Form	99	0

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.

Open to Public

OMB No. 1545-0047

2013

Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No I Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: ► N/A H(c) Group exemption number ► K Form of organization: X corporation Trust Association Other ► L Year of formation: 1988 M State of legal domicile: TN Part I Summary I Briefly describe the organization's mission or most significant activities: TO OPERATE A QUALITY CHILD CARE	Depa Inter	artment of th mal Revenue	e Treasury Service	 Information about Form 990 and its instruct 				Inspection
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17 Other expenses (Part IX, Column (A), lines TIa-110, TIT-24e)	s	15 Sa	laries, othe	compensation, employee benefits (Part IX, column	(A), lines 5-10)	568,1	02.	568,538.
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19 Revenue less expenses. Subtract line 18 from line 12		18 Tot	al expense	. Add lines 13-17 (must equal Part IX, column (A),	line 25)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16)			venue less	xpenses. Subtract line 18 from line 12				
Part II Signature Block 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 Signature of officer Date MICHAEL W. CRISLER Treasurer Type or print name and title. Print/Type preparer's name Preparer Print/Type preparer's name Lisa Mays Stickel, CPA Lisa Mays Stickel, CPA Firm's name STICKEL, CPA, PC PO BOX 549 Firm's EIN ► 26-3933846 WhITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)	a or					· · ·		
Part II Signature Block 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 Signature of officer Date MICHAEL W. CRISLER Treasurer Type or print name and title. Print/Type preparer's name Preparer Print/Type preparer's name Lisa Mays Stickel, CPA Lisa Mays Stickel, CPA Firm's name STICKEL, CPA, PC PO BOX 549 Firm's EIN ► 26-3933846 WhITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)	sset 3alai	20 Tot				730,6	34.	694,153.
Part II Signature Block 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 Signature of officer Date MICHAEL W. CRISLER Treasurer Type or print name and title. Print/Type preparer's name Preparer Print/Type preparer's name Lisa Mays Stickel, CPA Lisa Mays Stickel, CPA Firm's name STICKEL, CPA, PC PO BOX 549 Firm's EIN ► 26-3933846 WhITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)	et A Ind I	21 Tot	al liabilities	(Part X, line 26)		110,8	36.	104,557.
Under penalties of prijury, 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 MICHAEL W. CRISLER Treasurer Type or print name and title. Print/Type preparer's name Preparer's signature Lisa Mays Stickel, CPA Lisa Mays Stickel, CPA Date Firm's name STICKEL, CPA, PC PO BOX 549 Firm's address Po BOX 549 Firm's EIN ► 26-3933846 WHITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)			t assets or	und balances. Subtract line 21 from line 20		619,7	98.	589,596.
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Sign Here MICHAEL W. CRISLER Treasurer Type or print name and title. Print/Type preparer's name Preparer's signature Date Check if PTIN Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if PTIN Firm's name Firm's name STICKEL, CPA, PC Self-employed P00293369 Firm's address DBOX 549 Firm's EIN ► 26-3933846 WHITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)		piete. Deciai			s any knowledge.			
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Preparer Use Only Firm's name Firm's address ► STICKEL, CPA, PC PO BOX 549 WHITE HOUSE, TN 37188 Firm's EIN ► 26-3933846 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions)	P-	:d					-	10293369
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WHITE HOUSE, TN 37188 Phone no. 615.672.9205 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Us	e Only		· · · · ·		Firm's FIN	• 26-3	933846
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		· · · · · · · · · · · · · · · · · · ·						
	Mar	v the IRS	l discuss thi		ctions)			
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			-1788663	Page 2
Par		ent of Program Service Accomplishments		
		Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	-	he organization's mission:		
	See Schedul	. <u>e 0</u>		
2	-	on undertake any significant program services during the year which were not listed on the prior	—	—
	Form 990 or 990-		· · · · Yes	X No
		these new services on Schedule O.		—
3		ion cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_		these changes on Schedule O.		
4	Describe the orga	anization's program service accomplishments for each of its three largest program services, a and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	s measured by	expenses.
	others, the total e	expenses, and revenue, if any, for each program service reported.		10
4 a	(Code:) (Expenses \$ 638,662. including grants of \$) (Revenue	e \$)
	PROVIDING I	DAYCARE SERVICES FOR LOW INCOME FAMILIES WITH WORKING PAREN	ITS. THE	
		ON CARES FOR A MAXIMUM OF 120 CHILDREN.		
		. 1		
4 t	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4 0	: (Code:	_) (Expenses \$ including grants of \$) (Revenue	ə \$)
4 c		ervices. (Describe in Schedule O.)		,
	(Expenses \$	including grants of \$) (Revenue \$)
4e		ervice expenses ► 638,662.	Forn	n 990 (2013)

