Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	\approx 2022 calendar year, or tax year beginning OCT 1, 2022 and	enaing 5	EP 30, 2023	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	CHILD CARE NETWORK			
	Name change	Doing business as		38-21602	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return/	3941 RESEARCH PARK DRIVE	C	734-975-3	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,452,550.
	Ameno return			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····
$\overline{}$	Tav.av	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) (a)	or 527	1 ` ´	list. See instructions
	Websit		01 321	H(c) Group exemption	
		organization: Corporation Trust X Association Other	I Vaar		1 State of legal domicile: MI
	art I	Summary	L 1 Gai	or formation. ±277 IV	1 State of legal doffliche, 111
_		Briefly describe the organization's mission or most significant activities: TO H	RT.D FA	MILIES EIND	AND PAV
٥	3 '	FOR QUALITY CHILD CARE, AND HELP PROGRAMS	PROVI	DE OUNTIED	CARE
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			
ğ	3				16
ç	3 3	0 0 , (, , ,		·····	16
વ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			36
<u>.</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			26
∄	6	Total number of volunteers (estimate if necessary)		6	0.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,969,291. 1,016,822.	2,262,531.
Revenue	9	Program service revenue (Part VIII, line 2g)			1,184,277.
á	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		860.	5,742.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		829.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,987,802.	3,452,550.
		Grants and similar amounts paid (Part IX, column (A), Jines 1-3)		999,344.	1,290,659.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	1 605 500
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,619,579.	1,695,580.
Fxnenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž.	<u> </u>	Total fundraising expenses (Part IX, column (D), line 25) 17,52		407.006	441 172
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		407,806.	441,173.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,026,729.	3,427,412.
_	19	Revenue less expenses. Subtract line 18 from line 12		-38,927.	25,138.
s or			Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		770,931.	1,457,858.
J. A	21	Total liabilities (Part X, line 26)		483,325.	1,145,114.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		287,606.	312,744.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		I Date	
Sig				Date	
He	re	ANNETTE SOBOCINSKI, EXECUTIVE DIRECTOR			
		Type or print name and title	Tr	Date Check	I DTIN
_		Print/Type preparer's name Preparer's signature		4 (4 E (0 4 if	PTIN
Pai		BRANDY L. MIKULA, CPA BRANDY L. MIKULA	A, CP 0	4/15/24 self-employe	
	parer	Firm's name MANER COSTERISAN PC		Firm's EIN 3	8-2157642
Use	Only	Firm's address 2425 E. GRAND RIVER, SUITE 1			7 202 7500
_		LANSING, MI 48912-3291		Phone no.51	7-323-7500
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
					E WULL (0000)

3

) (Revenue \$

2022.05080 CHILD CARE NETWORK

3,396,068.

including grants of \$

232002 12-13-22

Total program service expenses

Form 990 (2022)

Form 990 (2022) 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
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		Х
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. ,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			_V
40	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,"	ء د		_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	domestic government on Fattix, columnity, line 1: If Tes. Complete Schedule I, Parts I and II	41		_ 41

Form 990 (2022) CHILD CARE NETWORK
Part IV Checklist of Required Schedules (continued)

	(GONTHIAGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
22		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		21	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
04-	Schedule J	23		Α
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		Х
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		Х
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? <i>If</i>			
ŭ		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·		28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		X
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	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 12 22			(2022)

12440414 755817 204430

Form 990						38-2160250	Pa	age 5
Part V	Statements	Regarding	Other II	RS 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 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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	7.		х
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d e		7e		Х
f	Did the consequent of the consequence of the conseq	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
	Did the appropriate the propriate for independent of the latest of the l	14a		X
	K IIV - II has 't Challe Fare 700 have set the second set of the second second set of the second set of the second se	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-fu		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

232005 12-13-22

Form **990** (2022)

CHILD CARE NETWORK 38-2160250 Page 6 Form 990 (2022) 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х 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? The organization's CEO, Executive Director, or top management official Х 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? 16h 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

