# EXTENDED TO AUGUST 15, 2023

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	g SEP 30,	2022				
	Check if applicable:	C Name of organization	D Employe	er identific	cation number			
	Address change	CHILD CARE NETWORK						
	Name change	Doing business as	38-	38-2160250				
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  Room.  Room.  Room.		E Telephone number 734-975-1840				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross recei		2,987,8	302.		
	Amende return		H(a) Is this	a group re	turn			
	Applica- tion	F name and address of principal officer: ANNETTE SOBOCTINGET	for sub	ordinates	? Yes 🖸	X No		
_	pending	SAME AS C ABOVE	H(b) Are all su	ubordinates in	cluded? Yes	No		
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or			list. See instructior	าร		
		www.childcarenetwork.org			n number 🕨			
			Year of formation:	1977 N	State of legal domic	cile: M 1		
		Summary	DAMIT TOO	ETND	AND DAV			
ď	1 E	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}$ ${ m { t HELP}}$ FOR QUALITY CHILD CARE, AND HELP PROGRAMS PR						
Governance	2	Check this box if the organization discontinued its operations or disposed of						
,	3 1			1 1	eis.	16		
ć	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)				$\frac{16}{16}$		
≪ "	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)				32		
<u>. i</u>	6 1	otal number of volunteers (estimate if necessary)				24		
Activities &	7a ⊺					0.		
ď	b N					0.		
			Prior Ye		Current Yea	ır		
ď	, 8	Contributions and grants (Part VIII, line 1h)	2,706	,263.	1,969,2	291.		
Revenue	9 ₽	Program service revenue (Part VIII, line 2g)	73	,971.	1,016,8	322.		
ΘΛΘ	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,158.		860.		
α	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,204.		829.		
_	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,987,8			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	713	,582.	999,3	<u>344.</u>		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
ď	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,619,5			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
ž	<u>န်</u>   b⊺	otal fundraising expenses (Part IX, column (D), line 25)   28,421.	200	407	407 (	206		
ш	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>,497.</u>	407,8			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		, 195. , 401.	3,026,7			
_		Revenue less expenses. Subtract line 18 from line 12			-38,9			
ts o	9 00 T	Tatal assata (Dart V. line 10)	Beginning of Cur	, 455 •	End of Year 770,9			
Sse	<b>20</b> ⊺	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		,581.	483,3			
Net Assets or	21   22	let assets or fund balances. Subtract line 21 from line 20		,874.	287,6			
P	art II	Signature Block	320	70711	2017	<del>, , , , , , , , , , , , , , , , , , , </del>		
Und	der penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the	best of my	knowledge and belie	f. it is		
		and complete. Declaration of preparer (other than officer) is based on all information of which pre	*	•	9	,		
Sig	ın	Signature of officer	Date	Э				
Не		ANNETTE SOBOCINSKI, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN			
Pai	d E	· · · · · · · · · · · · · · · · · · ·	CP 04/01/2					
Pre	· -	Firm's name MANER COSTERISAN PC	Firn	n's EIN 🛌	38-2157642	2		
Use	Only	Firm's address 2425 E. GRAND RIVER, SUITE 1				_		
_		LANSING, MI 48912-3291	Pho	ne no.51'	7-323-7500	)		
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes	No		