Form 990 (2013) COMMUNITY CHILD CARE SERVICES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIL</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) COMMUNITY CHILD CARE SERVICES, INC. Part IV Checklist of Required Schedules (continued)

r ai	Checkinston Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240 24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	1 990 ((2013)

58-1788663

Page 4

Part VI Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule Contains a response or note to any line in this Part V Image: Contains a response or note to any line in this Part V Is End: the number reported in Box 3 of Form 1066. Enter -0: if not applicable Image: Contains a response or note to any line in this Part V Is End: the number of employees reported on Form W-3. Transmits the venders and reporteble gaming gaming within within the year covered by this return. Image: Contains a report on End and the Scheme Contains a reported on Form W-3. Transmits fir venders and reporteble gaming gaming in the scheme contains in and 2a is greater than 250, yuu may be required federal endpointer tax returns? Image: Contains a report on Form W-3. Transmits fir venders and reporteble gaming gaming in the scheme contains of the scheme contains file and particle federal endpointer tax returns? Image: Contains a report on Form W-3. Transmits fire venders and reporteble gaming gaming in the scheme reporteble particle federal endpointer tax returns? Image: Contains a report on the Scheme Contains a return of the scheme contains file and particle federal endpointer tax returns? Image: Contains a report on the scheme contains are scheme contains and returns and returns are scheme contains are scheme contains and returns are reported on Form TD F 90 22.1. Report of Forega Bank and Financial Accounts. Image: Contains are area contains are reported on Form TD F 90 22.1. Report of Forega Bank and Financial Accounts. Image: Contains area contains area returns area parts and area transmittains area area area area for the scheme contains. Image: Containscontainscontene contains area parts area parts area parts area pa	Form 990 (2013) COMMUNITY CHILD CARE SERVICES, INC. 58-178866	3	F	age 5
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14a Did the organization receive any payments for indoor tanning services during the tax year?				
		14a		Х

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Par	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low, a	and f	for
	Schedule O. See instructions.	•		
_	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	tion A. Governing Body and Management		V	
1.	a Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
Ič	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ł	b Enter the number of voting members included in line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee or key employee?	2		Х
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			v
5	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X X
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6		X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	- 7 a		X
ŀ	a Are any governance decisions of the organization reserved to (or subject to approval by) members,	<i>, u</i>		
L	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		
10.	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
	 If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 	10a		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
ł	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official			Х
ł	• Other officers of key employees of the organization.	15 b		Х
10	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailab	e for	public
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. See Schedule 0	able to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	LISA COX 182 EXECUTIVE PK DR, HENDERSONVILLE TN 37075 615.824.5060			

Form 990 (2013) COMMUNITY CHILD CARE SERVICES, INC.	58-1788663	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizati compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'key 	employee.'	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	_		-	(C	;)			-		
(A) Name and Title	(B) Average hours per week (list	one bo offic	ox, ùn	o not iless p id a d	check	c more f n is bot r/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Richard Coker	0	-								
Director	0	Х						0.	0.	0.
(2) <u>SHARON PACE</u> Director	00	х						0.	0.	0.
(3) JAN SHUXTEAU	0									
CHAIR	0	Х		X		\cup		0.	0.	0.
(4) LISA RIVERA	0									
Director	0	Х						0.	0.	0.
(5) JOHN HIRSCH	0	ļ								
Director	0	Х						0.	0.	0.
(6) KAREN A. ZEILLER	0	ļ								
Director	0	Х						0.	0.	0.
(7) MICHAEL W. CRISLER	0	ļ								
Treasurer	0	Х		Х				0.	0.	0.
(8) SUZANNE CRAVENS		L							_	_
Director	0	Х						0.	0.	0.
(9) DAVID KREBS	0								0	<u> </u>
Director	0	Х						0.	0.	0.
<u>(10)</u>		ł								
(11)										
(12)		 								
(13)		 								
(14)		 								
		1					1			