Form **990** (2022)

OLGA KHARIN - 734-975-1840

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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 officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Posi		sition more than one			Reportable	Reportable	Estimated	
	hours per	box,	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	er	O '		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) ANNETTE SOBOCINSKI	45.00							0		
EXECUTIVE DIRECTOR				Х				99,574.	0.	2,874.
(2) LOTTIE FERGUSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) KELLY GOOLSBY	1.50									
BOARD MEMBER		X						0.	0.	0.
(4) MICHELLE DAVIS	1.50									
BOARD MEMBER		X		1				0.	0.	0.
(5) QUINTON MAKGALE	1.50									
BOARD MEMBER		X						0.	0.	0.
(6) ANDREW HASHIKAWA	1.50									
BOARD MEMBER		Х						0.	0.	0.
(7) STEPHANIE BROWNE	1.50							_	_	
BOARD MEMBER)	Х						0.	0.	0.
(8) CHANDRIKA POOLE	2.00							_	_	
BOARD MEMBER		Х						0.	0.	0.
(9) CINDY HUTSON	1.50									
BOARD MEMBER	1	Х						0.	0.	0.
(10) CARRIE ANDERSON	1.50									
BOARD MEMBER	1	Х						0.	0.	0.
(11) SHERI BUTTERS	1.50	ļ								
BOARD MEMBER	1 50	Х						0.	0.	0.
(12) CHANDA GILBERT	1.50								_	•
BOARD MEMBER	1 50	Х						0.	0.	0.
(13) SHON HART	1.50	.,							0	0
BOARD MEMBER	1 50	Х						0.	0.	0.
(14) MARY FLYNN	1.50	٠,							0	0
BOARD MEMBER (ENDED 11/22)	2 00	X						0.	0.	0.
(15) JENNY RADESKY	2.00	Х		х				0.	0.	0
SECRETARY	2.50	Λ		Λ				0.	0.	0.
(16) KATE VAN HORN	4.50	Х		х				0.	0.	0
TREASURER (ENDED 3/23) (17) DREW FITZMORRIS	2.50	Λ		Δ		\vdash		U •	0.	0.
MEMBER/TREASURER (BEGAN 3/2023)	4.50	Х		х				0.	0.	0.
MEMBER/IREASURER (BEGAN 3/2023)	<u> </u>	Λ		Λ		L	1	<u> </u>	<u> </u>	- OOO (2222)

232007 12-13-22

Form 990 (2022)

Form 990 (2022) CHILD CAF									38-21	602	250	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		'				
(A)	(B)			Posi				(D)	(E)			(F)	
Name and title	Average hours per		not c	heck ı	more	than o		Reportable compensation	Reportable			imate	
	week					s both or/trus		from	compensation from related			ount o other)I
	(list any	ctor						the	organizations			ensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/		m the	
	related	stee	truste			pensa		(W-2/1099-MISC/	1099-NEC)			ınizati	
	organizations below	ual tru	ional		ploye	t com		1099-NEC)				relate nizatio	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	key employee	Highest compensated employee	Former				orgai	IIZalik	2112
(18) AMY ZAREND	2.00	_	_		<u> </u>	1 0							
VICE CHAIR		Х		Х				0.		0.			0.
(19) CAROLINE SANDERS	2.50												
CHAIR		Х		Х				0.		0.			0.
										-			
									1				
),	7				
) *	_			
								601	•				
										\dashv			
								6					
						\vdash							
						C		1					
1b Subtotal		<u> </u>	<u> </u>			١-		99,574.		0.	2	2,87	74.
c Total from continuation sheets to Part VII								0.		0.		, ,	0.
d Total (add lines 1b and 1c)			- 10	U				99,574.		0.	2	8,85	74.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization)										V	0
O Distance and inclined the second of the se	all and the same			1			1	l t		ſ		Yes	No
3 Did the organization list any former officer,	Y. N. 1										3		Х
line 1a? If "Yes," complete Schedule J for \$1 4 For any individual listed on line 1a, is the su								ner compensation from t			3		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•							•	ensat	ion froi	m	
the organization. Report compensation for t	ine calendar ye	ear e	ndir	ng w	ith c	or wi	tnın	i the organization's tax y (B)	ear.		(C)	`	
Name and business	address	NC	ONE	3				Description of s	ervices	C	ompen		า
							\dashv						
2 Total number of independent contractors (in	ncludina but na	ot lin	nited	d to 1	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	· ·			- '	C			,				100	2000)

