efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490133010499

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3101 WILSON BOULEVARD No 350

City or town, state or country, and ZIP + 4
ARLINGTON, VA 22201

D Employer identification number
94-3060756

E Telephone number
(703) 341-4100

F Accounting method ☐ Cash ☑ Accrual
☐ 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? ☐ Yes ☐ No
(If "No," attach a list See instructions)

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

I Group Exemption Number ▶

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

G Web site: ▶ WWW NACCRRA ORG

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

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 31,821,644

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	96,062		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	9,419,714		
	e	**Total** (add lines 1a through 1d) (cash $ 9,515,776 noncash $)			1e	9,515,776
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	21,819,431
	3	Membership dues and assessments			3	359,841
	4	Interest on savings and temporary cash investments			4	126,596
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	31,821,644
Expenses	13	Program services (from line 44, column (B))			13	30,496,282
	14	Management and general (from line 44, column (C))			14	1,008,698
	15	Fundraising (from line 44, column (D))			15	261,409
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	31,766,389
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	55,255
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,348,420
	20	Other changes in net assets or fund balances (attach explanation)			20	-310,159
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	2,093,516

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 (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23	18,520,513	18,520,513		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	577,440	476,016	92,000	9,424
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	3,655,990	2,818,947	772,589	64,454
27 Pension plan contributions not included on lines 25a, b and c	27	171,231	132,553	35,069	3,609
28 Employee benefits not included on lines 25a - 27	28	353,454	273,610	72,395	7,449
29 Payroll taxes	29	287,561	222,602	58,899	6,060
30 Professional fundraising fees	30				
31 Accounting fees	31	24,646	8,146	16,500	
32 Legal fees	32	2,275		2,275	
33 Supplies	33	92,059	47,152	44,781	126
34 Telephone	34	100,956	72,175	28,734	47
35 Postage and shipping	35	48,304	40,961	5,113	2,230
36 Occupancy	36	642,411	415,075	213,627	13,709
37 Equipment rental and maintenance	37	34,148	15,587	18,529	32
38 Printing and publications	38	113,984	113,984		
39 Travel	39	188,153	173,115	14,926	112
40 Conferences, conventions, and meetings	40	277,651	267,265	10,386	
41 Interest	41	300		300	
42 Depreciation, depletion, etc (attach schedule)	42	43,006		43,006	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	31,766,389	30,496,282	1,008,698	261,409

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 *(See the instructions.)*

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

What is the organization's primary exempt purpose? ▶ to promote national policies and partnerships to advance the development and learning of all children and to provide vison, leadership, and support to community child care resource & referral All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	30,496,282

Part IV Balance Sheets *(See the instructions.)*

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			28,899	45	200
46 Savings and temporary cash investments			5,647,977	46	6,048,530
47a Accounts receivable	47a	6,648,849			
b Less allowance for doubtful accounts	47b	8,246	3,801,380	47c	6,640,603
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			80,628	53	136,222
54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV				54b	844,863
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a	828,826			
b Less accumulated depreciation (attach schedule)	57b	632,938	223,108	57c	195,888
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74) Add lines 45 through 58			9,781,992	59	13,866,306
Liabilities					
60 Accounts payable and accrued expenses			2,881,650	60	3,939,610
61 Grants payable				61	
62 Deferred revenue			4,450,516	62	7,700,677
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶)			101,406	65	132,503
66 **Total liabilities** Add lines 60 through 65			7,433,572	66	11,772,790
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			2,242,433	67	2,060,656
68 Temporarily restricted			105,987	68	32,860
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) **must** equal line 21)			2,348,420	73	2,093,516
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			9,781,992	74	13,866,306

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	31,821,644
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	31,821,644
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	31,821,644

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	32,076,548
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3	310,159		
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	310,159
c	Subtract line **b** from line **a**			c	31,766,389
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	31,766,389

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 17			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	**75b**		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . ▶	**75c**		No
If "Yes," attach a statement that includes the information described in the instructions			
d Does the organization have a written conflict of interest policy? . . .	**75d**	Yes	

