PUBLIC DISCLOSURE COPY

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

**2014** Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization
WASHINGTON STATE CHILD CARE RESOURCE &
REFERRAL NETWORK
Doing business as CHILD CARE AWARE OF WASHINGTON

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1551 BROADWAY | 300

City or town, state or province, country, and ZIP or foreign postal code
TACOMA, WA 98402

D Employer identification number
91-1427991

E Telephone number
(253)383-1735

G Gross receipts $ 13,746,427.

F Name and address of principal officer: ROBIN LESTER
1551 BROADWAY, SUITE 300, TACOMA, WA 98402

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.WA.CHILDCAREAWARE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation: 1989 M State of legal domicile: WA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: MANAGEMENT OF THE STATEWIDE CHILD CARE RESOURCE AND REFERRAL SYSTEM.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 21 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 11,449,438. | 13,746,194. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 417. | 233. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,449,855. | 13,746,427. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,063,541. | 1,504,468. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,320,052. | 1,219,010. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,224. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,945,795. | 10,513,995. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,329,388. | 13,237,473. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 120,467. | 508,954. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 2,503,460. | 3,892,695. |
| | 21 | Total liabilities (Part X, line 26) | 1,692,461. | 2,572,742. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 810,999. | 1,319,953. |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date
TAXPAYER'S COPY
Please retain for your files
▶ ROBIN LESTER, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| ROB E. KLEE | | 3/25/16 | | P00176472 |

Firm's name ▶ SMITH BUNDAY BERMAN BRITTON, P.S. — Firm's EIN ▶ 91-1275259
Firm's address ▶ 11808 NORTHUP WAY, SUITE 240
BELLEVUE, WA 98005-1959 — Phone no. (425)827-8255

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III | Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
TO SUPPORT FAMILIES AND CAREGIVERS, SHAPE POLICY, AND BUILD COMMUNITIES THAT PROMOTE THE LEARNING AND DEVELOPMENT OF CHILDREN AND YOUTH THROUGHOUT WASHINGTON STATE THROUGH A STRONG STATEWIDE NETWORK OF LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 10,721,570. including grants of $ ) (Revenue $ )
ADVOCATES FOR STATE AND NATIONAL POLICIES AND INVESTMENTS IN QUALITY EARLY LEARNING. COLLECTS, ANALYZES AND DISSEMINATES CHILD CARE SUPPLY AND DEMAND DATA.

4b (Code: ) (Expenses $ 1,826,287. including grants of $ 1,504,468.) (Revenue $ )
THE PROGRAM FURTHER ASSISTS CHID CARE PROVIDERS OBTAIN SCHOLARSHIP FUNDING TO ASSIST IN THEIR PROFESSIONAL DEVELOPMENT INCLUDING, CHILD DEVELOPMENT ASSOCIATES (C.D.A.) CREDENTIAL, ASSOCIATES AND BACHELOR DEGREES.

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

4e Total program service expenses ▶ 12,547,857.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

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

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 18 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 21 | | | |
| 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," to line 3b, provide an explanation in Schedule O* | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |

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

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

## Section A. Governing Body and Management

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

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

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

## Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

ALAN STRAND - 253-383-1735

1551 BROADWAY #300, TACOMA, WA 98402

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) HILARY LOEB<br>BOARD PRESIDENT | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) JODI WALL<br>VICE PRESIDENT | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) VINCENT ALFONSO<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) MARY SEATON<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) CARRIE HUIE-PASCUA<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) CLIFF MEYER<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DAVID MCRAE<br>BOARD TREASURER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) LEE WILLIAMS<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) ELIZABETH M. BONBRIGHT<br>EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 159,654. | 0. | 6,750. |
| (10) ALAN STRAND<br>DIRECTOR OF FINANCE AND ACCOUNTABILI | 40.00 | | | X | | | | 6,833. | 0. | 0. |
| (11) JANINE DUHON<br>FINANCE DIRECTOR | 40.00 | | | X | | | | 41,345. | 0. | 4,527. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

| | (D) | (E) | (F) |
|---|---|---|---|
| 1b Sub-total ▶ | 207,832. | 0. | 11,277. |
| c Total from continuation sheets to Part VII, Section A ▶ | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) ▶ | 207,832. | 0. | 11,277. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| CHILD CARE RESOURCES, 1225 SOUTH WELLER, SUITE 300, SEATTLE, WA 98144 | SUBCONTRACT FOR LOCAL CHILD CARE RES | 3,318,710. |
| CATHOLIC FAMILY & CHILD SERVICE, 5301 TIETON DRIVE, SUITE C, YAKIMA, WA 98909 | SUBCONTRACT FOR LOCAL CHILD CARE RES | 1,313,589. |
| COMMUNITY-MINDED ENTERPRISES 25 W MAIN, SUITE 310, SPOKANE, WA 99201 | SUBCONTRACT FOR LOCAL CHILD CARE RES | 1,308,595. |
| THE OPPORTUNITY COUNCIL, 1111 CORNWALL AVENUE, SUITE 200, BELLINGHAM, WA 98225 | SUBCONTRACT FOR LOCAL CHILD CARE RES | 1,096,357. |
| TACOMA-PIERCE COUNTY CHILD CARE RESOURCE & 1501 PACIFIC AVENUE, SUITE 305, TACOMA, WA | SUBCONTRACT FOR LOCAL CHILD CARE RES | 971,746. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 7

## Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | | |
| 1 a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | 25,000. | | | | |
| c Fundraising events | 1c | | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 13,507,559. | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 213,635. | | | | |
| g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 13,746,194. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f ▶ | | | | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 233. | | | 233. |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross rents | | | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) ▶ | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d ▶ | | | | | | |
| 12 **Total revenue.** See instructions. ▶ | | | 13,746,427. | 0. | 0. | 233. |

## Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,504,468. | 1,504,468. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 150,444. | 39,578. | 102,262. | 8,604. |
| 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 | 825,170. | 632,538. | 192,632. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 46,684. | 31,882. | 14,409. | 393. |
| 9 Other employee benefits | 102,074. | 69,710. | 31,505. | 859. |
| 10 Payroll taxes | 94,638. | 66,006. | 27,765. | 867. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 16,304. | 4,801. | 11,503. | |
| c Accounting | 43,860. | | 43,860. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 134,751. | 51,546. | 81,438. | 1,767. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 46,683. | 35,336. | 11,190. | 157. |
| 14 Information technology | 74,718. | 53,587. | 21,131. | |
| 15 Royalties | | | | |
| 16 Occupancy | 149,991. | 112,755. | 37,236. | |
| 17 Travel | 86,859. | 64,449. | 10,998. | 11,412. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 9,985. | | 9,985. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRACT/SUBCONTRACT SE | 9,761,815. | 9,701,563. | 60,252. | |
| b CURRICULUM/PROFESSIONAL | 85,794. | 80,956. | 3,673. | 1,165. |
| c EVALUATION SERVICES | 83,927. | 83,927. | | |
| d MEMBERSHIP DUES AND LIC | 13,935. | 12,474. | 1,461. | |
| e All other expenses | 5,373. | 2,281. | 3,092. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 13,237,473. | 12,547,857. | 664,392. | 25,224. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 455,287. | 1 | 2,293,931. |
| | 2 | Savings and temporary cash investments | 103,097. | 2 | 102,774. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1,892,906. | 4 | 1,431,049. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 34,093. | 9 | 33,335. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 362,147. | | | |
| | b | Less: accumulated depreciation — 10b: 330,541. | 18,077. | 10c | 31,606. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 2,503,460. | 16 | 3,892,695. |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,323,107. | 17 | 1,871,304. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 196,761. | 19 | 531,914. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 172,593. | 25 | 169,524. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,692,461. | 26 | 2,572,742. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 750,695. | 27 | 1,117,516. |
| | 28 | Temporarily restricted net assets | 60,304. | 28 | 202,437. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 810,999. | 33 | 1,319,953. |
| | 34 | Total liabilities and net assets/fund balances | 2,503,460. | 34 | 3,892,695. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,746,427. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,237,473. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 508,954. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 810,999. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,319,953. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | X | |

Form 990 (2014)

432012 11-07-14

**SCHEDULE A**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
**2014**
Open to Public Inspection

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

Employer identification number: 91-1427991

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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

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

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

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

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

f Enter the number of supported organizations

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4946611. | 6218816. | 10534028. | 11449438. | 13746194. | 46895087. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 4946611. | 6218816. | 10534028. | 11449438. | 13746194. | 46895087. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 46895087. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 4946611. | 6218816. | 10534028. | 11449438. | 13746194. | 46895087. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,702. | 601. | 338. | 417. | 233. | 5,291. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 46900378. |

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 2,028.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 99.99 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 ..... 15 | 99.90 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV** **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.* | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.* | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.* | 9b | | |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.* | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

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

## Section B. Type I Supporting Organizations

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

## Section C. Type II Supporting Organizations

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

## Section D. Type III Supporting Organizations

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

## Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in **Part VI**). See instructions. | |
| 7 **Total annual distributions.** Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| **Section E - Distribution Allocations (see instructions)** | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

**Schedule A (Form 990 or 990-EZ) 2014**

432027
09-17-14

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

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

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

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

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

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

Employer identification number: 91-1427991

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2014**

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432041
10-21-14

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 30,583. | |
| c Total lobbying expenditures (add lines 1a and 1b) | 30,583. | |
| d Other exempt purpose expenditures | 13,206,890. | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 13,237,473. | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 811,874. | |

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

| | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | 202,969. | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | 485,677. | 667,605. | 716,469. | 811,874. | 2,681,625. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,022,438. |
| c Total lobbying expenditures | 17,272. | 23,281. | 16,537. | 30,583. | 87,673. |
| d Grassroots nontaxable amount | 121,419. | 166,901. | 179,117. | 202,969. | 670,406. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,005,609. |
| f Grassroots lobbying expenditures | | | | | |

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

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

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

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

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

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

**Part IV** **Supplemental Information**

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

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No. 1545-0047
**2014**
Open to Public Inspection

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

Employer identification number: 91-1427991

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ ______

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV** **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V** **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

**Part VI** **Land, Buildings, and Equipment.**

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 232,282. | 232,282. | 0. |
| e Other | | 129,865. | 98,259. | 31,606. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 31,606. |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) ACCRUED VACATION | 21,004. |
| (3) ACCRUED PAYROLL EXPENSES | 117,931. |
| (4) DEFERRED RENT | 30,589. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 169,524. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 13,746,427. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,746,427. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 13,746,427. |

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 13,237,473. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,237,473. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 13,237,473. |

**Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

Employer identification number: 91-1427991

**Part I** **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2014)**

432101
10-15-14

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| EDUCATION SCHOLARSHIPS FOR CHILD CARE PROFESSIONALS - INCLUDING TUITION, FEES, BOOKS, TRAVEL FOR SCHOOL AND RELATED EXPENSES | 690 | 1,504,468. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

FORM 990, SCHEDULE I, PART IV

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

**Part IV** **Supplemental Information**

THE ASSESSMENT FEE UP FRONT AND RECEIVE A BONUS UPON SUBMISSION OF RECEIPT OF THEIR CDA CREDENTIAL TO OUR STAFF. THE STAFF REGULARLY MONITORS INDIVIDUALS TO ENSURE THAT THEY ARE PROGRESSING TOWARDS THEIR EDUCATIONAL GOALS RELATED TO THEIR CONTRACTS.