I a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CHILD CARE NETWORK'S MISSION IS TO PROMOTE THE SUCCESS OF CHILDREN,
	FAMILIES AND OUR COMMUNITY THROUGH QUALITY CHILD CARE EDUCATION,
	ADVOCACY AND FAMILY SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,051,730 • including grants of \$999,094 • ) (Revenue \$1,179 • )
	FAMILY SUPPORT PROGRAM (FSP) - THE FAMILY SUPPORT PROGRAM PROVIDES
	TUITION ASSISTANCE (SCHOLARSHIPS) TO FAMILIES TO PAY FOR QUALITY CHILD
	CARE. FSP ALLOWS PARENTS TO WORK AND FURTHER THEIR EDUCATION WHILE
	ASSISTING CHILD CARE ENTREPRENEURS AND THEIR STAFF IN ACHIEVING,
	MAINTAINING, AND IMPROVING EARLY LEARNING EXPERIENCES FOR YOUNG
	CHILDREN. PROGRAM STAFF WORK WITH PARENTS TO PROVIDE STRENGTH-BASED
	GUIDANCE AND COUNSELING. FSP SCHOLARSHIPS ARE AVAILABLE IN GENESEE,
	HILLSDALE, JACKSON, LENAWEE, MONROE, AND WASHTENAW COUNTIES. DURING
	THE FISCAL YEAR, THE FAMILY SUPPORT PROGRAM LEVERAGED PUBLIC AND
	PRIVATE FUNDS TO PRESENT \$975,913 IN EARLY LEARNING SCHOLARSHIPS TO 424
	CHILDREN FROM 293 FAMILIES. THE TUITION WAS PROVIDED TO 81 EARLY
	LEARNING BUSINESSES.
4b	(Code:) (Expenses \$ 921,890. including grants of \$ ) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$
	CHILD CARE PROVIDERS BY PROVIDING TRAINING, RESOURCES, AND ON-SITE
	CONSULTATION FOR EARLY CHILDHOOD EDUCATORS TO IMPROVE THE QUALITY OF
	CARE PROVIDED TO YOUNG CHILDREN. DURING THE FISCAL YEAR, RESOURCE
	CENTER STAFF SUPPORTED 161 LICENSED PROGRAMS WITH QUALITY IMPROVEMENTS
	AND PARTICIPATION IN GREAT START TO QUALITY. IN ADDITION, RESOURCE
	CENTER STAFF OFFERED A TOTAL OF 12 GREAT START TO QUALITY ORIENTATION
	TRAININGS FOR A TOTAL OF 118 LICENSE-EXEMPT PROVIDER ATTENDEES. THE
	RESOURCE CENTER ALSO OFFERED AN ADDITIONAL 111 TRAININGS IN EARLY
	CHILDHOOD TOPICS WITH A TOTAL OF 2,075 PARTICIPANTS. THE RESOURCE
	CENTER STAFF ALSO SUPPORTED PROVIDERS WITH STABILIZATION GRANTS AND HAD
	A TOTAL OF 1,218 PROVIDER CONTACT. FINALLY, THE RESOURCE CENTER STAFF
4c	(Code:) (Expenses \$3,369. including grants of \$) (Revenue \$)
	COMMUNITY PROGRAMS CHILD CARE NETWORK RUNS ADDITIONAL PROGRAMS THAT
	ARE IN ALIGNMENT WITH THE ORGANIZATION'S MISSION. THIS INCLUDES 2
	DIFFERENT PROFESSIONAL DEVELOPMENT CONFERENCES BUILDING ON BEHALF OF
	CHILDREN AND BUILDING CONNECTIONS HOME PROVIDER CONFERENCE. THIS FISCAL
	YEAR, WE HAD OVER 200 CHILD CARE PROFESSIONALS AT THE CONFERENCES FROM
	23 DIFFERENT MICHIGAN COUNTIES. IN ADDITION, CHILD CARE NETWORK OFFERED
	40 CLASSES WITH 907 PARTICIPANTS AND 73 TRAINING HOURS. IN OUR TALENT
	PIPELINE AND CHILD CARE INNOVATION FUND WORK, STAFF SUPPORTED 141 EARLY
	CHILDHOOD PROFESSIONALS WITH TRAINING FOR THE CHILD DEVELOPMENT
	ASSOCIATE CREDENTIAL AND/OR RESOURCES AND SUPPORTS TO OBTAIN CREDENTIALS OR HIGHER EDUCATION IN EARLY CHILDHOOD. THIS INCLUDES 4
	FAMILY, FRIEND AND NEIGHBOR EARLY CARE AND EDUCATION PROVIDERS. THROUGH
	Other program services (Describe on Schedule O.)
тu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4 <sub>P</sub>	Total program service expenses 2,976,989.
	Total program service expenses P 273.073030

09530331 755817 204430

# Form 990 (2021) CHILD CARE NETWORK 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
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 VIII	11b		<u> </u>
С	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		<u> </u>
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
е	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		Х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	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,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III	20a		X
20a	• • •	20a		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Δ.

Form 990 (2021) CHILD CARE NETWORK
Part IV Checklist of Required Schedules (continued)

	100.000		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"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		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	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		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			Х
20	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
34		34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		-2
D	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?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
12200	1 12 00 21	Eorm	990	(2021)

Form 990 (2021) CHILD CARE NETWORK 38-2160250 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
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	1						
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.			- V				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	,_		x				
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a		1				
D	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		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	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		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	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							
е	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	an appaying averagization have exceed hydrogon heldings at any time during the year?							
0	Sponsoring organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8						
9	a. Did the energying organization make any tayable distributions under section 40663							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
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							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the							
b	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 on Scheduk Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? ...... 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? Х 11a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done ...... Х 12c Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Upon request Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records JENNA FOLEY - 734-975-1840

Form **990** (2021)