Form **990** (2022)

Form 990 (2022) CHILD C
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tarretter Teveride	Business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns 1a	115,700.				
ran	b	Membership dues 1b					
S,G	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e 1,	320,405.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	826,426.				
d dri	g	Noncash contributions included in lines 1a-1f					
a Se	h	Total. Add lines 1a-1f		2,262,531.			
			Business Code				
e	2 a		624100	994,230.	994,230.		
Program Service Revenue	b	GREAT START PROGRAM	900099	190,047.	190,047.		
Se	С						
am	d						
60 H	е					7	
4	f	All other program service revenue					
	g			1,184,277.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		5,742			5,742.
	4	Income from investment of tax-exempt bond pr	roceeds	,(0			
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses					
eve		Gain or (loss)					
		Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
ð		including \$ of contributions reported on line 1c). See					
	L	Part IV, line 18 8a Less: direct expenses 8b					
		Less: direct expenses8b Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	Ja	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a						
ane Duc	b						
Miscellaneous Revenue	С						
Aisc	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,452,550.	1,184,277.	0.	5,742.

Form 990 (2022) CHILD CARE NETWORK Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nolete column (A)	
36011	Check if Schedule O contains a respon				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,290,659.	1,290,659.		
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,	104 600	102 410	262	000
	trustees, and key employees	104,680.	103,418.	363.	899.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 226 070	1 220 750	4 626	11 502
7	Other salaries and wages	1,336,879.	1,320,750.	4,626.	11,503.
8	Pension plan accruals and contributions (include	21,705.	21,472.	22.	211.
_	section 401(k) and 403(b) employer contributions)	109,599.	108,270.	482.	847.
9	Other employee benefits	122,717.	121,161	529.	1,027.
10	Payroll taxes Fees for services (nonemployees):	144,111.	121,101	343.	1,04/•
11	` ' ' '		.(7)		
	Management		110		
	Legal	23,749.	23,583.	12.	154.
	Accounting Lobbying	25,745.	6	14.	131.
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,	~ ()			
9	column (A), amount, list line 11g expenses on Sch O.)	5,978.	5,978.		
12	Advertising and promotion	2,589.	2,589.		
13	Office expenses	72,365.	70,949.	1,190.	226.
14	Information technology	60,175.	60,053.	122.	
15	Royalties				
16	Occupancy	105,113.	102,040.	1,370.	1,703.
17	Travel	59,183.	58,928.	241.	14.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,870.	8,788.	923.	159.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 222	2 2 2 2		
23	Insurance	9,323.	9,262.	61.	
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	52,338.	52,338.		
b	TRAINING	14,571.	14,505.	66.	
c	MISCELLANEOUS	14,529.	10,110.	3,817.	602.
d	OTHER PROGRAM COSTS	8,783.	8,783.	, -	
-	All other expenses	2,607.	2,432.		175.
25	Total functional expenses. Add lines 1 through 24e	3,427,412.	3,396,068.	13,824.	17,520.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	73,067.	1	675,759
	2	Savings and temporary cash investments		2	175,163
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	313,887
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	25 056	9	28,218
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	.0,	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,391.	15	264,831
	16	Total assets. Add lines 1 through 15 (must equal line 33)	770,931.	16	1,457,858
	17	Accounts payable and accrued expenses	117,856.	17	119,795
	18	Grants payable Deferred revenue		18	
	19	Deferred revenue	330,469.	19	780,001
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě∣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	35,000.	24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			245 210
		of Schedule D	0.		245,318
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	483,325.	26	1,145,114
ဖွ		, <u> </u>			
ဥ		and complete lines 27, 28, 32, and 33.	273,728.		200 066
<u>a</u> a	27	Net assets without donor restrictions		27	298,866 13,878
ğ	28	Net assets with donor restrictions	13,070.	28	13,070
<u>Š</u>		Organizations that do not follow FASB ASC 958, check here			
P.		and complete lines 29 through 33.			
į į	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	210 744
ž	32	Total net assets or fund balances	1 000 001	32	312,744
	33	Total liabilities and net assets/fund balances	770,931.	33	1,457,858 Form 990 (202

