A participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of:  Participate in, or receive payment from, an equity-based in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  Participate in, or receive payment from, an equity-based in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  Participate in,			1000		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4			**************************************		
organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4a X  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b X  c Participate in, or receive payment from, an equity-based compensation arrangement?  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.  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:  a The organization?  5a X  b Any related organization?  5b X  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:  a The organization?  6a X  b Any related organization?  6b X  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 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 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III		Form 990 of other organizations  LX Approval by the board or compensation committee	9		
organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4a X  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b X  c Participate in, or receive payment from, an equity-based compensation arrangement?  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.  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:  a The organization?  5a X  b Any related organization?  5b X  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:  a The organization?  6a X  b Any related organization?  6b X  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 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 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III				Same Same	
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  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:  a The organization?  5a X  b Any related organization?  1f "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:  a The organization?  6a X  b Any related organization?  1f "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 fines 5 and 6? If "Yes," describe in Part III.  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)?			2000 AND	Santa.	
c Participate in, or receive payment from, an equity-based compensation arrangement?  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.  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:  a The organization?  b Any related organization?  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:  a The organization?  b Any related organization?  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:  a The organization?  6a X  b Any related organization?  6b X  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)?	a				
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:  a The organization?  b Any related organization?  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:  a The organization?  b Any related organization?  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  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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958.6(c)?	Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
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:  a The organization?  b Any related organization?  for persons listed in Form 990, Part VII.  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:  a The organization?  b Any related organization?  for Persons listed in Form 990, Part VII.  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.  For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-6(c)?  9	С		4c	25-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	X
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:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  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:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  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.  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 Were any amounts reported 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)?  9		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1	100 TO 10	
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:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  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:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  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.  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 Were any amounts reported 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)?  9			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Activities Secretari	
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a The organization?  b Any related organization?  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:  a The organization?  b Any related organization?  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.  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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	• • • • • • • • • • • • • • • • • • • •	100 (100 (100 (100 (100 (100 (100 (100		
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.  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:  a The organization?  b Any related organization?  if "Yes" to line 6a or 6b, describe in Part III.  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  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  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		77
If "Yes" to line 5a or 5b, describe in Part III.  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?  Any related organization?  Any related organization?  For persons listed in Form 990, Part III.  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.  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.  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  Regulations section 53.4958-6(c)?	a	the organization?	5a		
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:  a The organization?  b Any related organization?  f "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  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  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  9	ь		50	100000000000000000000000000000000000000	Δ
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a The organization? b Any related organization? 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  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  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  9	U		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
b Any related organization?  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  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  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			0-	\$100 M	v
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  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  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  9	a h	Any related ergenization?	ba		
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  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  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	U	If "You" to line for or fin describe in Dout III	OD	58648181.	Λ
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)? 9	7		Comment Comment Comment Comment Comment Comment State Comment	Property (	MARKET STATE
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9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	٠				У
Regulations section 53.4958-6(c)?	Q		B		
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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 (i) 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
MICHAEL R OLENICK	€ 8	192,583.	0	48,965.	4,835.	00	246,383.	0
		157,80	0	24,460.	7,560.	0	189,820.	0.0
2 ELLEN CERVANTES	<u> </u>	131 775	0	0.0	0 000	0	1 1	0
3 RICHARD ROBERTS	<u> </u>	1	0	<b>~</b> I	١.	000	154,455.	0
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Schedule J (Form 990) 2010

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public 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 THE

SCHOOL READINESS INITIATIVE, IMMUNIZATION OUTREACH PROGRAMS AND

COMMUNITY OPPORTUNITIES FUND.

EXPENSES \$ 2,661,213. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED THEIR

BY-LAWS IN OCTOBER 2011. THE CHANGES TO BY-LAWS WERE TO REFLECT BOARD OF

DIRECTOR'S GOVERNANCE RESPONSIBILITIES RELATING SPECIFICALLY TO CCRC'S HEAD

START PROGRAM.

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

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ANNUALLY

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

Schedule O (Form 990 or 990-EZ) (2010)

032211

01-24-11

Name of the organization CHILD CARE RESOURCE CENTER INC	Employer identification number 95–3081695
SIGN A CONFLICT OF INTEREST AFFIDAVIT.	
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRE	CTORS AND
EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY REVIEW AND APPR	OVE THE
COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO. THE	PROCESS INCLUDES
A REVIEW OF THE COMPENSATION AGAINST CURRENT COMPARABILIT	Y DATA (SURVEY OR
STUDY) PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT	•
FORM 990, PART VI, SECTION C, LINE 19: ANY DOCUMENTS REQU	ESTED BY THE
PUBLIC WILL BE FURNISHED UPON REQUEST.	
	1,