

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES	D Employer identification number 94-3060756
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3101 WILSON BOULEVARD 350	E Telephone number 703-341-4100
City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: _____

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.NACCRRR.ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **7,674,773.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received:	
a	Direct public support	120,248.
b	Indirect public support	
c	Government contributions (grants)	6,409,725.
d	Total (add lines 1a through 1c) (cash \$ 6,529,973. noncash \$)	6,529,973.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	911,107.
3	Membership dues and assessments	228,055.
4	Interest on savings and temporary cash investments	3,888.
5	Dividends and interest from securities	
6a	Gross rents	
6b	Less: rental expenses	
6c	Net rental income or (loss) (subtract line 6b from line 6a)	
7	Other investment income (describe)	
8a	Gross amount from sales of assets other than inventory	(A) Securities (B) Other
8b	Less: cost or other basis and sales expenses	
8c	Gain or (loss) (attach schedule)	
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	
9a	Gross revenue (not including \$ of contributions reported on line 1a)	
9b	Less: direct expenses other than fundraising expenses	
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	
10a	Gross sales of inventory, less returns and allowances	
10b	Less: cost of goods sold	
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	
11	Other revenue (from Part VII, line 103)	1,750.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) - 1	7,674,773.
13	Program services (from line 44, column (B))	7,262,958.
14	Management and general (from line 44, column (C))	404,178.
15	Fundraising (from line 44, column (D))	
16	Payments to affiliates (attach schedule)	
17	Total expenses (add lines 16 and 44, column (A))	7,667,136.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	7,637.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	475,827.
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 1
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	646,387.

DEVELOPE
 FOS: MARK DATE 11/17/05

NOV 14 2005
 EQUILIBRIUM DATE

NOV 17 2005
 IRS-OS

NOV 17 2005
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12 MC

**NATIONAL ASSOCIATION OF CHILD CARE
RESOURCE AND REFERRAL AGENCIES**

94-3060756

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____)					
23 Specific assistance to individuals (attach schedule)	23	4,071,365.	4,071,365.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	280,435.	180,046.	100,389.	0.
26 Other salaries and wages	26	1,148,817.	1,005,272.	143,545.	
27 Pension plan contributions	27	30,927.	25,545.	5,382.	
28 Other employee benefits	28	332,579.	275,432.	57,147.	
29 Payroll taxes	29	130,956.	108,167.	22,789.	
30 Professional fundraising fees	30				
31 Accounting fees	31	10,457.	7,000.	3,457.	
32 Legal fees	32	22,817.	2,768.	20,049.	
33 Supplies	33	40,640.	27,237.	13,403.	
34 Telephone	34	59,693.	29,172.	30,521.	
35 Postage and shipping	35	40,563.	37,361.	3,202.	
36 Occupancy	36	195,346.	137,018.	58,328.	
37 Equipment rental and maintenance	37	26,628.	18,507.	8,121.	
38 Printing and publications	38	109,052.	104,846.	4,206.	
39 Travel	39	29,941.	24,416.	5,525.	
40 Conferences, conventions, and meetings	40	117,351.	110,587.	6,764.	
41 Interest	41	255.		255.	
42 Depreciation, depletion, etc. (attach schedule)	42	106,872.	8,340.	98,532.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 2	43e	912,442.	1,089,879.	-177,437.	
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	7,667,136.	7,262,958.	404,178.	0.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 3	
a SEE STATEMENT 4	
(Grants and allocations \$ 4,071,365.)	6,231,051.
b SEE STATEMENT 5	
(Grants and allocations \$ _____)	311,795.
c NATIONAL POLICY SYMPOSIUM - A THREE DAY EVENT WHERE ATTENDEES LEARN ABOUT NEWEST EARLY CHILDHOOD ISSUES, AND ABOUT BEST PRACTICES IN CHILD CARE RESOURCE AND REFERRAL.	
(Grants and allocations \$ _____)	219,875.
d PUBLIC POLICY ANALYSIS, ADVOCACY AND PARTNERSHIP LINKAGES TO ADVANCE DEVELOPMENT AND LEARNING OF ALL CHILDREN.	
(Grants and allocations \$ _____)	118,436.
e Other program services (attach schedule) STATEMENT 7	381,801.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,262,958.