Form **990** (2022)

Pa	Heconciliation 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	3,45	2,5	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	25,138		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	287,60		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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,				
	coluṃn (B))	10	31	2,7	<u>44.</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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	audit,			
	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	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 ((2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open In the Internation In the Interna

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHILD CARE NETWORK 38-2160250 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	,	, ,	,,
-	membership fees received. (Do not						
	include any "unusual grants.")	2175387.	2062220.	2706263.	1969291.	2262531.	11175692.
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	2175387.	2062220.	2706263.	1969291.	2262531.	11175692.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included				~~		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				-07		
	column (f)						156,237.
6	Public support. Subtract line 5 from line 4.						11019455.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2175387.	2062220.	2706263.	1969291.		11175692.
	Gross income from interest,			~			
	dividends, payments received on			5			
	securities loans, rents, royalties,)			
	and income from similar sources	2,623.	11,504.	5,158.	860.	5,742.	25,887.
9	Net income from unrelated business	,	60	,		- ,	, , , , ,
_	activities, whether or not the		1,65				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,875.	1,623.	13,204.	829.		19,531.
11	Total support. Add lines 7 through 10				0_0		$\frac{27,0025}{11221110}$
	Gross receipts from related activities,	etc (see instruction	nns)				,578,890.
	First 5 years. If the Form 990 is for the						, ,
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	98.20 %
	Public support percentage from 2021		•	.,,		15	98.83 %
	33 1/3% support test - 2022. If the c					ore, check this bo	_
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te				vacai-ation	vi new are organiz	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	-					:
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		
				,,, 110	,		(Form 990) 2022

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.)

	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2							
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	· · · · · · · · · · · · · · · · · · ·						
	are not an unrelated trade or bus-						
	iness under section 513				1		
4	3						
	ization's benefit and either paid to						
_	or expended on its behalf				<i></i>		
5							
	furnished by a governmental unit to the organization without charge						
c	• • • • • • • • • • • • • • • • • • • •				7.		
	Total. Add lines 1 through 5				\cup		
18	3 received from disqualified persons			0.			
k	Amounts included on lines 2 and 3 received			.40			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			C			
	c Add lines 7a and 7b			7			
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1 (86		
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest,						
108	dividends, payments received on)				
	securities loans, rents, royalties, and income from similar sources		Y				
k	b Unrelated business taxable income	110					
	(less section 511 taxes) from businesses						
	,						
	acquired after June 30, 1975	70,					
	acquired after June 30, 1975	70,					
	acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business	70,					
	acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	70,					
11	acquired after June 30, 1975 c 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	70,					
11	acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital	70,					
11	acquired after June 30, 1975 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 Other income. Do not include gain	70,					
11 12 13	acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's fil	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
11 12 13 14	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here		· · · · · · · · · · · · · · · · · · ·	· ·	•	()()	*
11 12 13 14	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Publication of Publication 10b.	ic Support Per	centage		•		··········
11 12 13 14 Sec 15	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (ic Support Per	centage livided by line 13, c		•	15	%
11 12 13 14 Sec 15 16	acquired after June 30, 1975 c 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 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021)	ic Support Per line 8, column (f), d I Schedule A, Part	centage ivided by line 13, o				
11 12 13 14 Sec 15 16 Sec	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public support percentage for 2022 (Check to the computation of Investigation 10 to the computation 10 to the computatio	ic Support Per line 8, column (f), d I Schedule A, Part stment Income	centage livided by line 13, of lill, line 15 Percentage	column (f))		15 16	<u>%</u>
11 12 13 14 15 16 Sec 17	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (Carting D. Computation of Investing Investment income percentage for 2021)	ic Support Per line 8, column (f), d I Schedule A, Part stment Income 022 (line 10c, colur	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by line	column (f))		15 16	% %
11 12 13 14 15 16 Sec 17 18	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investing Investment income percentage from 2021 Investment income percentage from	ic Support Per line 8, column (f), d I Schedule A, Part stment Income 022 (line 10c, colur 2021 Schedule A,	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
11 12 13 14 15 16 Sec 17 18	acquired after June 30, 1975 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 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Support percentage from 2021 (Public support percentage from 2021 (Investment income percentage from 2011 (Investment income percentage from 2013 1/3% support tests - 2022. If the	ic Support Per line 8, column (f), d I Schedule A, Part stment Income 022 (line 10c, colur 2021 Schedule A, e organization did n	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by line 17 not check the box of	ne 13, column (f))	a 15 is more than 3:	15 16 17 18 3 1/3%, and line 17	% % % % 7 is not
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
_		
За		
3b		
3c		
4a		
70		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		