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

Department of the Treasury
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
**2014**
**Open to Public Inspection**

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

Employer identification number: 91-1427991

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br>☒ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☒ Form 990 of other organizations ☒ Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 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? | 4c | | 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), 501(c)(4), and 501(c)(29) 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? | 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 | | 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 | | |

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ELIZABETH M. BONBRIGHT | (i) | 159,654. | 0. | 0. | 0. | 6,750. | 166,404. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

ELIZABETH M. BONBRIGHT - SEVERANCE OF $66,714

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE 7 MEMBER AGENCIES, EACH PROVIDES LOCAL CHILD CARE RESOURCE AND REFERRAL SERVICES WITHIN A SPECIFIC, DEFINED GEOGRAPHIC AREA UNDER CONTRACT WITH CHILD CARE AWARE OF WA. SELECTION OF MEMBERS IS THROUGH A COMPETITIVE REQUEST FOR PROPOSALS ("RFP") PROCESS. MEMBER AGENCIES MUST BE APPROVED FOR MEMBERSHIP BY A VOTE OF THE BOARD OF TRUSTEES, PAY ANNUAL DUES, AND DESIGNATE AN APPROPRIATE REPRESENTATIVE WHO ATTENDS MEMBER COUNCIL MEETINGS. EACH MEMBER AGENCY SHALL HAVE A SEAT ON THE MEMBER COUNCIL (AS DEFINED BELOW) AND WILL PARTICIPATE IN REGULAR MEETINGS OF THE COUNCIL. THE DESIGNATED REPRESENTATIVE OF EACH MEMBER AGENCY WILL BE AN ADMINISTRATOR OR PROGRAM DIRECTOR IN THE AGENCY WITH THE OVERARCHING RESPONSIBILITY FOR THE MANAGEMENT OF CHILD CARE RESOURCE & REFERRAL PROGRAMS.

MEMBER AGENCIES SHALL HAVE THE RIGHT TO VOTE FOR THE ELECTION OF MEMBER COUNCIL REPRESENTATIVES AS TRUSTEES ON THE BOARD OF TRUSTEES, THE RIGHT TO APPROVE AN ANNUAL PUBLIC POLICY AGENDA, AND ANY OTHER PURPOSE SET FORTH IN THE CORPORATION'S BYLAWS OR THE ARTICLES OF INCORPORATION.

EACH MEMBER AGENCY WILL DESIGNATE ONE INDIVIDUAL TO SERVE ON THE MEMBER COUNCIL, AS SET FORTH BELOW IN CHILD CARE AWARE OF WASHINGTON BYLAWS. THIS REPRESENTATIVE WILL SERVE AS LONG AS HE OR SHE IS THE REPRESENTATIVE DESIGNATED BY THE MEMBER AGENCY AND SHALL HAVE THE RIGHT TO VOTE ON ANY MATTER BEFORE THE MEMBER COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER COUNCIL SHALL INCLUDE ONE REPRESENTATIVE OF EACH MEMBER AGENCY.

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

Employer identification number 91-1427991

THE DESIGNATED REPRESENTATIVE FROM EACH MEMBER AGENCY WILL BE AN ADMINISTRATOR OR PROGRAM DIRECTOR IN THE AGENCY WITH THE OVERARCHING RESPONSIBILITY FOR THE MANAGEMENT OF CHILD CARE RESOURCE & REFERRAL PROGRAMS IN THE AGENCY. THE MEMBER COUNCIL WILL FOCUS ON RESOURCE AND REFERRAL PROGRAM ISSUES, WILL RECOMMEND POLICIES TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND DISCUSSION, WILL REVIEW CONTRACT LANGUAGE RELATED TO RESOURCE AND REFERRAL OBLIGATIONS, SHARE BEST PRACTICES FOR LOCAL PROGRAMMING AND MANAGEMENT, MAKE RECOMMENDATIONS ON PROCEDURAL ISSUES RELATED TO STATEWIDE RESOURCE AND REFERRAL PROGRAMS, AND WILL ELECT TWO REPRESENTATIVE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION.

MEMBERS IN THE MEMBER COUNCIL WILL REPRESENT THEIR MEMBER AGENCIES FOR AN UNLIMITED PERIOD OF TIME SO LONG AS THE REPRESENTATIVE MEMBER IS EMPLOYED BY THE MEMBER AGENCY IN A POSITION CONSISTENT WITH THE REPRESENTATIVE NATURE OF THE MEMBER COUNCIL PARTICIPANTS.