3941 RESEARCH PARK DRIVE SUITE C, ANN ARBOR

48108

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

• 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	J. ga.						(D)	(E)	(F)
			<b>(C)</b> Position				(F) Estimated			
Name and title	Average hours per	(00 1		heck i ss per	more	than o		Reportable compensation	Reportable compensation	amount of
	week			nd a di				from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				- -		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ed uic		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	-e-	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) ANNETTE SOBOCINSKI	40.00									
EXECUTIVE DIRECTOR				Х				95,091.	0.	2,844.
(2) LOTTIE FERGUSON	2.00									
BOARD MEMBER		Х					)	0.	0.	0.
(3) MARY FLYNN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(4) KELLY GOOLSBY	1.50									
BOARD MEMBER		X						0.	0.	0.
(5) MICHELLE DAVIS	1.50							_	_	_
BOARD MEMBER		X						0.	0.	0.
(6) QUINTON MAKGALE	1.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) DREW FITZMORRIS	2.00									
BOARD MEMBER	)	Х						0.	0.	0.
(8) ANDREW HASHIKAWA	1.50									
BOARD MEMBER		Х						0.	0.	0.
(9) STEPHANIE BROWNE	2.00								•	•
BOARD MEMBER	4 50	Х						0.	0.	0.
(10) CHANDRIKA PAYTON	1.50									•
BOARD MEMBER		Х						0.	0.	0.
(11) CINDY HUTSON	2.00									
BOARD MEMBER	4 50	Х						0.	0.	0.
(12) KELI JACKSON	1.50								•	•
SECRETARY (ENDED 12/21)	1 50	Х		Х				0.	0.	0.
(13) JENNY RADESKY	1.50	.,		,,						•
MEMBER/ SEC. (STARTED 1/22)	2 00	Х		Х				0.	0.	0.
(14) CARRIE ANDERSON	2.00	.,		,,						•
TREAS.(ENDED 12/21)/ MEMBER	2 00	Х		Х				0.	0.	0.
(15) KATE VAN HORN	2.00	₩.		\ <sub>V</sub>				_	_	^
MEMBER / TREAS. (STARTED 1/22) (16) AMY ZAREND	1 50	Х		Х		-		0.	0.	0.
MEMBER/ VICE CHAIR (STARTED 1/22)	1.50	х		х				0.	0.	^
(17) SHERI BUTTERS	2.00	Λ		^				J .	0.	0.
CHAIR (ENDED 12/21)/ MEMBER	2.00	Х		х				0.	0.	0.
CHILL (BRODD 12/21// FIBRIDER	l	27		77			l	1 0.	ı .	Form <b>990</b> (2021)

Part VII   Section A. Officers, Directors,		oloy	ees,			ghes	st C		, , , , , , , , , , , , , , , , , , ,		ı		
(A)	1 ' '	(B) (C) Average Position						(D)	(E)			(F)	
Name and title	hours per	(do not check more than one						Reportable compensation	Reportable compensation			timate nount (	
	week			d a di				from	from related		l .	other	
	(list any	rector						the	organization		l	pensa	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC		l .	om the anizati	
	organizations	truste	al trus		yee	u beu		1099-NEC)	1099-NEO	'	_	d relate	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner	,			orga	anizatio	วทธ
	line)	lhdi	lust	Officer	Key	High	Former						
(18) CAROLINE SANDERS	2.00	Į.,		. l						0			٥
MEMBER/ CHAIR (STARTED 1/22)		Х		Х				0.		0.			0.
		1											
		1											
									1				
		1							3				
									, ,				
		1						60					
		1											
								10					
		1				L							
								7					
				Щ			2	05.004					
1b Subtotal						<b>)</b>		95,091.		0.		2,84	
c Total from continuation sheets to Pa			(		<b>.</b>			95,091.		0.		2,84	0.
d Total (add lines 1b and 1c)			lieta	d ab			0 10		000 of reportable		'	4,04	<del>: : .</del>
compensation from the organization		030	liste	u ab	Ove	<i>y</i> vvii	10 16	scerved more triair \$100,	ooo or reportable	C			0
		•										Yes	No
3 Did the organization list any former off	ficer, director, trust	ee, k	кеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J	for such individual										3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	che	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive									dual for services		_		v
rendered to the organization? # "Yes."  Section B. Independent Contractors	complete Schedul	e J fo	or st	ich p	ers	on					5		X
Complete this table for your five highes	st compensated inc	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	\$100,000 of com	pensa	tion fro	m	
the organization. Report compensation	•	•							•				
(A)								(B)			(0		
Name and busir	ness address	NC	INC	3				Description of s	services	C	Compe	nsatior	1
	, , , , , ,												
2 Total number of independent contractor		ot lin	nited	to t	hos:		ted	above) who received me	ore than				
\$100,000 of compensation from the or	yanızation 🚩										Form	990 (	2024