232024 12-09-22

Par	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		I	
			Yes	No
	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			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Jeci	tion B. All Type III Supporting Organizations			·
			Yes	No
	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		
	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		
	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			
	supported organizations played in this regard	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

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> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	
Sect	ion 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	ion 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		
b	Average monthly cash balances	1b		
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	0		
	(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		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting organ	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continue}	d)					
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	3	3						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required - pro	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.		\(\frac{1}{2}\)						
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
с	From 2019	0							
d	From 2020	14							
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount	10							
<u>i</u>	Carryover from 2017 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,	7							
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2022 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
88	Breakdown of line 7:								
a	Excess from 2018								
<u>b</u>	Excess from 2019								
с	Excess from 2020								
d	Excess from 2021								
е	Excess from 2022								

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.)
	_())
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-	

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

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

X 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 \$

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) (2022)

Schedule B (Form 990) (2022)

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		\$1,023,693.	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		\$ 92,488.	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	- closul	\$	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
4	Printe .	\$133,465.	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		\$69,272.	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22	l	Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

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
7		\$ <u>271,660.</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
8		\$ 50,000.	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
9		\$ 56,949.	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
10	<u> </u>	\$ 74,733.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	22		Schedule B (Form 990) (2022

Page 3

Name of organization Employer identification number

CHILD CARE NETWORK

38-2160250

(a) No. from Part I (a) (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. from			
No. rom		(c)	
_		FMV (or estimate) (See instructions.)	(d) Date received
		\$ COS	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	3,500	\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$-\begin{vmatrix} - \\ - \end{vmatrix}$	6/10/	\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$-\begin{bmatrix} - \\ - \end{bmatrix}$		\$	

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

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

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts		
_	Total counts on at an dieference	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2 3	Aggregate value of contributions to (during year)				
4	Aggregate value of grants from (during year) Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	l writing that the assets held in donor advis	ed funds		
J	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 or				
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	~~		
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form			
	day of the tax year.	.01	Held at the End of the Tax Year		
	Total number of conservation easements		2a		
	Number of conservation easements on a certified historic stru		2c		
d	Number of conservation easements included in (c) acquired a				
•	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
4	year Number of states where property subject to conservation eas	rement is located			
5	Does the organization have a written policy regarding the per				
Ŭ	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring inspecting,				
			,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the		
Dos	organization's accounting for conservation easements.	Art Historical Transcures or Of	hay Cimilay Assats		
Pai	t III Organizations Maintaining Collections of		Her Sillilar Assets.		
	Complete if the organization answered "Yes" on Form				
па	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub	,	•		
h	service, provide in Part XIII the text of the footnote to its finantification elected, as permitted under EASP ASC 05				
D	If the organization elected, as permitted under FASB ASC 95a art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,		
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
2	If the organization received or held works of art, historical trea				
_	the following amounts required to be reported under FASB A		, p		
а	Revenue included on Form 990, Part VIII, line 1		\$		
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022		