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

AT THE END OF EACH FISCAL YEAR, THE CHILD CARE AWARE OF WA'S AUDITORS WILL SUBMIT THE ANNUAL IRS FORM 990 REPORT TO THE BOARD OF TRUSTEES FOR APPROVAL. FORM 990 IS TO BE FILED AS SOON AS POSSIBLE AFTER THE ANNUAL FINANCIAL AUDIT IS COMPLETED BUT NO LATER THAN 45 DAYS PRIOR TO THE DEADLINE FOR FILING THE REPORT. IF THE BOARD OF TRUSTEES CANNOT APPROVE THE FILING OF THIS REPORT AT A REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING, THEN THE AUDITORS WILL SUBMIT THIS REPORT TO THE TREASURER AND FINANCE COMMITTEE.  UPON APPROVAL OF THE FINANCE COMMITTEE THE TREASURER SHALL SUBMIT TO THE PRESIDENT OF THE BOARD OF TRUSTEES WHO WILL CONVENE A SPECIAL EXECUTIVE COMMITTEE MEETING TO REVIEW AND APPROVE THE REPORT FOR FILING. UPON APPROVAL BY THE EXECUTIVE COMMITTEE, THE PRESIDENT OF THE BOARD OF

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

Employer identification number 91-1427991

TRUSTEES WILL SUBMIT THE IRS FORM 990 REPORT TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA EMAIL FOR APPROVAL TO BE FILED. A MAJORITY VOTE OF THE BOARD OF TRUSTEES IS REQUIRED FOR APPROVAL. AFTER APPROVAL BY THE BOARD OF TRUSTEES, THE CHILD CARE AWARE UPON APPROVAL BY THE EXECUTIVE COMMITTEE, THE PRESIDENT OF THE BOARD OF TRUSTEES WILL SUBMIT THE IRS FORM 990 REPORT TO ALL MEMBERS OF THE BOARD OF TRUSTEES VIA EMAIL FOR APPROVAL TO BE FILED. A MAJORITY VOTE OF THE BOARD OF TRUSTEES IS REQUIRED FOR APPROVAL. AFTER APPROVAL BY THE BOARD OF TRUSTEES, THE CHILD CARE AWARE OF WA'S FINANCE OFFICER WILL PROCESS THE FILING OF THE IRS FORM 990 REPORT AS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON APPOINTMENT OR HIRE AND EVERY YEAR THEREAFTER AT THE ANNUAL BOARD OF TRUSTEES MEETING, EACH BOARD OF TRUSTEES MEMBER, BOARD COMMITTE MEMBERS, EXECUTIVE DIRECTOR, OR DIRECTOR LEVEL STAFF IS REQUIRED TO COMPLETE AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE QUESTIONAIRE AND THE RELATED CONFLICT OF INTEREST STATEMENT. CHILD CARE AWARE OF WA REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THIS POLICY BY TRACKING THE ITEMS DISCLOSED IN EACH INDIVIDUAL'S QUESTIONAIRE AND ENSURING THAT A CONFLICTED INDIVIDUAL HAS NO ROLE IN POLICY OR FISCAL DECISION-MAKING THAT IN ANY WAY RELATES TO OR IMPACTS THEIR CONFLICT ISSUE. THE MOST COMMON MONITORING AND ENFOREMENT METHOD INVOLVES EXCLUDING ALL LOCAL CCR&R DIRECTORS FROM PARTICIPATING IN THE DISCUSSION AND ALL DECISIONS AND VOTES AFFECTING LOCAL CCR&R PROGRAM CONTRACTS AND FUNDING ALLOCATIONS. IN ALL CASES, THE CONFLICTED INDIVIDUALS MUST RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTS A THOROUGH

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

Employer identification number 91-1427991

PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR EACH YEAR. EVERY OTHER YEAR THIS IS A 360 DEGREE PERFORMANCE EVALUATION INCLUDING INPUT FROM EVERY BOARD MEMBER, EVERY STAFF MEMBER, ALL OF THE LOCAL CCR&R PROGRAM DIRECTORS, AND A REPRESENTATIVE SAMPLING OF STATEWIDE COMMUNITY, PHILANTHROPIC AND GOVERNMENTAL PARTNERS. THIS PROCESS INCLUDES AN ASSESSMENT OF THE EXECUTIVE DIRECTOR'S HISTORICAL COMPENSATION PACKAGE AS WELL AS HER CURRENT COMPENSATION PACKAGE WHICH IS THEN COMPARED WITH COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED NONPROFIT ORGANIZATIONS IN THE PUGET SOUND REGION AND LIKE-SIZED STATEWIDE CHILD CARE RESOURCE & REFERRAL NETWORK OFFICES IN OTHER STATES ACROSS THE NATION. THE EXECUTIVE COMMITTEE REQUESTS INPUT FROM ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

WASHINGTON STATE CHILD CARE RESOURCE AND REFERRAL NETWORK ("CHILD CARE AWARE OF WA") APPLICABLE TAX FORMS - FORM 1023, 990 ARE AVAILABLE FOR REVIEW UPON REQUEST IN OUR OFFICES DURING NORMAL BUSINESS HOURS. IN ADDITION, CHILD CARE AWARE OF WA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FOR REVIEW UPON REQUEST IN OUR OFFICES DURING NORMAL BUSINESS HOURS. SOME OR ALL OF THESE DOCUMENTS MAY ALSO BE AVAILABLE ON OUR WEBSITE AT WWW.CHILDCAREAWARE.ORG.

FORM 990, PART XI, QUESTION 2C

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

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

Employer identification number 91-1427991

FORM 4562 - DEPRECIATION AND AMORTIZATION

THE TAXPAYER HEREBY ELECTS, PURSUANT TO IRC SECTION 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SECTION 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING 06/30/15.