	990 (2013) COMMUNITY CHILD CARE SER								58-1788663		Page 8
Parl	VII Section A. Officers, Directors, Trus		Key E			es, a	anc	d Highest Com	pensated Empl	oyees	(continued)
	(A) Name and title	(B) Average hours per week	box, u office	Po ot chec unless p r and a	direct	is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Es amou	(F) stimated int of other
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Officer Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga and	pensation om the anization d related anizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)							₹				
(25)			C		7	L.	-				
1 b	Sub-total						•	0.	0.		0.
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)						► ►	0.	0.		0.
2	Total number of individuals (including but not limited to from the organization > 0						/ed	more than \$100,00	0 of reportable comp	ensatior	
							1-	:			Yes No
	Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	individu	al							3	Х
4	For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportab than \$1	le com 50,000	pens)? <i>If '</i>	ation 'Yes'	and	oth olete	er compensation e Schedule J for	from	4	X
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	nsation ete Sch	from from	any J fo	unre or suc	late h pe	d organization or erson	individual	5	X
	ion B. Independent Contractors								\$100.000		
	Complete this table for your five highest compensa compensation from the organization. Report compensa										
	(A) Name and business addre	SS						(B) Description of	of services	(C Compe	;) nsation
	Total number of independent contractors (including bu \$100,000 of compensation from the organization ►		ited to	those	liste	d abov	ve) v	who received more	than		

Page 9

			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				exempt function revenue	business revenue	excluded from under sectio 512-514
1	a Federated campaigns 1 a	23,000.				
	b Membership dues 1 b c Fundraising events 1 c					
	d Related organizations 1d					
	e Government grants (contributions) 1 e	16,000.				
1	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
	similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$	45,547.				
	h Total. Add lines 1a-1f	<u>1,685.</u> ►	84,547.			
		Business Code	04, 547.			
2:	• <u>FEES</u>		360,723.	360,723.		
	• GOVERNMENT VOUCHERS		212,323.	212,323.		
	c <u>GOVERNMENT USDA GRANTS</u>		81,630.	81,630.		
	e					
1	f All other program service revenue					
	g Total. Add lines 2a-2f		654,676.			
3	Investment income (including dividends, other similar amounts)	▶	87.			
4	Income from investment of tax-exempt b					
5	Royalties	(ii) Personal				
6	a Gross rents			,		
1	b Less: rental expenses					
	c Rental income or (loss)		NY I			
	d Net rental income or (loss)	(ii) Other				
	a Gross amount from sales of assets other than inventory.	(,, , , , , , , , , , , , , , , , , , ,				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
8;	a Gross income from fundraising events (not including., \$					
	See Part IV, line 18 a	100				
	b Less: direct expenses b	480.				
	c Net income or (loss) from fundraising eve	ents ►	480.			
9 (a Gross income from gaming activities. See Part IV, line 19a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activiti a Gross sales of inventory, less returns	es►				
	and allowances a					
	 b Less: cost of goods sold b c Net income or (loss) from sales of invent 	orv ►				
<u> </u>	Miscellaneous Revenue	Business Code				
11;	a					
	b					
	c					<u> </u>
1 9						

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX... (A) (B) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22..... Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 0. 0. 0. 0. Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 409,867 64,195 493,814 19,752. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 37,623 31,229 4,890 1 ,504. 10 Payroll taxes 37,101 30,794 1,484 4,823 11 Fees for services (non-employees): a Management c Accounting..... 2,750 2,750 d Lobbying. e Professional fundraising services. See Part IV, line 17... f Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column q 8,086 2 645 127. (A) amount, list line 11g expenses on Schedule 0) 5,314. Advertising and promotion. 12 13 Office expenses 1,097 097 Information technology..... 14 15 Royalties..... Occupancy..... 40,030 1,877. 16 46,563. 4,656. 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 19 20 Interest 21 Payments to affiliates..... 2,491 22 Depreciation, depletion, and amortization.... 24,911. 21,175. 1,245. 23 Insurance 12,430. 8,701. 3,729. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 71,940 71,940 a FOOD **b** <u>GENERAL</u> <u>SUPPLIES</u> 16,131 8,550 7,581 <u>8,823</u> • BAD DEBT EXPENSE 8,823 <u>3,</u>538 d <u>CLASS_SUPPLIES</u> 3,538 5,185. 1,370. 3,697 118 e All other expenses..... 638,662 26,107. 25 Total functional expenses. Add lines 1 through 24e. . . . 769,992 105,223 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