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . .	**76**		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	**77**		No
If "Yes," attach a conformed copy of the changes			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	**78a**	Yes	
b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . .	**78b**	Yes	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	**79**		No
80a 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? . . .	**80a**		No
b If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a**			
b Did the organization file **Form 1120-POL** for this year? . . .	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	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		No
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		No
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*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) orgs.* 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		No
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 ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ CA,VA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) — **90b** 67

91a 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

			Yes	No
b	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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
If "Yes," enter the name of the foreign country ▶			
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		

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a NATIONAL SYMPOSIUM	541800	4,238			248,072
b NACCRRAWARE					647,108
c OTHER CHILD CARE AWARE					52,594
d Conference and meetings	900004	641			157,710
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					20,709,068
94 Membership dues and assessments . . .					359,841
95 Interest on savings and temporary cash investments			14	126,596	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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**					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		4,879		126,596	22,174,393

105 Total (add line 104, columns (B), (D), and (E)) . . . . ▶ 22,305,868

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See 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 Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See 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).*

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

****** — 2009-05-13

Signature of officer — Date

LINDA SMITH EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature DAVID M DUREN	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4	Tate and Tryon 805 15th Street NW Suite 900 Washington, DC 20005		EIN Phone no (202) 293-2200

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490133010499

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2007

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
GRACE REEF 3101 WILSON BLVD STE 350 ARLINGTON,VA 22201	CHIEF OF PUB POLICY 40 00	96,470	9,894	0
J ALBRIGHT 3101 wilson blvd ste 350 arlington,VA 22201	DIR TECHNOLOGY 40 00	96,195	11,201	0
JAN TERHUNE 3101 wilson blvd ste 350 arlington,VA 22201	CHIEF OF PROGRAMS 40 00	90,327	11,568	0
DONALD VALENTINE 3103 wilson blvd ste 350 arlington,VA 22201	DIR OF FINANCE 40 00	90,027	8,095	0
SHEILA STORM 3103 wilson blvd ste 350 arlington,VA 22201	ASSO DIR OF RESPITE 40 00	88,083	11,307	0
Total number of other employees paid over $50,000 ▶	22			

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

(See page 2 of the instructions. List each one (whether individual 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
JINAH TECHNOLOGIES 25308 talent street CHantilly,VA 20152	consulting	133,720
RJB CONSULTING LLC 167 BOONE DR TROY,OH 45373	consulting	85,401
MINDSHIFT TECHNOLOGIES PO BOX 200105 PITTSBURGH,PA 152510105	consulting	74,013
COLON ASSOCIATES LLC 2914 CASHEL LANE VIENNA,VA 22181	consulting	71,250
JENNIFER GRANT 63 CALISTA AVE LYONDONVILLE,VT 05851	consulting	51,695
Total number of others receiving over $50,000 for professional services ▶	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
CORESTAFF SERVICES IP PO BOX 60876 CHARLOTTE,NC 28260	temporary staffing	641,566
BUSINESS INTEGRA 7221 HANOVER PKWY SUITE B GREENBELT,MD 20770	Temporary staffing	358,093
office team 12400 collections center drive chicago,IL 60693	temporary staffing	125,601
PAETEC COMMUNICATIONS INC PO BOX 1283 BUFFALO,NY 142401283	TELEPHONE & INTERNET	96,129
PROFESSIONALS FOR NONPROFITS 515 MADISON AVE SUITE 1225 NEW YORK,NY 10022	TEMPORARY STAFFING	75,150
Total number of other contractors receiving over $50,000 for other services ▶	2	