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	195,056.	45 1,287,394.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 1,101,985.	
	b Less: allowance for doubtful accounts	47b	47c 1,101,985.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	43,062.	53 46,873.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment, basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 488,250.		
b Less: accumulated depreciation STMT 8	57b 310,090.	57c 178,160.	
58 Other assets (describe)	2,715.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,456,440.	59 2,614,412.	
Liabilities	60 Accounts payable and accrued expenses	809,012.	60 901,815.
	61 Grants payable		61
	62 Deferred revenue	171,601.	62 1,061,420.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe DEFERRED RENT)		65 4,790.
66 Total liabilities (add lines 60 through 65)	980,613.	66 1,968,025.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	401,199.	67 513,969.
	68 Temporarily restricted	74,628.	68 132,418.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	475,827.	73 646,387.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,456,440.	74 2,614,412.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

NATIONAL ASSOCIATION OF CHILD CARE
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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization ▶ LEARNING OPTIONS and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ CALIFORNIA AND THE DISTRICT OF COLUMBIA		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	29
91	The books are in care of ▶ THE ASSOCIATION Telephone no. ▶ 703-341-4100		

Located at **▶ 3101 WILSON BLVD. SUITE 350, ARLINGTON, VA**

ZIP + 4 **▶ 22201**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 92** N/A

NATIONAL ASSOCIATION OF CHILD CARE
RESOURCE AND REFERRAL AGENCIES

Form 990 (2004)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a NATIONAL SYMPOSIUM					258,013.
b NACCRRWARE					484,856.
c OTHER CHILD CARE AWARE					109,117.
d MISCELLANEOUS INCOME					59,121.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					228,055.
95 Interest on savings and temporary cash investments			14	3,888.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING REVENUE	541800	1,750.			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		1,750.		3,888.	1,139,162.
105 Total (add line 104, columns (B), (D), and (E))					1,144,800.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

completing schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

2/09/05 Linda K Smith Ex Director

Date Type or print name and title.

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

*(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust*

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **NATIONAL ASSOCIATION OF CHILD CARE
RESOURCE AND REFERRAL AGENCIES** Employer identification number
94 3060756

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ESPER RADOSTA 3101 WILSON BLVD., SUITE 350, ARLINGTON, VA 22201	DIR. OF FIN. 40/HRS WK	89,250.	5,689.	0.
SUSAN PERRY-MANNING 3101 WILSON BLVD., SUITE 350, ARLINGTON, VA 22201	DIR. OF DEV. 40/HRS WK	77,112.	5,603.	0.
DEBRA SCOTT 3101 WILSON BLVD., SUITE 350, ARLINGTON, VA 22201	DIR. OF HR 40/HRS WK	65,707.	5,603.	0.
DONALD VALENTINE 3101 WILSON BLVD., SUITE 350, ARLINGTON, VA 22201	ACC. MGR 40/HRS WK	64,171.	5,460.	0.
JASON KNOCH 3101 WILSON BLVD., SUITE 350, ARLINGTON, VA 22201	DIR. OF MKT. 40/HRS WK	60,460.	3,869.	0.
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
QUALITY TECHNICAL SUPPORT, LLC PO BOX 286, COTTAGE GROVE, MN 55016	CONSULTING	177,786.
QUALITY TECHNICAL SUPPORT, LLC 7243 TRESA DRIVE, INDIANAPOLIS, IN 46239	CONSULTING	120,744.
RUBINO & MCGEEHIN 6905 ROCKLEDGE DRIVE SUITE 700, BETHESDA, MD 2081	CONSULTING	52,190.
ARMSTRONG ENTERPRISE 10389 DEMOCRACY LANE, FAIRFAX, VA 22030	CONSULTING	85,790.
CONTROLTEC 330 SOUTH MAIN STREET, FALLBROOK, CA 92028	CONSULTING	58,343.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 11		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