Par	t III Organizations Maintaining Co	ollections of Art	i, Historical Tre	easures, o	or Other	^r Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following the	at make si	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change prog	ıram					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	how they further t	he organizat	tion's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	sures, or oth	her similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered	d "Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other a	ssets not i	ncluded		_		_
	on Form 990, Part X?						L	Yes		No
b	o If "Yes," explain the arrangement in Part XIII and complete the following table:									
								Amoun	t	
С	Beginning balance					. <u>1c</u>				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					1f		_		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial acc	ount liabili	ty?	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if									
	<u></u>	(a) Current year	(b) Prior year	(c) Two ye		(d) Three	years back	(e) Fou		
1a	Beginning of year balance	17,391.	19,877.	0	15,627.		14,791.		14,	505.
b	Contributions									
С	Net investment earnings, gains, and losses	2,122.	-2,486.		4,250.		836.			286.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		10							
f	Administrative expenses									
g	End of year balance	19,513.	17,391.	•	19,877.		15,627.		14,	791.
2	Provide the estimated percentage of the curre		(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	53.4300	_%							
b	Permanent endowment 46.5700	%								
С		6								
	The percentages on lines 2a, 2b, and 2c should									
3а	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administ	ered for th	е		1		
	organization by:)							Yes	No
	(i) Unrelated organizations							3a(i)		X
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme		Dest N/ Personal - /	D F 00	00 D-+-1	l' 40				
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investment)		t or other (other)	1 ' '	ccumulate preciation		(d) Boo	k valu	е
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ec	gual Form 990, Part 2	X. column (B), line 1	10c.)						0.

Schedule D (Form 990) 2022 CHILD CARE 1	NETWORK	38-	2160250 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-o	f-year market value
(1)			
(2)			
(3)		6()\	
(4)			
(5)			
(6)		0.	
(7)		10	
(8)			
(9)		O *	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	1()		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1) BENEFICIAL INTEREST			19,513.
(2) ROU ASSET			245,318.
(3)			
(4)			
(5)	i		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		264,831.
Part X Other Liabilities.			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROU LIABILITY	245,318.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	245,318.

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

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	eturn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
1	Total revenue, gains, and other support per audited financial statements		1	3,458,550.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b 6,000	<u>-</u>				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e	6,000.			
3	Subtract line 2e from line 1		3	3,452,550.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	·	10	0			
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		4c	3,452,550.			
	t XII Reconciliation of Expenses per Audited Financial Staten	ments With Expenses per					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	· · · · · · · · · · · · · · · · · · ·					
1	Total expenses and losses per audited financial statements	A	1	3,433,412.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a 6,000	.				
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e	6,000.			
3	Subtract line 2e from line 1		3	3,427,412.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	<u> 4a</u>	_				
	Other (Describe in Part XIII.)	4b	-	0			
	Add lines 4a and 4b		4c	3,427,412.			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Vine 18.) t XIII Supplemental Information.		5	3,441,414.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	urt IV. lines 1b and 2b: Part V. line	4: Part)	C. line 2: Part XI.			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		1, 1 a.c.	τ, πιο Σ, τ αιτ λίι,			
	. (,)						
PAF	T V, LINE 4:						
			~				
INCOME GENERATED FROM THE ORGANIZATION'S ENDOWMENT FUND IS USED PRIMARILY							
ШΟ	FUND ITS SCHOLARSHIP PROGRAM.						
10	FUND 115 SCHOLLARSHIP PROGRAM.						
	•						
PAF	T X, LINE 2:						
IN	PREPARATION OF TAX RETURNS, TAX POSITIONS	S ARE TAKEN BASED	ON				
INI	ERPRETATION OF FEDERAL, STATE AND LOCAL T	TAX LAWS. MANAGE	MENT				
D = -	TODICALLY DEVITEUR AND EVALUATION THE CHARLE		D	0.01.01.0			
PEF	IODICALLY REVIEWS AND EVALUATES THE STATU	JS OF UNCERTAIN T	AX P	DSITIONS			
ΔNT	MAKES ESTIMATES OF AMOUNTS, INCLUDING IN	ייבטבכת אאט סבאאני.	ידדכ				
TILL	MAKES ESTIMATES OF AMOUNTS, INCLUDING IN	NIEKESI AND FENAL	TIES	ı			
ULT	IMATELY DUE OR OWED. NO AMOUNTS HAVE BEE	EN IDENTIFIED. OR	REC	ORDED, AS			
				,			
UNC	ERTAIN TAX POSITIONS. FEDERAL, STATE AND	LOCAL TAX RETUR	NS GI	ENERALLY			
D E.M	AIN OPEN FOR EXAMINATION BY THE VARIOUS T	יאצואם אוויישרסדיידים	с Б∪і	S V DEBIUD			
الانتداد	WIN OLDER LOW DEWELTHULITON DI IIID AUVIOND I	TAVING VOINOUTITE	O 1. OI	Y W LUNTOD			