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, include 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 ▶$ 10,876 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	Yes	
	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			
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.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,870,497	6,197,979	12,853,054	6,529,973	33,451,503
16	Membership fees received	325,264	158,521	211,083	228,055	922,923
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	1,077,825	10,503,307	1,027,439	911,107	13,519,678
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	125,708	66,100	46,429	5,638	243,875
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	9,399,294	16,925,907	14,138,005	7,674,773	48,137,979
24	Line 23 minus line 17	8,321,469	6,422,600	13,110,566	6,763,666	34,618,301
25	Enter 1% of line 23	93,993	169,259	141,380	76,748	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 692,366

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 2002 through 2005 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** 34,618,301

d Add Amounts from column (e) for lines 18 243,875 19 0 22 ____ 26b 0 ▶ **26d** 243,875

e Public support (line 26c minus line 26d total) ▶ **26e** 34,374,426

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 9929 55 %

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

(2006) ____ (2005) ____ (2004) ____ (2003) ____

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 11b, 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

(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c** ____

d Add Line 27a total ____ and line 27b total ____ ▶ **27d** ____

e Public support (line 27c total minus line 27d total) ▶ **27e** ____

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** ____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** ____

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** ____

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

Part V Private School Questionnaire (See page 7 of the instructions.)
(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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		1,162
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		9,714
38	Total lobbying expenditures (add lines 36 and 37)	**38**		10,876
39	Other exempt purpose expenditures	**39**		31,753,830
40	Total exempt purpose expenditures (add lines 38 and 39)	**40**		31,764,706
41	Lobbying nontaxable amount Enter the amount from the following table—	**41**		1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	**42**		250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

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

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount	1,000,000	0	0	0	1,000,000
46 Lobbying ceiling amount (150% of line 45(e))					1,500,000
47 Total lobbying expenditures	10,876	0	0	0	10,876
48 Grassroots nontaxable amount	250,000	0	0	0	250,000
49 Grassroots ceiling amount (150% of line 48(e))					375,000
50 Grassroots lobbying expenditures	1,162	0	0	0	1,162

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			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Additional Data

Software ID:
Software Version:
EIN: 94-3060756
Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONSULTANTS	43a	892,179	684,547	136,382	71,250
b PROPERTY & EQUIPMENT	43b	507,613	376,942	113,133	17,538
c PROFESSIONAL DEVELOPMENT	43c	18,354	11,783	6,571	
d MISCELLANEOUS	43d	13,993	2,618	4,380	6,995
e SERVICE CHARGES	43e	52,574	18,299	34,275	
f TEMPORARY HELP	43f	714,672	714,202	470	
g RECRUITING	43g	19,935	5,841	14,094	
h INSURANCE	43h	12,418	943	11,475	
i PAYROLL PROCESSING FEES	43i	2,748		2,748	
j equipment lease	43j	26,926	9,731	17,195	
k RESOURCE LIBRARY	43k	1,200	1,200		
l MARKETING	43l	8,258	4,528	3,730	
m CCR&R PAYMENTS	43m	4,272,453	4,272,453		
n Professional fees	43n	88,984	88,984		

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
FEDERAL CONTRACTS AND GRANTS FROM CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, INCLUDING C A R E AND VISTA PROGRAMS, AND DEPARTMENT OF DEFENSE TO ADVANCE QUALITY OF CHILD CARE,PROVIDING A "CHILD CARE AWARE" TOLL FREE HOTLINE ACCOMPLISHMENTS MADE INCLUDE INCREASING THE NUMBER OF CHILDREN SERVED FROM 9,465 TO 10,538 DURING THE YEAR AND PROVIDING SERVICES TO OVER ONE MILLION PARENTS THROUGH CHILD CARE AWARE (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	28,603,946
naccrraware is an information management software package and database that allows 451 child care resource and referral agencies to collect, report and distribute child care information in an efficient and cost-effective manner (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	715,268
public policy analysis, advocacy and partnership linkages to advance development and learning of all children (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	394,799
national policy symposium - a three day event where attendees learn about newest childhood issues and best practices in child care resource and referral Attendance for fiscal year 2008 was 471 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	207,002
OTHER PROGRAMS, INCLUDING 31 CHILD CARE PUBLICATIONS AND OTHER EDUCATION (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	457,596
MEMBERSHIP SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	117,671