ALL PROPERTY IN THE 3 YEAR CLASS

ALL PROPERTY IN THE 5 YEAR CLASS

ALL PROPERTY IN THE 7 YEAR CLASS

ALL PROPERTY IN THE 10 YEAR CLASS

ALL PROPERTY IN THE 15 YEAR CLASS

ALL PROPERTY IN THE 20 YEAR CLASS

ALL PROPERTY IN THE 25 YEAR CLASS

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

QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY

| Asset Number | Description of property / Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| 122 | UNKNOWN VARIANCE | | | | | | | |
| | | | .000 | 16 | | | -118. | 119. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | | |
| | | | | | 0. | 0. | -118. | 119. |
| | FURNITURE & FIXTURES | | | | | | | |
| 8 | DESKS (2) | | | | | | | |
| | 101900 | ADS | 3.00 | 17 | 1,195. | | 1,195. | 0. |
| 22 | DESK-SPECIAL NEEDS | | | | | | | |
| | 120600 | ADS | 3.00 | 17 | 803. | | 803. | 0. |
| 23 | DESK-INFANT CARE | | | | | | | |
| | 120600 | ADS | 3.00 | 17 | 787. | | 787. | 0. |
| 25 | CORNERSTONE DESK - DASA | | | | | | | |
| | 040201 | ADS | 3.00 | 17 | 506. | | 506. | 0. |
| 27 | PENINSULA DESK & CREDENZA | | | | | | | |
| | 041701 | ADS | 3.00 | 17 | 1,031. | | 1,031. | 0. |
| 59 | DESK - TEACH | | | | | | | |
| | 091702 | ADS | 5.00 | 17 | 445. | | 445. | 0. |
| 60 | RECEPTION DESK/BOOKKEEPR WORKSTATION | | | | | | | |
| | 092402 | ADS | 5.00 | 17 | 1,656. | | 1,656. | 0. |
| 61 | ROLLING FILE CABINET - TEACH | | | | | | | |
| | 092602 | ADS | 5.00 | 17 | 134. | | 134. | 0. |
| 64 | SONICWALL APPLIANCE | | | | | | | |
| | 030306 | ADS | 3.00 | 17 | 504. | | 504. | 0. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | | |
| | | | | | 7,061. | 0. | 7,061. | 0. |
| | MACHINERY & EQUIPMENT | | | | | | | |
| 5 | CANON COPIER | | | | | | | |
| | 042800 | ADS | 5.00 | 17 | 12,515. | | 12,515. | 0. |
| 9 | DELL COMPUTERS (2) | | | | | | | |
| | 102200 | ADS | 3.00 | 17 | 2,302. | | 2,302. | 0. |
| 11 | COMPUTER | | | | | | | |
| | 043001 | ADS | 3.00 | 17 | 1,188. | | 1,188. | 0. |
| 12 | CANON FAX 2060 | | | | | | | |
| | 051101 | ADS | 3.00 | 17 | 2,027. | | 2,027. | 0. |
| 14 | COMPUTER | | | | | | | |
| | 070100 | ADS | 3.00 | 17 | 954. | | 954. | 0. |
| 15 | COMPUTER | | | | | | | |
| | 070100 | ADS | 3.00 | 17 | 954. | | 954. | 0. |
| 17 | IBI MASTER 500 BINDING SYSTEM | | | | | | | |
| | 100200 | ADS | 3.00 | 17 | 787. | | 787. | 0. |
| 18 | DELL COMPUTER GX100 | | | | | | | |
| | 102200 | ADS | 3.00 | 17 | 1,257. | | 1,257. | 0. |
| 19 | DELL COMPUTER | | | | | | | |
| | 102200 | ADS | 3.00 | 17 | 1,151. | | 1,151. | 0. |
| 24 | COMPUTER | | | | | | | |
| | 121800 | ADS | 3.00 | 17 | 1,228. | | 1,228. | 0. |
| 28 | COMPUTER | | | | | | | |
| | 043001 | ADS | 3.00 | 17 | 1,188. | | 1,188. | 0. |
| 30 | RICHOCH 4727 COPIER | | | | | | | |
| | 112194 | ADS | 5.00 | 17 | 7,384. | | 7,384. | 0. |
| 31 | TOSHIBA LAPTOP COMPUTER/CARRY CASE | | | | | | | |
| | 112994 | ADS | 5.00 | 17 | 3,957. | | 3,957. | 0. |