Form 990 (2021) CHILD C
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
လ လ	1 a	Federated campaigns 1a	99,040.				
au au	b		-				
ΩĔ							
ifts		Related organizations 1d					
nis G			,182,433.				
Sir		All other contributions, gifts, grants, and	•				
e E	•	similar amounts not included above	687,818.				
걸	g		,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	<b>•</b>	1,969,291.			
<u> </u>		Total / Ida III loo Ta T	Business Code	70007			
	2 a	SERVICE CONTRACTS	624100	922,240.	922,240.		
ķ	_ b	GREAT START PROGRAM	900099	94,582.	922,240. 94,582.		
Ser	c				1 2 / 5 5 2 1		
E S	d				~		
gra Re	u e						
Program Service Revenue	f	All other program service revenue			- 07		
		Total. Add lines 2a-2f		1,016,822.			
	3	Investment income (including dividends, inter					
	•	other similar amounts)		860.			860.
	4	Income from investment of tax-exempt bond		16	)		
	5	Royalties	<b>•</b>	11			
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a		5			
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		)			
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c	,				
Şe.		Net gain or (loss)	<b>•</b>				
ther		Gross income from fundraising events (not					
₽	-	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
		Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses	0				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
<b>ω</b> [			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	829.	829.		
ane	b						
Sell	С						
Ais	d	All other revenue					
$\perp$	е	Total. Add lines 11a-11d		829.	4 04 5 5 5 5		2.5
	12	Total revenue. See instructions		2,987,802.	ц,017,651.	0.	860.

132009 12-09-21

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 respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	999,344.	999,344.		
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	102,685.	100,716.	653.	1,316
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	1,267,881.	1,243,570.	7,576.	16,735.
8	Pension plan accruals and contributions (include			\(\mathcal{O}\)'	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	143,209.	139,343.	1,887.	1,979. 1,281.
10	Payroll taxes	105,804.	103,805	718.	1,281
11	Fees for services (nonemployees):		0		
а	Management		10		
b	Legal			_	
С	Accounting	22,888.	20,770.	6.	2,112
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1.C2=1			
	column (A), amount, list line 11g expenses on Sch O.)	10,350.	10,350.		
12	Advertising and promotion	118.	118.		
13	Office expenses	86,870.	86,113.	757.	
14	Information technology	76,034.	75,893.	141.	
15	Royalties	112 227	100 500		
16	Occupancy	113,027.	108,680.	789.	3,558.
17	Travel	33,943.	33,239.	396.	308.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,710.	1,732.	2,931.	47.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	A A==			
23	Insurance	8,975.	8,835.	140.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROVIDER INCENTIVES	20,229.	20,229.		
b	STAFF DEVELOPMENT	16,384.	16,246.	138.	
С	MISCELLANEOUS	12,725.	7,309.	5,117.	299
d	MEMBERSHIPS AND DUES	1,553.	697.	70.	786
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,026,729.	2,976,989.	21,319.	28,421
26	<b>Joint costs</b> . 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)				Form <b>990</b> (2021

ı uı	LA	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		182,888.	1	73,067.	
	2	Savings and temporary cash investments		175,058.	2	175,110.	
	3	Pledges and grants receivable, net		•	3	•	
	4	Accounts receivable, net			187,877.	4	479,407
	5	Loans and other receivables from any current			•		•
	_	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	•	,		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B '11			22,755.	9	25,956
		Land, buildings, and equipment: cost or other	1			Ů	
		basis. Complete Part VI of Schedule D		47,582.	<b>\</b>		
	h	Less: accumulated depreciation	10h	47,582.	0.	10c	0.
	11	Investments - publicly traded securities			() ).	11	
	12	Investments - other securities. See Part IV, line			- 07	12	
	13	Investments - program-related. See Part IV, line			13		
	14		$lue{}$	14			
	15	Intangible assets Other assets. See Part IV, line 11		19,877.	15	17,391	
	16	Total assets. Add lines 1 through 15 (must eq			588,455.	16	770,931
	17	Accounts payable and accrued expenses			83,353.	17	117,856
	18	Grante navable			03/3331	18	117,000
	19	Grants payable Deferred revenue		176,228.	19	330,469	
	20	Tax-exempt bond liabilities		17072201	20	3307103	
	21	Escrow or custodial account liability. Complete	of Schodulo D		21		
	22	Loans and other payables to any current or for				21	
ies	~~	trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat			0.	24	35,000
	25	Other liabilities (including federal income tax,			•	24	33,000
	23	parties, and other liabilities not included on line					
			55 17-24)	Complete Fait A		25	
	26	of Schedule D			259,581.	26	483,325.
	20	Organizations that follow FASB ASC 958, ch			233,301.	20	103,323
Se		and complete lines 27, 28, 32, and 33.	ieck liei				
nc	27	· · · · · · · · · · · · · · · · · · ·			314,996.	27	273,728.
3a la	28	Net assets with donor restrictions			13,878.	28	13,878.
dE	20	Organizations that do not follow FASB ASC			20,0,00		20,0,0
Fun		and complete lines 29 through 33.	900, CH	CK Here			
ō	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			328,874.	32	287,606.
Ť	32	וייייייייייייייייייייייייייייייייייייי		L	588,455.	<u>ی</u>	770,931.