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARSHA THOMPSON 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	PAST PRESIDENT 2 00	0	0	0
DUANE DENNIS 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	PRESIDENT 3 00	0	0	0
LEADELL EDIGER 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	VICE PRESIDENT 2 00	0	0	0
RALPH PARROTT 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	TREASURER 2 00	0	0	0
JERRY CROAN 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	secretary 1 00	0	0	0
ELIZABETH BONbRIGHT THOMPSON 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	DIRECTOR 1 00	0	0	0
KRISTEN COPELAND md faap 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	DIRECTOR 1 00	0	0	0
RANDI GREENWALD 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	DIRECTOR 1 00	0	0	0
J LEE KREADER phD 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	DIRECTOR 1 00	0	0	0
LIHONG MA 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAN MARUNA 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
ANN MCCULLY 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
JUDITH OLSON 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
ERIN RAMSEY 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
TOM ROGERS cpa 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
PAM RUNKLE 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
SHIRLEY SAGAWA 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
JANET WALERSTEIN 3101 WILSON BLVD SUITE 350 ARLINGTON,VA 22201	DIRECTOR 1 00	0	0	0
elaine ward 3101 WILSON BLVD SUITE 350 aRLINGTON,VA 22201	dIRECTOR 1 00	0	0	0
linda smith 3101 WILSON BLVD SUITE 350 aRLINGTON,VA 22201	executive director 40 00	224,662	17,495	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
suSAN PERRY-MANNING 3101 WILSON BLVD SUITE 350 aRLINGTON, VA 22201	chiEF OF PROGRAMS 40 00	110,406	11,861	0
miKE NOSIL 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	cfO 40 00	79,539	4,818	0
OLLIE SMITH 3101 WILSON BLVD SUITE 350 ARLINGTON, VA 22201	CHIEF OF SUBSIDY 40 00	117,352	11,307	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
93A	FEES FOR NATIONAL CHILD CARE SYMPOSIA TO PROMOTE THE ASSOCIATION'S MISSON TO BUILD A HIGH QUALITY CHILD CARE SYSTEM
93B	NACCRAWARE SALES and MAINTENANCE FEES NACCRRAWARE 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
93G	FEE FOR SERVICE CONTRACTS TO PROVIDE CHILD REFERRAL SERVICES FOR GOVERNMENT AGENCIES' EMPLOYEES (PRIMARILY DEPARTMENT OF DEFENSE) AND PASSTHROUGHS OF SUBSIDIES TO THE CHILDCARE PROVIDERS
94	MEMBERSHIP DUES SUPPORT PUBLICATIONS, OTHER EDUCATIONAL PROGRAMS AND INFORMATION SERVICES

TY 2007 Depreciation and Depletion Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Asset	Amount
FURNITURE & EQUIPMENT	34,740
SOFTWARE AND DEVELOPMENT COSTS	3,801
LEASEHOLD IMPROVEMENTS	4,465

TY 2007 Individual Assistance Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Class of Activity	Amount
FEE ASSISTANCE	18,520,513

TY 2007 Investments - Securities Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Description	Book Value	Cost/FMV
Mutual Funds	844,863	F

TY 2007 Land etc. Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE & EQUIPMENT	563,616	409,560	154,056
SOFTWARE AND DEVELOPMENT COSTS	211,351	211,351	0
LEASEHOLD IMPROVEMENTS	53,859	12,027	41,832

TY 2007 Other Changes in Net Assets Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Description	Amount
Loss on investments	-310,159

TY 2007 Other Liabilities Schedule

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Description	Beginning of Year Amount	End of Year Amount
DEFERRED RENT	101,406	132,503

TY 2007 Self Dealing Statement

Name: NATIONAL ASSOCIATION OF CHILD CARE RESOURCE AND REFERRAL AGENCIES

EIN: 94-3060756

Line Number	Explanation
2d	see part V-A, Form 990