416261
05-01-14

# - Current year section 179 (D) - Asset disposed

| Asset Number | Description of property / Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| 33 | LAPTOP COMPUTER | | | | | | | |
| | 031599 | ADS | 5.00 | 17 | 3,170. | | 3,170. | 0. |
| 34 | 733MHZ 128 MB (CPU ONLY) | | | | | | | |
| | 073001 | ADS | 3.00 | 17 | 921. | | 921. | 0. |
| 36 | RED TAPE BACK UP SYSTEM | | | | | | | |
| | 111201 | ADS | 3.00 | 17 | 669. | | 669. | 0. |
| 37 | REBUILD COMPUTER | | | | | | | |
| | 013102 | ADS | 3.00 | 17 | 383. | | 383. | 0. |
| 40 | DELL LAPTOP COMPUTER | | | | | | | |
| | 050102 | ADS | 3.00 | 17 | 3,330. | | 3,330. | 0. |
| 43 | 3 DELL PRECISION 340 COMPUTERS | | | | | | | |
| | 062002 | ADS | 3.00 | 17 | 8,883. | | 8,883. | 0. |
| 46 | NETWORK EQUIPMENT | | | | | | | |
| | 061802 | ADS | 3.00 | 17 | 1,213. | | 1,213. | 0. |
| 47 | SHA ULTRA-PORTABLE TABLET | | | | | | | |
| | 061802 | ADS | 3.00 | 17 | 3,634. | | 3,634. | 0. |
| 48 | 2 DELL PRECISION 340 COMPUTERS | | | | | | | |
| | 061902 | ADS | 3.00 | 17 | 4,880. | | 4,880. | 0. |
| 49 | 5 DELL PRECISION 340 COMPUTERS | | | | | | | |
| | 061902 | ADS | 3.00 | 17 | 12,076. | | 12,076. | 0. |
| 52 | DELL LAPTOP COMPUTER | | | | | | | |
| | 062102 | ADS | 3.00 | 17 | 2,211. | | 2,211. | 0. |
| 53 | RICOH AFICIO AP3800 PRINTER/COPIER | | | | | | | |
| | 062802 | ADS | 5.00 | 17 | 12,366. | | 12,366. | 0. |
| 54 | 2 LAZER JET 4100 PRINTERS | | | | | | | |
| | 062102 | ADS | 5.00 | 17 | 6,462. | | 6,462. | 0. |
| 56 | DIGITAL SEAKERPHONE | | | | | | | |
| | 071702 | ADS | 3.00 | 17 | 446. | | 446. | 0. |
| 58 | DELL COMPUTERS (2) | | | | | | | |
| | 082202 | ADS | 3.00 | 17 | 4,337. | | 4,337. | 0. |
| 63 | EBT LAPTOP COMPUTER WITH DOCKING PORT | | | | | | | |
| | 110805 | ADS | 3.00 | 17 | 2,167. | | 2,167. | 0. |
| 74 | 2 DELL LAPTOP COMPUTERS | | | | | | | |
| | 051006 | ADS | 3.00 | 17 | 3,130. | | 3,130. | 0. |
| 78 | DELL LAPTOP COMPUTER | | | | | | | |
| | 051906 | ADS | 3.00 | 17 | 1,565. | | 1,565. | 0. |
| 80 | CDW-SONY VAIO LAPTOP AND ACCESSORIES | | | | | | | |
| | 062306 | ADS | 3.00 | 17 | 3,332. | | 3,332. | 0. |
| 83 | TREO 650 PDA/PHONE | | | | | | | |
| | 052506 | ADS | 3.00 | 17 | 400. | | 400. | 0. |
| 85 | 4 FLAT SCREEN MONITORS | | | | | | | |
| | 063006 | ADS | 3.00 | 17 | 976. | | 976. | 0. |
| 87 | DELL OPTIPLEX 745 DESKTOP COMPUTER | | | | | | | |
| | 062807 | ADS | 3.00 | 17 | 1,286. | | 1,285. | 0. |
| 88 | DELL LATTITUDE D420 LAPTOP COMPUTER | | | | | | | |
| | 063007 | ADS | 3.00 | 17 | 1,938. | | 1,938. | 0. |
| 89 | (2) DELL OPTIPLEX 745 DESKTOP COMPUTERS | | | | | | | |
| | 082307 | ADS | 3.00 | 17 | 2,452. | | 2,452. | 0. |
| 93 | DELL OPTIPLEX 755 DESKTOP COMPUTER | | | | | | | |
| | 063008 | ADS | 3.00 | 17 | 1,122. | | 1,122. | 0. |
| 94 | DELL LATTIDUE D630 LAPTOP COMPUTER | | | | | | | |
| | 063008 | ADS | 3.00 | 17 | 1,086. | | 1,086. | 0. |
| 95 | DELL LATITUDE D830 LAPTOP COMPUTER | | | | | | | |
| | 083108 | ADS | 3.00 | 17 | 1,421. | | 1,421. | 0. |

