

# Return of Organization Exempt From Income Tax

**2014**

**Open to Public Inspection**

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning 8/1/2014, and ending 7/31/2015

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

**C** Name of organization Child Care Resources, Inc.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1580 Adams Lane  
 City or town State ZIP code  
Zanesville OH 43701  
 Foreign country name Foreign province/state/country Foreign postal code

**D** Employer identification number 31-0936961

**E** Telephone number 740-454-6743

**F** Name and address of principal officer:  
Jeri Johnson 1580 Adams Lane, Zanesville, OH 43701

**G** Gross receipts \$ 2,737,983

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: www.ccri.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1978 **M** State of legal domicile: OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Child Care Resources, Inc. was formed on June 30, 1978 as a private, non-profit corporation for the purpose of operating a Federal Head Start Program. This program provides comprehensive health, educational, nutritional, social and other services to economically disadvantaged young children &amp; their families.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	10
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	86
	6 Total number of volunteers (estimate if necessary) . . . . .	6	456
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	1,824,122	2,083,669
	9 Program service revenue (Part VIII, line 2g) . . . . .	69,809	68,887
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	115,045	75,990
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	16,332	24,326
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,025,308	2,252,872
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	1,334,747	1,473,281
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	532,879	710,932
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	1,867,626	2,184,213	
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	157,682	68,659	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 1,679,577	End of Year 1,675,893
	21 Total liabilities (Part X, line 26) . . . . .	377,595	354,165
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	1,301,982	1,321,728

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
Laura J. MacDonald, CPA [Signature] 1/11/2016  P00964405

Firm's name ▶ Laura J. MacDonald, CPA, Inc. Firm's EIN ▶ 34-1840478  
 Firm's address ▶ 135 North Broadway, Medina, OH 44256 Phone no. 330-722-1944

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