Pa	rt 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	2,98					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,02					
3	Revenue less expenses. Subtract line 2 from line 1	3		8,9 8,8				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5	-	2,3	<u>41.</u>			
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	28	7,6	<u>06.</u>			
Pa	rt 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 X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			X			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	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							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				
	• C1		Form	990	(2021)			
	Public							

#### **SCHEDULE A**

(Form 990)

4

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

CHILD CARE NETWORK

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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:

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.)

- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- **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.**
- **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.**
- **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 III functionally integrated, or Type III non-functionally integrated supporting organization.

f	f Enter the number of supported organizations								
g Provide the following information about the supported organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes		support (see instructions)	support (see instruction		
			` '						

organization	above (see instructions))	Yes No		support (see instructions)	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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2311868.	2175387.	2062220.	2706263.	1969291.	11225029.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2311868.	2175387.	2062220.	2706263.	1969291.	11225029.
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				C)		
	amount shown on line 11,				~() /		
	column (f)						84,350. 11140679.
	Public support. Subtract line 5 from line 4.						11140679.
Sec	ction B. Total Support			0.			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2311868.	2175387.	2062220.	2706263.	1969291.	11225029.
8	Gross income from interest,						
	dividends, payments received on			9			
	securities loans, rents, royalties,		10				
	and income from similar sources	2,187.	2,623.	11,504.	5,158.	860.	22,332.
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	• C1					
	assets (Explain in Part VI.)	5,862.	3,875.	1,623.	13,204.	829.	25,393.
11	<b>Total support.</b> Add lines 7 through 10	10/1					11272754.
12	Gross receipts from related activities,						,642,789.
13	First 5 years. If the Form 990 is for the		rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stor						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I		•	* * * * * * * * * * * * * * * * * * * *		14	98.83 %
15	Public support percentage from 2020					15	99.38 %
16a	a 33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	o 33 1/3% support test - 2020. If the				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	ation
_	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		_
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	, check this box at		(Form 990) 2021
						Juliedule A	11 01111 3301 202 1

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	quality under the tests listed b	elow, please comp	nete Fart II.)				
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-08		
6	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			SUITO			
(	Add lines 7a and 7b			5			
	Public support. (Subtract line 7c from line 6.)			)			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		1,65		,	, ,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		),				
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10110					
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-		•			
_	check this box and stop here						<u></u>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box an a 33 1/3% support tests - 2020. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	ıtion	<b>&gt;</b>
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						<b></b>

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
Qh		
9b		
9с		
10a		
401		
10b		

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Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	ficers,		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Щ
000	tion 6. Type in supporting organizations		V	T
	Want a majority of the appropriation is directors as to start a during the target and a section in the section is		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 now control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		Щ
	aon B. Air Type in Supporting Organizations		V	
4	Did the expenientian provide to each of its supported expenientians, but he set you of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
<u> </u>	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst The organization satisfied the Activities Test. Complete line 2 below.	tructions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	tity (see instruction	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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 lines 3a and 3b below.			
	. 1			

Schedule A (Form 990) 2021

За

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? If "Yes" or "No" provide details in Part VI.

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.

Pai	T V   Type III Non-Functionally integrated 509(a)(3) Supporting	orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		•	
Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a	70,	
b	Average monthly cash balances	1b	-07	
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		4	
	(explain in detail in Part VI):	Y		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Schedule A (Form 990) 2021

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

instructions).