Form 990 (2013) COMMUNITY CHILD CARE SERVICES, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.			33.	1	20.
	2	Savings and temporary cash investments			27,473.	2	27,836.
	3	Pledges and grants receivable, net			18,080.	3	10,063.
	4	Accounts receivable, net			7,820.	4	7,650.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, nployee	directors, s. Complete		5	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	as defined under d contributing tary employees' of Schedule L		6		
A S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use		8			
TS	9	Prepaid expenses and deferred charges			4,926.	9	1,194.
-	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	940,313.			
	b	Less: accumulated depreciation.		294,585.	670,040.	10 c	645,728.
	11	Investments – publicly traded securities			070,040.	11	045,720.
	12	Investments – other securities. See Part IV, line 11.		12			
	13	Investments – program-related. See Part IV, line 11.		13	· · · · · · · · · · · · · · · · · · ·		
	14	Intangible assets.			2,262.	14	1,662.
	15	Other assets. See Part IV, line 11			27202.	15	1,002.
	16	Total assets. Add lines 1 through 15 (must equal line			730,634.	16	694,153.
	17	Accounts payable and accrued expenses			23,101.	17	22,424.
	18	Grants payable			,	18	· · · · ·
	19	Deferred revenue		19	5,552.		
Ļ	20	Tax-exempt bond liabilities				20	
Å	21	Escrow or custodial account liability. Complete Part I	v of Scr			21	
A B L L	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direc I disqual	tors, trustees, ified persons.		22	
T	23	Secured mortgages and notes payable to unrelated th			87,735.	23	76,581.
E S	24	Unsecured notes and loans payable to unrelated third	•		01,133.	24	10,001.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			110,836.	26	104,557.
N E T		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.			·		
Ą	27	Unrestricted net assets			619,798.	27	589,596.
ASSETS	28	Temporarily restricted net assets.				28	
	29	Permanently restricted net assets				29	
0 R F		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here				
FUND	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipm				31	
Ā	32	Retained earnings, endowment, accumulated income,				32	
A N	33	Total net assets or fund balances			619,798.	33	589,596.
BALAZCE 0	34	Total liabilities and net assets/fund balances.			730,634.	34	694,153.
	-				,50,054.	- ·	Earm 000 (2012)

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Form 990 (2013)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 589, 596. Part XII Financial Statements and Reporting	Form	990 (2013) COMMUNITY CHILD CARE SERVICES, INC. 58-	1788	8663		Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Par	t XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (Å), line 25)		Check if Schedule O contains a response or note to any line in this Part XI.					
2 Total expenses (must equal Part IX, column (A), line 25)	1	Total revenue (must equal Part VIII, column (A), line 12)	1		73	39,7	90.
3 Revenue less expenses. Subtract line 2 from line 1	2	Total expenses (must equal Part IX, column (A), line 25).	2				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	Revenue less expenses. Subtract line 2 from line 1	3				
5 Net unrealized gains (losses) on investments. 6 Donated services and use of facilities. 7 Investment expenses. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 10 Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual 0 Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statement for the year were audited on a separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization of its fin	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 589, 596. Part XII Financial Statements and Reporting 10 589, 596. Check if Schedule O contains a response or note to any line in this Part XII. 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2 X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2 X V If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2 X V If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2 X V If 'Yes,' check a box below to indicat	5	Net unrealized gains (losses) on investments.	5				
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 589, 596. Part XII Financial Statements and Reporting 10 589, 596. Check if Schedule O contains a response or note to any line in this Part XII. 10 589, 596. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X	6	Donated services and use of facilities	6				
 9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 589, 596. Part XII Financial Statements and Reporting	8	Prior period adjustments	8				
column (B)) 10 589, 596. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b	10		10		5.6	20 5	96
Check if Schedule O contains a response or note to any line in this Part XII	Par		10		50	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If 'Yes,' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain 2c X	1 41						
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Construction of the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Construction of the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Construction of the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Construction of the organization changed its method of accounting from a prior year or checked 'Other,' explain Image: Construction of the organization's financial statements compiled or reviewed by an independent accountant? Image: Construction of the organization's financial statements and ited by an independent accountant? Image: Construction of the organization's financial statements and the organization of the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Construction of the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Construction of the organization changed either its oversight process or selection process during the tax year, explain		Check if Schedule O contains a response or note to any line in this Part XII				1	
in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2 K	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[Yes	No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Device the organization's financial statements audited by an independent accountant? Image: Device the organization's financial statements audited by an independent accountant? Image: Device the organization's financial statements audited by an independent accountant? Image: Device the organization's financial statements audited basis for the year were audited on a separate basis, consolidated basis, or both: Image: Device the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Device the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain							
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain 2c X	2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		Х
b Were the organization's financial statements audited by an independent accountant? 2 b X If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 b X X Separate basis Consolidated basis Both consolidated and separate basis 2 c X c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2 c X If the organization changed either its oversight process or selection process during the tax year, explain 2 c X			ed on	a			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain		Separate basis Consolidated basis Both consolidated and separate basis		1			
basis, consolidated basis, or both: X Separate basis Consolidated basis C If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain	Ł	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		basis, consolidated basis, or both:	ite				
review, or compilation of its financial statements and selection of an independent accountant?							
	C	review, or compilation of its financial statements and selection of an independent accountant?			2 c		Х
		in Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ł			[3 b		
BAA Form 990 (2013)	BAA					990 (2013)