232054 09-01-22

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.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Employer identification number Name of the organization 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 criteria used to award the grants or assistance? X Yes 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

232101 10-31-22

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

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

(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.	521	1,284,709.	0.		
				3	
				OX	
)	
			401		
			5		
		\C			
		-C)			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2: Part III, column	(b); and any other ac	ditional information.	
			(//		
PART I, LINE 2:	.*.()	Y			
PARENTS ARE REQUIRED TO COMPLETE 2	AN APPLICA	TION AND S	SUBMIT WITH		
DOCUMENTATION VERIFYING HOUSEHOLD	INCOME, P	ROOF OF RE	ESIDENCY AN	D A	
SCHOOL/JOB TRAINING SCHEDULE WHEN	A D D D ∩ D D T A	тг раргич	re ade deoii	TRED TO	
WRITE A ONE-PAGE NARRATIVE STATING	G THREE SH	ORT AND LO	ONG TERM GO	ALS, AS WELL	
AS AN EXPLANATION OF HOW THE FUND	ING WILL B	ENEFIT THE	EIR FAMILY'	S PROGRESS	
TOWARD SELF-SUFFICIENCY. THE ORGA	NIZATION'S	STAFF WII	LL CONDUCT	SURVEYS WITH	
EACH PARENT AND CHILD CARE PROVIDE	EK TO ASSE	PR STHL SC	KUGKESS.		

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

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 BRANCH AND HILLSDALE COUNTIES. BY THE END OF THE FISCAL YEAR, THERE WERE 3 NEW LICENSED CHILD CARE HOMES IN BRANCH COUNTY AND 2 NEW LICENSED CHILD CARE HOMES IN HILLSDALE COUNTY. THIS INCREASED BRANCH COUNTY'S CHILD CARE CAPACITY BY 7% AND HILLSDALE BY 4%. ACCOMPLISHMENTS: PART III, LINE 4C, PROGRAM SERVICE CAPACITY AND/OR IMPROVE FACILITIES. THETRISHARE CHILD CARE PROGRAM SUPPORTED PAYING FOR CHILD CARE FOR 113 CHILDREN FROM 82 FAMILIES AND CARE 24 EMPLOYERS WITH 34 PARTICIPATING CHILD LINE-11B SECTION B FORM 990, PART VI, 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

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

BOARD MEMBERS RECEIVE, COMPLETE, AND SIGN THE POLICY ANNUALLY. EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE POLICY ANNUALLY. REGULARLY REVIEWS THE POLICY FOR UPDATING

FORM 990, PART VI, SECTION B, LINE

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

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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CHILD CARE NETWORK 38-2160250 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 MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.