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 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Section E - Distributions Allocations (see instructions) Distributions  Distributions  Distributions  Distributions  Distributions  Distributions  Distributions  Distributions	Par	t v   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued	d)
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses gaid to accomplish exempt purposes of supported organizations 3 Administrative expenses gaid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 4 Amounts paid to acquire exempt use assets 5 Qualified set-asside amounts (prior IRS approval required - provide details in Part VI) 5 Cother distributions (gescribs in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive forwide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive forwide details in Part VI). See instructions 9 Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) 10 Underdistributions 10 Underdistributions 11 Distribution Allocations (see instructions) 12 Excess Distributions 13 Distributions 14 Distributions arroyer, if any, to 2021 (reasonable cause required - explain in Part VI). See instructions. 15 Excess Distributions 16 Distributions arroyer, if any, to 2021 16 Total of lines 3a through 3e 17 Total of lines 3a through 3e 18 Prom 2019 19 Prom 2019 10 Prom 2019 10 Prom 2019 11 Distributions for 2021 from Section D, line 7: 19 Part VI. See instructions 10 Prom 2019 11 Prom 2019 12 Prom 2018 13 Press and 5 Prom 2019 14 Total of lines 3a through 3e 15 Press and 5 Prom 2019 16 Total of lines 3a through 3e 17 Prom 2018 18 Presser Subtract lines 3g, 3g, and 3l from line 3c. Corressuit greater than zero, explain in Part VI. See instructions 19 Part VI. See instructions 20 Prom 2019 21 Prom 2019 22 Prom 2019 23 Press distributions carryover to 2022. Add lines 3j and 4e. 24 Excess from 2019 25 Press from 2019 26 Excess from 2019 27 Prom 2020 28 Prom 2020	Secti	ion D - Distributions			Current Year
organizations, in excess of income from activity  3 Administrative expenses paid to accorplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt use assets  5 Qualified set aside amounts (prior IRS approval required - provide details in Part VI)  5 Outside details describe in Part VI). See instructions.  6 Total annual distributions. Add lines 1 through 6.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive forwide details in Part VI). See instructions.  9 Distributions to attentive supported organizations to which the organization is responsive forwide details in Part VI). See instructions.  9 Distributable amount for 2021 from Section C, line 6  10 Line 8 amount divided by line 9 amount  10 (ii)  10 Distributable amount for 2021 from Section C, line 6  2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2021  a From 2016  b From 2017  c From 2018  d From 2019  e From 2019  f Total of lines 3a through 3e g Applied to underdistributions of prior years  h Applied to 2021 distributable amount  c Remainder. Subtract lines 3g, 3h, and 3l from line 3f.  9 Remainder. Subtract lines 3g, 3h, and 3l from line 3f.  10 Remainder. Subtract lines 3g, 3h, and 3l from line 3f.  11 Remainder. Subtract lines 3g, 3h, and 3l from line 3f.  12 Remainder. Subtract lines 4g and 4b from line 2f.  13 Remainder. Subtract lines 4d and 4d from line 2f.  14 Pert Subtract lines 4d and 4d from line 2f.  15 Remaining underdistributions for years period to 2021 if any. Subtract lines 3g and 4d a from line 2f. Suresult greater than zero, explain in Part VI. See instructions.  15 Remaining underdistributions for years period 2022. Add lines 3j and 4b.  16 Excess from 2018  17 Excess distributions carryover to 2022. Add lines 3j and 4c.	1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
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 - provide details in Part VI) 5 Outher distributions (prior IRS approval required - provide details in Part VI) 5 Outher distributions (pascribe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 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 of the part VI). See instructions organization is responsive (provide details in Part VI). See instructions organization is responsive (provide details in Part VI). See instructions organization is responsive (provide details in Part VI). See instructions organization is responsive (provide details in Part VI). See instructions organization is responsive (provide details in Part VI). See instructions.  1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - propriet organization is responsive (provide details in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 4 From 2015 5 From 2016 6 From 2017 7 From 2017 7 From 2018 7 From 2018 7 From 2019 8 From 2019 9 From 2016 or underdistributions of prior years 9 Applied to underdistributions of prior years 9 Applied to 2021 distributable amount 0 1 Carryover from 2016 not applied (see instructions) 1 Remaining underdistributions of provers prior years organization in Part VI. See possible one. 1 Part VI. See instructions organization is responsive determinance organization in Part VI. See possible one. 2 Remaining underdistributions of provers prior years organization is responsive to 2021 distributions organization is visual in Part VI. See instructions organization is visual in Part VI. See instructions o	2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
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b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4.  5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	<u> </u>	Applied to underdistributions of prior years			
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than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020					
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and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	6				
Part VI. See instructions.  7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020					
7 Excess distributions carryover to 2022. Add lines 3j and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020					
and 4c.  8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020	7				
8 Breakdown of line 7:  a Excess from 2017  b Excess from 2018  c Excess from 2019  d Excess from 2020	-	-			
a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	8				
b Excess from 2018 c Excess from 2019 d Excess from 2020					
c Excess from 2019           d Excess from 2020					
d Excess from 2020					

Schedule A (Form 990) 2021

	Company and Life was the
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	401
	• • • • • • • • • • • • • • • • • • • •
	. • . • . • . • . • . • . • . • . • . •
	<b>()</b>

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

-

**Employer identification number** 

CHILD CARE NETWORK

38-2160250

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)( 3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \bigsim \frac{1}{2} \int \frac{

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# CHILD CARE NETWORK

38-2160250

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 44,713.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s <u>1,092,717.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>85,247.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIR + 4	(c) Total contributions	(d) Type of contribution
4	QUOIC PUID	\$ 287,364.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>42,067.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 68,839.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# CHILD CARE NETWORK

38-2160250

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		* CO67	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
	-21	\$	Schedule B (Form 990) (202