	Public	Charity Status a	and P	ublic	Supp	ort		L	OMB No.	1545-004	47
SCHEDULE A (Form 990 or 990-EZ)	Complete if the	organization is a section 4947(a)(1) nonexemp ► Attach to Form 990	t charita	ble trus	st.	or a se	ction		20	13	
Department of the Treasury Internal Revenue Service	Information ab	out Schedule A (Form S	90 or 99	90-EZ) a		structio	ons is		Open t	o Publ ection	
Internal Revenue Service Name of the organization		at www.irs.gov	/form99	0.			Employe	ridentificat	tion number	ootion	
-	D CARE SERVICES,	TNC.						788663			
	r Public Charity Statu		must o	comple	ete this	part.)					
	a private foundation becau										
	vention of churches or asso			sectio	n 1 70(b)	(1) (A)(i)					
	cribed in section 170(b)(1)(A										
	a cooperative hospital servi search organization operate						0/6/11//		ator the her	-nital's	-
name, city, a	• •		iospital t	Jeschbe	u in sec	.001170	0(1)(1)(4	4)(111) . ⊏1		spitals	,
5 An organizatio	n operated for the benefit of a	a college or university own	ed or op	erated b	y a gover	rnmental	l unit des	scribed in	section		· — — -
	v). (Complete Part II.) ite, or local government or g	novernmentel unit deceri	had in a	a otion -	70/6//1						
	n that normally receives a sub						n the aer	neral pub	lic describe	d	
in section 17	0(b)(1)(A)(vi). (Complete Pa	art II.)		5			<u>j</u> .				
	trust described in section 1										
investment in	n that normally receives: (1) r related to its exempt function come and unrelated busine 5. See section 509(a)(2). (C	ss taxable income (less	support fr eptions, a section	om cont and (2) r 511 tax	ributions no more f) from bi	, membe than 33- usinesse	ership fee 1/3% of i es acqui	es, and g its suppo ired by tl	ross receipt rt from gros he organiza	ts ss ation a	after
10 An organizati	on organized and operated	exclusively to test for pu	ublic safe	ety. See	sectior	n 509(a)	(4).				
more publicly	n organized and operated exc supported organizations de type of supporting organizations	escribed in section 509(a	i)(1) or s	section S	509(a)(2	of, or ca). See s	rry out th section 5	ne purpos 509(a)(3)	ses of one o . Check the	r e box t	that
a Type I	b Type II	c Type III – Function	nally inte	egrated	(1 🗌 1	Type III	— Non-fi	unctionally	integr	ated
e By checking t other than four section 509(a	this box, I certify that the or ndation managers and other th)(2).	ganization is not control han one or more publicly s	led direc supported	tly or in d organiz	directly zations de	by one escribed	or more in sectio	disquali on 509(a)	ified person (1) or	าร	
check this bo	tion received a written determ			•••••			• • • • • • • •				
g Since August	17, 2006, has the organiza	tion accepted any gift o	r contrib	oution fr	om any	of the fo	ollowing	persons	;?		
(i) A perso below, t	n who directly or indirectly on the governing body of the su	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (iii)	11 g (i)	Yes	No
(ii) A family	/ member of a person descr	ribed in (i) above?							11 g (ii)		
	controlled entity of a person								11 g (iii)		
h Provide the fo	ollowing information about t	he supported organization	on(s).		1		r			ļ	<u> </u>
(i) Name of suppo organization	orted (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	(v) Did yc the organi column (supp	ization in i) of your	organiz colur	s the ation in nn (i) ed in the S.?	(vii) Amoun sup	t of mon oport	etary
			Yes	No	Yes	No	Yes	No			
<u>(A)</u>											
<u>(B)</u>											
(C)											
<u>(D)</u>											
(E)											
Total								A (5	000 000		
BAA For Paperwork R	eduction Act Notice, see th	e Instructions for Form	990 or 9	90-EZ.		S	schedule	A (Form	990 or 990	-EZ) 20	713

Schedule A (Form 990 or 990-EZ) 2013 COMMUNITY CHILD CARE SERVICES, INC.