NATIONAL ASSOCIATION OF CHILD CARE

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	7,912,841.	10,505,392.	11,153,472.	10,457,521.	40,029,226.
16 Membership fees received	223,221.	212,142.	204,726.	191,435.	831,524.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	882,934.	657,732.	624,565.	265,723.	2,430,954.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,760.	549.	4,273.	18,396.	27,978.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	9,023,756.	11,375,815.	11,987,036.	10,933,075.	43,319,682.
24 Line 23 minus line 17	8,140,822.	10,718,083.	11,362,471.	10,667,352.	40,888,728.
25 Enter 1% of line 23	90,238.	113,758.	119,870.	109,331.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 817,775.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 40,888,728.
d Add: Amounts from column (e) for lines: 18 <u>27,978.</u> 19 _____ 22 _____ 26b _____					26d 27,978.
e Public support (line 26c minus line 26d total)					26e 40,860,750.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9316%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

NATIONAL ASSOCIATION OF CHILD CARE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

NATIONAL ASSOCIATION OF CHILD CARE

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & EQUIPMENT	VARIABLES	SL	.000	16	320,399.			320,399.	173,957.		56,730.
2	SOFTWARE DEVELOPMENT COSTS	VARIABLES	SL	.000	16	167,851.			167,851.	29,261.		50,142.
	* TOTAL 990 PAGE 2 DEPR					488,250.		0.	488,250.	203,218.	0.	106,872.

428102 10-08-04 (D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
PRIOR YEAR RESTATEMENT-FY2002 REIMBURSABLE GRANT EXPENDITURES BILLED IN 2004		162,923.	
TOTAL TO FORM 990, PART I, LINE 20		162,923.	

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	527,282.	515,882.	11,400.	
PROPERTY & EQUIPMENT	253,844.	237,698.	16,146.	
PROFESSIONAL DEVELOPMENT	2,536.	996.	1,540.	
MISCELLANEOUS	28,040.	24,218.	3,822.	
SERVICE CHARGES	14,187.	10,587.	3,600.	
TEMPORARY HELP	11,336.	11,122.	214.	
ADVERTISING	16,024.	8,873.	7,151.	
INSURANCE	10,878.		10,878.	
PAYROLL PROCESSING FEES	5,769.		5,769.	
COPIER LEASE	42,546.	28,328.	14,218.	
ALLOCATION OF INDIRECT COSTS	0.	252,175.	-252,175.	
TOTAL TO FM 990, LN 43	912,442.	1,089,879.	-177,437.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO PROVIDE VISION, LEADERSHIP, AND SUPPORT TO COMMUNITY CHILD CARE RESOURCE AND REFERRAL AGENCIES AND TO PROMOTE NATIONAL POLICIES AND PARTNERSHIPS COMMITTED TO THE DEVELOPMENT AND LEARNING OF ALL CHILDREN.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

FEDERAL CONTRACTS AND GRANTS FROM CORPORATION FOR NATIONAL AND COMMUNITY SERVICE AND DEPARTMENT OF HEALTH AND HUMAN SERVICES, INCLUDING C.A.R.E. AND VISTA PROGRAMS TO ADVANCE QUALITY OF CHILD CARE, "CHILD CARE AWARE" TOLL FREE HOTLINE AND CHILD HEALTH INTEGRATION AND LINKAGES DEVELOPMENT PARTNERSHIPS (C.H.I.L.D.)

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

4,071,365.