Page 4

Name of organization **Employer identification number** CHILD CARE NETWORK 38-2160250 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CHILD CARE NETWORK

**Employer identification number** 38-2160250

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Borior davised farias	(S) Fulles and other associates
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		ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	3
	Preservation of land for public use (for example, recrea	ation 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 quali	fied conservation contribution in the form o	
	day of the tax year.	.01	Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
4	year ▶ Number of states where property subject to conservation ea	Sat is leasted by	
4	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements is		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	<b>&gt;</b>	Than taking of the later of an a content of content	arraner, caselinerite daimig and year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>▶</b> \$		·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		0: 11
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, , ,	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under FASB A	_	<b>•</b> •
	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction:		Schedule D (Form 990) 2021

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

	t III Organizations Maintaining Colle			orical Tre	easures. o	r Othe	r Simi		S (conti		ige Z
3	Using the organization's acquisition, accession,								- (COITUI	iueu)	
Ü	collection items (check all that apply):	and other record	3, 011001	carry or the	ionownig trial	i make 3	igimicai	11 430 01 113			
а	Public exhibition	d	. $\Box$	I nan or evo	change progra	am					
b	Scholarly research	е			mange progra						
C	Preservation for future generations		,	Otrici							
4	Provide a description of the organization's collection	tions and evolair	a how th	ov further th	ne organizatio	nn'e avar	nnt nur	nose in Darl	YIII		
5	During the year, did the organization solicit or rec	· ·		•	-			pose iiii aii	AIII.		
3	to be sold to raise funds rather than to be mainta								Yes		No
Par	t IV Escrow and Custodial Arranger										140
	reported an amount on Form 990, Part X,		ete ii tiie	organizatio	ni answered	163 011	i i Oiiii a	190, i ait iv,	11116 9, 01		
	Is the organization an agent, trustee, custodian of		liary for (	contribution	s or other ass	sets not	include	4			
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII and								103		140
	ii res, explain the arrangement iiii ait xiii and	complete the loi	nowing t	abic.				1	Amoun	t	
С	Beginning balance						10	$, \dagger$			
	Additions during the year										
e	Distributions during the year										
f	Ending balance						11				
	Did the organization include an amount on Form					unt liabil			Yes		No
	If "Yes," explain the arrangement in Part XIII. Che						•		_ 100		110
Par											
		a) Current year		Prior year	(c) Two yea			e years back	(e) Four	vears I	back
1a	Beginning of year balance	19,877.	` '	15,627.		4,791.	,	14,505.	` _	13.	704.
b	Contributions	,			<b>(</b> )			,			
c	Net investment earnings, gains, and losses	-2,486.		4,250.		836.		286.			801.
d	Grants or scholarships	•									
e	Other expenditures for facilities			5							
•	and programs		<b>\</b> (	)							
f	Administrative expenses										
g	End of year balance	17,391.	O,	19,877.	1	5,627.		14,791.		14,	505.
2	Provide the estimated percentage of the current	-	(line 1					,			
а		0.0000	%	<b>y</b> , (	,,,						
b	Permanent endowment ► 60.0000	%									
С	Term endowment > %	7									
	The percentages on lines 2a, 2b, and 2c should	egual 100%.									
За	Are there endowment funds not in the possession		ation tha	t are held a	nd administer	red for th	ne orgar	ization			
	by:	_					_			Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	s listed as requir	ed on S	chedule R?					. 3b		
4	Describe in Part XIII the intended uses of the org	anization's endo									
Par	t VI Land, Buildings, and Equipmen	t.									
	Complete if the organization answered "Y	es" on Form 990	), Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumul	ated	(d) Boo	k value	)
		basis (investr	ment)	basis	(other)	de	preciati	on			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			4	7,582.		47,	582.			0.
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part	X. colun	nn (B). line 1	0c.)			▶			0.

Schedule D (Form 990) 2021

Schedule D		CHILD CARE	NETWORK		38-2160250 Page <b>3</b>
Part VII	Investments - Oth	ner Securities.			
	Complete if the organize	ation answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category	(including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financi	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	h)	± V 1 (D) line 10 ) ▶			
Dart VIII	b) must equal Form 990, Pa Investments - Pro	gram Related			
T all VIII	_	•	on Form 000 Port IV line	11c. See Form 990, Part X, line 13.	
	· · · · · · · · · · · · · · · · · · ·				
	(a) Description of inve	estment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)					
(2)				70,	
(3)					
(4)					
(5)					
(6)				0.	
(7)				10	
(8)					
(9)				<b>5</b>	
Total. (Col. (	b) must equal Form 990, Pa	rt X, col. (B) line 13.)			
Part IX	Other Assets.		(()		
	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
(1)			-100		
(2)					
(3)					
(4)					
(5)		116	<del>)</del>		
(6)			<u> </u>		
(7)		70)			
(8)					
(9)		$O^{V}$			
	(1-)	000 Part V and (D) lin	- 15\		
Part X	Other Liabilities.	990, Part X, Col. (B) IIII	e 15.)		
Turtx		vation answered "Ves"	on Form 000 Part IV line	11e or 11f. See Form 990, Part X, li	no 25
	<u> </u>	ription of liability	OITT OITH 990, I art IV, IIIIe	The of Thi. See Form 990, Fart X, ii	(b) Book value
1.	. , ,	iption of hability			(b) Book value
	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form	990, Part X. col. (B) lin	e 25.)		▶