58-1788663 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	451,270.	441,067.	466,404.	416,043.	378,500.	2,153,284.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	451,270.	441,067.	466,404.	416,043.	378,500.	2,153,284.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						86,915.
6	Public support. Subtract line 5 from line 4						2,066,369.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	451,270.	441,067.	466,404.	416,043.	378,500.	2,153,284.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	146.	338	338 261. 154. 87.		986.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C), ,			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						2,154,270.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatior stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						95.92%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	96.05%
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization of qualifies as a put	did not check the plicly supported or	box on line 13, and a state of the second seco	nd the line 14 is 3	3-1/3% or more,	check this box ·····► X
b	33-1/3% support test – 2012. If t and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est – 2013. If the omeets the 'facts-as- and-circumstanc	organization did n and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 i e. Explain in Part ported organizatio	s 10% : IV how on►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Parled organization.	t IV how the
18	Private foundation. If the organized	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
•	any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
•	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			JV I			-
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
				·····			
<u>Sec</u> 15	tion C. Computation of Pul Public support percentage for 20			na 13 column (f))		8
	· · · •						0 00
16	Public support percentage from 2					16	8
	tion D. Computation of Inv				(f)		8
17	Investment income percentage f	-		-			00
18	Investment income percentage f						
	a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check o 33-1/3% support tests — 2012. If	this box and stop	p here. The organ	ization qualifies	as a publicly supp	orted organizatio	on ►
	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qι	alifies as a public	ly supported org	anization 🕨
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	I see instructions	x▶

Schedule A	(Form 990 or 990-EZ) 2013	COMMUNITY	CHILD CARE	SERVICES,	INC.	58-1788663	Page 4
Part IV	Supplemental Information or 17b; and Part III, line (See instructions).	on. Provide 12. Also cor	the explanation plete this par	ns required b t for any add	y Part II, itional in	, line 10; Part II, line 17a formation.	
					·		
					·		
				PY-			

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

2013

Attach to Form 990, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number COMMUNITY CHILD CARE SERVICES, INC 58-1788663 Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, so this organization because it received nonexclusively religious, charitable, etc, so the so this organization because it received nonexclusively religious, charitable, etc, so the so this organization because it received nonexclusively religious, charitable, etc, so the so

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013) or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	of	1	of Part 1	
Name of organization	Employer identification number					
COMMUNITY CHILD CARE SERVICES, INC.	58-178	8866	3			

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) Number Person Х 1 Payroll 16,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person 2____ Payroll 23,000. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person Х 3_____ Payroll 81,630. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP (d) Type of contribution (c) Total contributions (a) Number Person 4 Payroll 212,323. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total contributions (a) Number (b) Name, address, and ZIP + 4 Person Х 5 Payroll 30,000 Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	1	to	1	of Part II					
Name of organization		Employer identification number							
COMMUNITY CHILD CARE SERVICES, INC.		58-1788663							
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.									

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		· -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		· •	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		· [*]	