6,231,051.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

NACCRRWARE IS AN INFORMATION MANAGEMENT SOFTWARE PACKAGE AND DATABASE THAT ALLOWS CHILD CARE RESOURCE AND REFERRAL AGENCIES TO COLLECT, REPORT AND DISTRIBUTE CHILD CARE INFO IN AN EFFICIENT AND COST-EFFECTIVE MANNER.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

311,795.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 7

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
MEMBERSHIP SERVICES		116,139.
OTHER PROGRAMS, INCLUDING CHILD CARE PUBLICATIONS AND OTHER EDUCATION		265,662.
TOTAL TO FORM 990, PART III, LINE E		381,801.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	320,399.	230,687.	89,712.
SOFTWARE DEVELOPMENT COSTS	167,851.	79,403.	88,448.
TOTAL TO FORM 990, PART IV, LN 57	488,250.	310,090.	178,160.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LINDA SMITH 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	EXECUTIVE DIRECTOR 40/HRS WK	190,335.	14,556.	0.
OLLIE SMITH 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR OF OPERATIONS 40/HRS WK	90,100.	12,552.	0.
JANET SINGERMAN 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	PRESIDENT 2-4/HRS WK	0.	0.	0.
MARSHA THOMPSON 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	VICE PRESIDENT 2-4/HRS WK	0.	0.	0.
TINA-MARIE ADAMS 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	SECRETARY 2-4/HRS WK	0.	0.	0.
JANICE MOLNAR 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	TREASURER 2-4/HRS WK	0.	0.	0.
PATRICIA BOLTON 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
CASANDRA FALLIN 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
JERRY CROAN 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
HUBERT PRICE 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
LEO ESTRADA, PHD 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.

NATIONAL ASSOCIATION OF CHILD CARE RESOU

94-3060756

TOM ROGERS, CPA 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
PATRICK GANNON 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
SHIRLEY SAGAWA 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
JUDITH OLSON 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.
GAIL WILSON 1319 F STREET NW, SUITE 500 WASHINGTON, DC 20004	DIRECTOR 1-2/HRS WK	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

<u>280,435.</u>	<u>27,108.</u>	<u>0.</u>
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FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES FOR NATIONAL CHILD CARE SYMPOSIA TO PROMOTE THE ASSOCIATION'S MISSION TO BUILD A HIGH QUALITY CHILD CARE SYSTEM
93B	NACCRAWARE SALES & MAINTENANCE FEES. NACCRAWARE ALLOWS CHILD CARE RESOURCE AND REFERRAL AGENCIES TO COLLECT, REPORT, AND DISTRIBUTE CHILD CARE INFORMATION EFFICIENTLY AND EFFECTIVELY.
93C	NON-GOVERNMENT REVENUES FROM CHILD CARE AWARE, A NATIONAL INFORMATION HOTLINE CONNECTING THOSE SEEKING CHILD CARE WITH LOCAL RESOURCE AND REFERRAL AGENCIES AND PROVIDING PARENTS WITH CONSUMER EDUCATION SERVICES ON FINDING QUALITY CHILD CARE.
93D	INCOME FROM VARIOUS ACTIVITIES RELATED TO EXEMPT PURPOSE.
94	MEMBERSHIP DUES SUPPORT PUBLICATIONS, OTHER EDUCATIONAL PROGRAMS AND INFORMATION SERVICES.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 11

SEE PART V, 990

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. Table with fields: Name of Exempt Organization, Employer identification number, Number, street, and room or suite no., City, town or post office, state, and ZIP code.

Check type of return to be filed (File a separate application for each return): Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

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

The books are in the care of THE ASSOCIATION. Telephone No. 202-293-5501. FAX No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). I request an additional 3-month extension of time until NOVEMBER 15, 2005.

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c. Balance Due. Subtract line 8b from line 8a.

Signature and Verification

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

Signature: [Signature] Title: CPA Date: 8-11-05

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: TATE AND TRYON. Number and street (include suite, room, or apt no.) or a P.O. box number: 805 15TH STREET, NW SUITE 900. City or town, province or state, and country (including postal or ZIP code): WASHINGTON, DC 20005. SEP 12 2005. SUBMISSION PROCESSING, C...