416261
05-01-14

# - Current year section 179 (D) - Asset disposed

| Asset Number | Description of property / Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| 98 | DELL LATITUDE E6400 LAPTOP & MONITOR FOR H. MOSS | | | | | | | |
| | 123109 | ADS | 3.00 | 17 | 1,679. | | 1,679. | 0. |
| 99 | LEXMARK CS736DN PRINTER | | | | | | | |
| | 090310 | ADS | 3.00 | 17 | 1,857. | | 1,857. | 0. |
| 105 | DELL, 4 LAPTOP COMPUTERS | | | | | | | |
| | 040711 | ADS | 3.00 | 17 | 4,868. | | 4,868. | 0. |
| 106 | DELL, 2 LAPTOP COMPUTERS | | | | | | | |
| | 101211 | ADS | 3.00 | 17 | 2,533. | | 2,287. | 246. |
| 107 | DELL, LAPTOP COMPUTER | | | | | | | |
| | 010212 | ADS | 3.00 | 17 | 1,320. | | 1,100. | 220. |
| 108 | OLYMPIC IP SERVER - TELEPHONE SYSTEM | | | | | | | |
| | 103112 | ADS | 3.00 | 17 | 11,421. | | 2,284. | 2,284. |
| 110 | DELL (MONICA) | | | | | | | |
| | 090613 | ADS | 3.00 | 17 | 1,435. | | 399. | 478. |
| 111 | DELL (LORA) | | | | | | | |
| | 090613 | ADS | 3.00 | 17 | 1,431. | | 398. | 477. |
| 112 | DELL | | | | | | | |
| | 090613 | ADS | 3.00 | 17 | 1,537. | | 427. | 512. |
| 114 | DELL (CAMERON) | | | | | | | |
| | 052914 | ADS | 3.00 | 17 | 1,433. | | 40. | 478. |
| 115 | LEXMARK PRINTER | | | | | | | |
| | 073114 | ADS | 3.00 | 20A | 1,198. | | | 366. |
| 116 | DELL COMPUTERS | | | | | | | |
| | 073114 | ADS | 3.00 | 20A | 4,420. | | | 1,351. |
| 117 | DELL COMPUTERS | | | | | | | |
| | 103014 | ADS | 3.00 | 20A | 3,897. | | | 866. |
| 119 | DELL COMPUTERS | | | | | | | |
| | 053015 | ADS | 3.00 | 20A | 5,227. | | | 145. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | | |
| | | | | | 167,004. | 0. | 138,086. | 7,423. |
| | OTHER | | | | | | | |
| 2 | NACCRRA SOFTWARE | | | | | | | |
| | 062800 | ADS | 5.00 | 17 | 5,000. | | 5,000. | 0. |
| 4 | COMPUTER NETWORK | | | | | | | |
| | 042800 | ADS | 5.00 | 17 | 15,718. | | 15,718. | 0. |
| 26 | 18 BUTTON PHONES | | | | | | | |
| | 041601 | ADS | 3.00 | 17 | 504. | | 504. | 0. |
| 32 | PC MEMORY UPGRADE | | | | | | | |
| | 112994 | ADS | 5.00 | 17 | 200. | | 200. | 0. |
| 35 | LINUX SERVER | | | | | | | |
| | 103101 | ADS | 3.00 | 17 | 1,326. | | 1,326. | 0. |
| 38 | NACCRRAWARE SERVER | | | | | | | |
| | 032502 | ADS | 3.00 | 17 | 4,891. | | 4,891. | 0. |
| 39 | NPS PRO SYSTEM 3-USER LIC | | | | | | | |
| | 050302 | ADS | 3.00 | 17 | 18,562. | | 18,562. | 0. |
| 41 | SVRP4RNOS SERVER | | | | | | | |
| | 060102 | ADS | 3.00 | 17 | 4,265. | | 4,265. | 0. |
| 42 | TAPE BACK UP SYSTEM | | | | | | | |
| | 060102 | ADS | 3.00 | 17 | 520. | | 520. | 0. |
| 44 | SBSDP32K DUAL PILL SERVER SYSTEM | | | | | | | |
| | 061802 | ADS | 3.00 | 17 | 7,670. | | 7,670. | 0. |
| 45 | NETWORK BACKUP SYSTEM | | | | | | | |
| | 061802 | ADS | 3.00 | 17 | 1,082. | | 1,082. | 0. |

416261 05-01-14 # - Current year section 179 (D) - Asset disposed

| Asset Number | Description of property / Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| 50 | SHREDDER | | | | | | | |
| | 062102 | ADS | 5.00 | 17 | 2,001. | | 2,001. | 0. |
| 51 | AVAYA IP TELEPHONE SYSTEM | | | | | | | |
| | 062102 | ADS | 5.00 | 17 | 17,360. | | 17,360. | 0. |
| 55 | MS SBS SERVER, INCLUDING SET UP | | | | | | | |
| | 062802 | ADS | 3.00 | 17 | 7,844. | | 7,844. | 0. |
| 57 | SPECIAL USER SOFTWARE | | | | | | | |
| | 073102 | ADS | 3.00 | 17 | 1,162. | | 1,162. | 0. |
| 62 | TEACH DATABASE SERVER | | | | | | | |
| | 073103 | ADS | 3.00 | 17 | 6,424. | | 6,424. | 0. |
| 65 | SONICWALL VPN LICENSES | | | | | | | |
| | 040306 | ADS | 3.00 | 17 | 286. | | 286. | 0. |
| 66 | POWER CONNECT SWITCH | | | | | | | |
| | 030506 | ADS | 3.00 | 17 | 367. | | 366. | 0. |
| 67 | 2 DELL SERVERS | | | | | | | |
| | 031606 | ADS | 3.00 | 17 | 9,987. | | 9,987. | 0. |
| 68 | MONITOR SWITCH AND CABLES | | | | | | | |
| | 061706 | ADS | 3.00 | 17 | 554. | | 554. | 0. |
| 69 | UPS BACK UP TAPES AND SOFTWARE | | | | | | | |
| | 062106 | ADS | 3.00 | 17 | 1,719. | | 1,719. | 0. |
| 70 | MS EXCHANGE SOFTWARE | | | | | | | |
| | 062406 | ADS | 3.00 | 17 | 3,821. | | 3,821. | 0. |
| 71 | DELL BACKUP EXEC SOFTWARE | | | | | | | |
| | 041306 | ADS | 3.00 | 17 | 1,188. | | 1,188. | 0. |
| 72 | EXCHANGE SECURITY AND SPAM SOFTWARE | | | | | | | |
| | 041706 | ADS | 3.00 | 17 | 1,267. | | 1,268. | 0. |
| 73 | NEW SERVERS SET UP AND CONFIG | | | | | | | |
| | 051306 | ADS | 5.00 | 17 | 5,861. | | 5,861. | 0. |
| 75 | DELL AXIM PDA | | | | | | | |
| | 050506 | ADS | 3.00 | 17 | 386. | | 386. | 0. |
| 76 | SPSS SOFTWARE | | | | | | | |
| | 051106 | ADS | 3.00 | 17 | 799. | | 799. | 0. |
| 77 | 2 DELL ROUTERS | | | | | | | |
| | 051606 | ADS | 3.00 | 17 | 117. | | 118. | 0. |
| 79 | DELL DOCKING STATION | | | | | | | |
| | 051906 | ADS | 3.00 | 17 | 160. | | 160. | 0. |
| 81 | TECHSOUP-CRYSTAL REPORTS SOFTWARE | | | | | | | |
| | 061606 | ADS | 3.00 | 17 | 100. | | 100. | 0. |
| 82 | PURPLUS SOFTWARE-2 ADOBE STD SOFTWARE | | | | | | | |
| | 061306 | ADS | 3.00 | 17 | 258. | | 258. | 0. |
| 84 | HESHAM ODEH - NEW DATA BASE | | | | | | | |
| | 061606 | ADS | 3.00 | 17 | 7,670. | | 7,670. | 0. |
| 86 | AXIM WITH ACCESSORIES | | | | | | | |
| | 063006 | ADS | 3.00 | 17 | 422. | | 422. | 0. |
| 90 | MIP BUDGET MANAGEMENT MODULE SOFTWARE | | | | | | | |
| | 110107 | ADS | 3.00 | 17 | 2,618. | | 2,618. | 0. |
| 91 | MIP EFT FOR A/P MODULE SOFTWARE | | | | | | | |
| | 121507 | ADS | 3.00 | 17 | 1,574. | | 1,573. | 0. |
| 92 | WINDOWS TERMINAL SERVER WITH 10 LICENSES | | | | | | | |
| | 020108 | ADS | 3.00 | 17 | 2,775. | | 2,774. | 0. |
| 96 | SERVER BACKUP SOFTWARE UPGRADE | | | | | | | |
| | 083108 | ADS | 3.00 | 17 | 2,700. | | 2,700. | 0. |
| 97 | MIP VISUAL ANALYZER SOFTWARE | | | | | | | |
| | 123109 | ADS | 3.00 | 17 | 4,141. | | 4,141. | 0. |