	3 (Form 990, 990-EZ, or 990-PF) (2013)			Page 1 to	1 of Part III		
Name of organ					tification number		
	ITY CHILD CARE SERVICES, INC		_	58-1788			
Part III	Exclusively religious, charitable, e	tc., individual contribution	s to section	1 501(c)(7), (8) or (10)		
	organizations that total more than			rough (e) and the followin	ig line entry.		
	For organizations completing Part III, enter tota contributions of \$1,000 or less for the year.	al of exclusively religious, charitable,	etc.,	▶\$	N/A		
	Use duplicate copies of Part III if additional			······································			
(a)	(b)	-		(d)			
(a) No. from	Purpose of gift	(c) Use of gift		(d) Description of how	v gift is held		
Part I							
	<u>N/A</u>						
		(e) Transfer of gift					
	Transferee's name, addres	is, and ZIP + 4	Relatio	nship of transferor to	transferee		
	· · · · · · · · · · · · · · · · · · ·	·		•			
		· — — — — — — — — — — — — — — – – – – –					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how			
No. from Part I	Purpose of gift	Use of gift		Description of how	v gift is held		
Faiti							
			+-				
			+-				
			+-				
		(e)	•				
	_ /	(e) Transfer of gift					
	Transferee's name, addres	is, and ZIP + 4	Relatio	nship of transferor to	transferee		
	L						
		·····					
(0)				(4)			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h			
Part I							
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relatio	nship of transferor to	transferee		
				-			
(a) No. from	(b)	(c) Use of gift		(d) Description of how			
No. from Part I	Purpose of gift	Use of gift		Description of how	v gift is held		
			+-				
			+-				
			+-				
		(e)					
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee				
	L						
	L						
	L						
			- اربام معاد ا	D (Earm 000, 000 EZ -	A 000 DEL (2012)		
BAA			Scheaule	B (Form 990, 990-EZ, o	〃 ココレートト) (2013)		

OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. (Form 990) 13 **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number COMMUNITY CHILD CARE SERVICES, INC. 58-1788663 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate contributions to (during year)..... 2 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 No impermissible private benefit?..... Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a 2 b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 2 d 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?..... Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 9 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ►Ś (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... ►Ś 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X		
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA33011 10/02/13	ç

a Revenues included in Form 990, Part VIII, line 1.....

Schedule D (Form 990) 2013

►\$ ►\$

Schedule D (Form 990) 2013 COMMI Part III Organizations Mainta						58-178 Other Similar Ass		ontinu	Page 2
3 Using the organization's acquisition	•				· · · ·				
items (check all that apply):	i, accession, ai			iy or t	ne ionowing that are	e a significant use of its	CONECTION	1	
a Public exhibition				or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future gener			laia hau ihau	في الم	w the exception la	avanat avanaa in			
4 Provide a description of the organiz Part XIII.	ation's collection	ons and exp	plain now they	lurine	er the organization's	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the solution of the solut	tion solicit or	receive do	nations of art	, histo	orical treasures, or	other similar assets		Г	_ N-
Part IV Escrow and Custodia							Yes 1990	Part	No N/
line 9, or reported an	amount on	Form 99	0, Part X,	line 2	21.		111 9 9 0	, i ait	,
1 a Is the organization an agent, trus	stee, custodia	n, or other	intermediary	for co	ontributions or othe	er assets not included			
on Form 990, Part X?							Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complet	te the following	ng tab	ole:				
- Designing helence							Amount		
c Beginning balance d Additions during the year									
e Distributions during the year									
f Ending balance.									
2 a Did the organization include an a							Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. (Check here	if the explan	ition h	as been provided	in Part XIII			
Part V Endowment Funds. C									
1 a Beginning of year balance	(a) Current		(b) Prior year		(c) Two years back	(d) Three years back	(e) F	our years	SDACK
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs f Administrative expenses									
g End of year balance			V						
2 Provide the estimated percentag	e of the curre	nt year end	l balance (lin	e 1g,	column (a)) held a	as:	1		
a Board designated or quasi-endowm	ient 🕨		8						
b Permanent endowment	0/0								
c Temporarily restricted endowmer		0	b						
The percentages in lines 2a, 2b,	and 2c should	l equal 100)%.						
3a Are there endowment funds not in t	he possession	of the orga	nization that a	re hel	d and administered	for the	Г	Yes	No
organization by: (i) unrelated organizations							3a(i)	165	NO
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related of							3b		
4 Describe in Part XIII the intended	d uses of the o	organizatio	n's endowme	nt fur	nds.				
Part VI Land, Buildings, and									
Complete if the organ	ization ansv	wered 'Ye	es' to Form	ı 990	, Part IV, line	11a. See Form 990			
Description of property		(a) Cost or (inves)	other basis tment)	(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land	-				80,000.				,000.
b Buildings	-				773,521.	225,306.		548,	,215.
c Leasehold improvements d Equipment	-				E2 072	41 070		1 1	104
e Other					53,073.	41,879.			<u>,194.</u> 319
Total. Add lines 1a through 1e. (Colum		ual Form G	990, Part X. c	olumi	33,719.	27,400.			<u>,319.</u> ,728.
BAA			-,, ,		, ,,		ule D (Fo		