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

IN PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD

Schedule D (Form 990) 2021

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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

Name of the organization **Employer identification number** 38-2160250 CHILD CARE NETWORK Part I General Information on Grants and Assistance 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 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
SCHOLARSHIPS TO FAMILIES THAT NEED ASSISTANCE					
PAYING FOR CHILD CARE COSTS.	307	999,094.	0.		
				6	
			C	,04	
			Sile		
		· cc/C			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:		<u> </u>			
PARENTS ARE REQUIRED TO COMPLETE A	N APPLICA	TION AND S	SUBMIT WITH		
DOCUMENTATION VERIFYING HOUSEHOLD	INCOME. P	ROOF OF RE	SIDENCY AN	D A	
SCHOOL/JOB TRAINING SCHEDULE WHEN A	<u> </u>				
WRITE A ONE-PAGE NARRATIVE STATING	THREE SH	ORT AND LO	ONG TERM GO	ALS, AS WELL	
AS AN EXPLANATION OF HOW THE FUNDIN	NG WILL B	ENEFIT THE	IR FAMILY'	S PROGRESS	
TOWARD SELF-SUFFICIENCY. THE ORGAN					
EACH PARENT AND CHILD CARE PROVIDE					

### SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CHILD CARE NETWORK

Employer identification number 38-2160250

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

WORKED TO BUILD CHILD CARE CAPACITY IN HILLSDALE COUNTY. BY THE END OF

THE FISCAL YEAR, 5 NEW HOME PROVIDERS HAD OPENED UP, AND 7 ADDITIONAL

WERE IN THE PROCESS OF BECOMING LICENSED. THIS INCREASED HILLSDALE

COUNTY'S CHILD CARE CAPACITY BY 10%.

PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EXEMPT PROVIDERS FRIEND AND NEIGHBOR PROGRAM 45 LICENSE ATTENDED CAREGIVING CONVERSATIONS FROM THE GROUP OF 68 THAT WERE AND SUPPORTED WITH FREE TRAININGS, LOCAL RESOURCES FREE CONSULTATION. WORK THROUGH OUR CHILD CARE INNOVATION FUND AND FFN PROGRAM PROVIDERS WERE SUPPORTED WITH ONGOING PROSPECTIVE AND EXPANDING CARE PROGRAM, THROUGH OUR TRISHARE CHILD LICENSES. 43 CHILDREN FROM 33 FAMILIES WERE SUPPORTED WITH 16 BUSINESSES PARTICIPATING. STAFF ALSO SUPPORTED FORMER RESIDENTS FROM ATHERTON EAST IN FLINT WITH GETTING TO EARLY CHILDHOOD PROGRAMMING AND RESOURCES TO ENSURE CHILDREN ARE KINDERGARTEN READY.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

BOARD MEMBERS RECEIVE, COMPLETE, AND SIGN THE POLICY ANNUALLY. ALL

EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE POLICY ANNUALLY. THE BOARD

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 38-2160250 CHILD CARE NETWORK REGULARLY REVIEWS THE POLICY FOR UPDATING. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS DECIDED BY VOTE OF THE BOARD OF DIRECTORS. THE SALARY IS BASED ON BOTH INTERNAL EMPLOYEE AND DIRECTOR PERFORMANCE APPRAISALS. MONETARY INCREASES ARE BASED ON RECOMMENDATIONS AS DERIVED FROM SALARY SURVEYS PRODUCED BY SUCH ORGANIZATIONS AS THE MICHIGAN NONPROFIT ASSOCIATION AND INFORMAL VERBAL ASSESSMENTS OF AREA EXECUTIVES. FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE POSTED TO GUIDESTAR AND ARE AVAILABLE UPON REQUEST ANNUALLY. REPORTS ARE PUBLISHED ANNUALLY WITH AUDITED FINANCIAL STATEMENTS AND SENT TO ALL DONORS WHO REQUEST THEM. AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO ALL FUNDERS WHO REQUEST THEM. THE ORGANIZATION CONFLICT OF INTEREST POLICY, AND FINANCIAL MAKES ITS GOVERNING DOCUMENTS, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.