416261
05-01-14

# - Current year section 179 (D) - Asset disposed

Depreciation and Amortization Detail FORM 990 PAGE 10 990

| Asset Number | Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| 100 | DELL,APC SMART-UPC 3000VA USB | | | | | | | |
| | 010111 | ADS | 3.00 | 17 | 1,149. | | 1,149. | 0. |
| 101 | DELL, BARRACUDA SPAM & VIRUS FIREWALL 100 | | | | | | | |
| | 010111 | ADS | 3.00 | 17 | 1,126. | | 1,126. | 0. |
| 102 | DELL, POWEREDGE R510 SERVER | | | | | | | |
| | 010111 | ADS | 3.00 | 17 | 2,996. | | 2,996. | 0. |
| 103 | DELL 2 POWEREDGE R510 SERVERS | | | | | | | |
| | 010111 | ADS | 3.00 | 17 | 6,004. | | 6,004. | 0. |
| 104 | DELL, TAPE BACKUP FOR NETWORK | | | | | | | |
| | 010111 | ADS | 3.00 | 17 | 4,327. | | 4,327. | 0. |
| 109 | LEASEHOLD IMPROVEMENTS | | | | | | | |
| | 063013 | ADS | 15.00 | 17 | 15,318. | | 15,318. | 0. |
| 113 | DELL - SERVER HARDWARE | | | | | | | |
| | 112913 | ADS | 3.00 | 17 | 6,733. | | 1,309. | 2,244. |
| 118 | DRILLPOINT | | | | | | | |
| | 053015 | ADS | 3.00 | 20A | 2,625. | | | 73. |
| 120 | NEW EGG PURCHASE | | | | | | | |
| | 063015 | ADS | 3.00 | 20A | 1,039. | | | 30. |
| 121 | XBYTE | | | | | | | |
| | 063015 | ADS | 3.00 | 20A | 3,466. | | | 96. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | | |
| | | | | | 188,082. | 0. | 175,527. | 2,443. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | | |
| | | | | | 362,147. | 0. | 320,556. | 9,985. |

416261
05-01-14

# - Current year section 179 (D) - Asset disposed

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
**(Including Information on Listed Property)** 990

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562*.

OMB No. 1545-0172

**2014**

Attachment Sequence No. 179

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

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

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

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ 13 | | |

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

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

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 119. |

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

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | 6,939. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | 21,872. | VARIES | MQ | S/L | 2,927. |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | S/L | |

**Part IV** **Summary** (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 9,985. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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

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

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

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

**Note:** *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2014 tax year: | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2014 tax year | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | |

● If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

**Enter filer's identifying number, see instructions**

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
WASHINGTON STATE CHILD CARE RESOURCE &
REFERRAL NETWORK

Employer identification number (EIN) or
91-1427991

Number, street, and room or suite no. If a P.O. box, see instructions.
1551 BROADWAY, NO. 300

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
TACOMA, WA 98402

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

● The books are in the care of ▶ ALAN STRAND
1551 BROADWAY #300 - TACOMA, WA 98402

Telephone No. ▶ 253-383-1735 Fax No. ▶

● If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2016.

5 For calendar year ______, or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
AS A RESULT OF A DELAY IN STATEMENT PREPARATION DUE TO STAFFING ISSUES, WE RESPECTFULLY REQUEST ADDITIONAL TIME TO PREPARE THE 2014 FORM 990 TO ENSURE THE PREPARATION OF A COMPLETE AND ACCURATE RETURN.

| | | | |
|---|---|---|---|
| 8a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | $ 0. |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | $ 0. |
| c | **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