Schedule D (Form 990) 2013 COMMUNITY CHILD CA	RE SERVICES, I	NC.	58-1788663	Page 3
Part VII Investments – Other Securities.		N/A		
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests.				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►				
		N/A		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. Se	e Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A			
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. Se	e Form 990, Part X	, line 15.
	scription	, ,	(b) Book	
(1)				
(2)				
(3)				
(4) (5)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)		►	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' to Fo		e or 11t. See Form 990, Pa	rt X, line 25	
(1) Federal income taxes	(b) Book value			
(2)		_		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Table (2) loss (b) must envel Free 200, Dat K, schwar (D) lies (F)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the for		ancial statements that reports the	organization's liability for upo	ortain
- Liability for uncertain tax positions. In rait AIII, provide the text of the for	SHOLE LU LIE ULUAIIZALIUI S II	ianoiai statoments that reputts the	ο οι αατη ζαιτοπ S παυτητιν τοι . UΠC	ortani

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013 COMMUNITY CHILD CARE SERVICES, INC.	58	-1788663	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements		turn.	
Complete if the organization answered 'Yes' to Form 990, Part 1 Total revenue, gains, and other support per audited financial statements		1	740.000
		1	742,290.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	2a		
	2b 2,500.		
	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d.		2 e	2,500.
3 Subtract line 2e from line 1.		3	739,790.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	-		
	4 b		
c Add lines 4a and 4b		4 c	<u> </u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	739,790.
Part XII Reconciliation of Expenses per Audited Financial Statements		Return.	
Complete if the organization answered 'Yes' to Form 990, Part	IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	772,492.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			·
a Donated services and use of facilities	2a 2,500.		
b Prior year adjustments	2b		
c Other losses.	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	2,500.
3 Subtract line 2e from line 1.		3	769,992.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			10070021
	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · · · · · · · · · · · · · · · ·	5	769,992.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1b and 2b; Parl	: V,	

line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	 	 	 	 	 	 	·	 ·	 	
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	 	 	 	 	 	 	·	 ·	 	

Schedule **D** (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	ons is	Open to Public Inspection	
Name of the organization <u>COMMUNITY</u> CHIL	D CARE SERVICES, INC.	Employer identificat	
Form 990, Par	t III, Line 1 - Organization Mission		
TO OPERATE	A QUALITY CHILD CARE CENTER FOR CHILDREN FROM LOW IN	ICOME HOMES	<u>WHO NEED</u>
CARE_AND_SU	PERVISION FOR PART OF THE DAY, TO FACILITATE EMPLOYN	<u>IENT_OF_THE</u>	PARENTS,
AND_TO_DO_A	LL THINGS REASONABLE, INCIDENTAL, AND NECESSARY TO A	ACCOMPLISH	<u>THE</u>
FOREGOING,	INCLUDING SOLICITATION OF FUNDS OR PROPERTY UPON SUC	<u>CH_TERMS_AN</u>	ID
CONDITIONS	AS TO MEET, IF POSSIBLE, THE EXPENSE THEREOF, BUT WI	THOUT MAKI	NG A PROFIT
	AND WITH SUCH CARE EXTENDED TO CHILDREN OF ALL RACE	<u>IS AND REL</u> I	GIONS IN A
NON-DISCRIM	INATORY MANNER.		
Form 990, Par	t VI, Line 11b - Form 990 Review Process		
BOARD OF DI	RECTORS_REVIEWED A DRAFT_COPY_OF_THE_FORM_990_BEFORE	THE RETUR	N WAS FILED
WITH THE IR	<u>s</u>		
Form 990, Par	t VI, Line 19 - Other Organization Documents Publicly Available		
AVAILABLE U	PON_REQUEST		

TEEA4901L 09/09/2013



(Rev January 2014)

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Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

Х

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only..... 🕨

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see									
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or								
Type or										
Type or print										
	COMMUNITY CHILD CARE SERVICES, INC.	58-1788663								
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)								
due date for										
filing your	182 EXECUTIVE PARK DRIVE									
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.										
	HENDERSONVILLE, TN 37075									

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of • LISA COX			
 Telephone No. ► <u>615.824.5060</u> Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If check this box ►	this is	for the wh	nole group,
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until _2/15, 20 15_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► calendar year 20 or ► tax year beginning _7/01, 20 13_, and ending6/30, 20 14 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina Change in accounting period	al retu	rn	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.
Caution If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 845	53-EO	and Form	8879-EO for

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.