

EXTENDED TO MAY 15, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

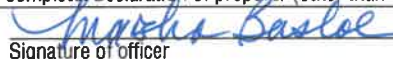

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD CARE SERVICES ASSOCIATION		D Employer identification number 56-1514058
	Doing business as		E Telephone number 919-967-3272
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 28,367,261.
	P.O. BOX 901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHAPEL HILL, NC 27514		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARSHA BASLOE SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHILDCARESERVICES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1986 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CCSA'S MISSION IS TO ENSURE THAT AFFORDABLE, ACCESSIBLE, HIGH QUALITY CHILD CARE IS AVAILABLE FOR ALL			
	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	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	132	
	6 Total number of volunteers (estimate if necessary)	6	151	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-34,736.	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	-23,804.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	21,754,139.	26,650,626.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,414,322.	1,370,464.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,125.	31,213.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-16,267.	-25,773.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,190,319.	28,026,530.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		14,755,813.	19,272,534.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		5,887,154.	6,812,648.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,518.		0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,788,067.	2,128,527.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,431,034.	28,213,709.	
	19 Revenue less expenses. Subtract line 18 from line 12	759,285.	-187,179.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	8,517,523.	8,041,475.
		22 Net assets or fund balances. Subtract line 21 from line 20	3,131,329.	2,822,273.
			5,386,194.	5,219,202.

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 1/10/2020			
	MARSHA BASLOE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEETRA B. WATSON	Preparer's signature 	Date 1/3/20	Check if self-employed <input type="checkbox"/>	PTIN P00534544
	Firm's name ▶ BLACKMAN & SLOOP, CPAS, P.A.	Firm's EIN ▶ 56-1304727			
	Firm's address ▶ 1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517	Phone no. (919) 942-8700			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

CCSA'S PRIMARY PURPOSE IS TO PROVIDE SERVICES, RESEARCH, AND ADVOCACY AT THE LOCAL, STATE, AND NATIONAL LEVELS. CCSA, AS THE LOCAL CHILD CARE RESOURCE AND REFERRAL AGENCY, PROVIDES FAMILY SUPPORT SERVICES INCLUDING HELPING FAMILIES FIND AND IDENTIFY RESOURCES TO PAY FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 7,712,738. including grants of \$ 7,049,251.) (Revenue \$ 0.)**1) CHILD CARE WAGES AND INFANT-TODDLER EDUCATOR AWARDS:****CHILD CARE WAGES**

THE KEY GOAL OF THE CHILD CARE WAGES PROGRAM IS TO IMPROVE EARLY CARE AND EDUCATION SERVICES. THROUGH INCREASED COMPENSATION, WAGES HELPS ATTRACT AND RETAIN EDUCATED EARLY CHILDHOOD PROFESSIONALS, AND ENCOURAGES PARTICIPANTS TO REACH HIGHER LEVELS OF EDUCATION THROUGH A GRADUATED SUPPLEMENT SCALE. THE PROGRAM'S PRIMARY OUTCOME FOR FY19 WAS THAT THE TURNOVER RATE OF WAGES PARTICIPANTS FOR THE YEAR WOULD BE LESS THAN 25%. RESULTS: OUTCOME MET. THE TURNOVER RATE FOR WAGES PARTICIPANTS WAS ONLY 14%, WELL BELOW THE BENCHMARK OF 25%. THIS REPRESENTS INCREASED STABILITY FOR CHILDREN IN THE YEARS WHEN IT IS

4b (Code:) (Expenses \$ 4,405,606. including grants of \$ 3,063,204.) (Revenue \$ 252,377.)**2) T.E.A.C.H. EARLY CHILDHOOD:**

THE T.E.A.C.H. EARLY CHILDHOOD NORTH CAROLINA SCHOLARSHIP PROGRAM PROVIDES UNIQUE EDUCATIONAL SCHOLARSHIPS TO CHILD CARE PROFESSIONALS AS A STRATEGY TO IMPROVE THE EDUCATION, COMPENSATION AND RETENTION OF NORTH CAROLINA'S EARLY CARE AND EDUCATION WORKFORCE. SCHOLARSHIPS ARE STRUCTURED USING FOUR COMPONENTS (SCHOLARSHIP, EDUCATION, COMPENSATION AND COMMITMENT) AND ARE AVAILABLE TO FACILITY BASED EARLY EDUCATORS INCLUDING PROGRAM ADMINISTRATORS AND HOME BASED PROFESSIONALS WORKING IN NORTH CAROLINA AND TO INDIVIDUALS WHO PERFORM NON-DIRECT SERVICE FUNCTIONS ON BEHALF OF YOUNG CHILDREN AND FAMILIES THROUGHOUT THE STATE'S EARLY CARE AND EDUCATION SYSTEM. THESE SCHOLARSHIPS ENABLE ELIGIBLE PERSONNEL WITH THE OPPORTUNITY TO COMPLETE COURSEWORK LEADING

4c (Code:) (Expenses \$ 14,375,354. including grants of \$ 9,160,079.) (Revenue \$ 1,118,087.)**FEDERAL, STATE & LOCAL INITIATIVES:****CCR&R COUNCIL AND CONTRACT MANAGEMENT:**

89% OF REGIONAL LEAD CCR&R AGENCIES INDICATED THAT ASSISTANCE RECEIVED FROM THE R&R COUNCIL WAS HELPFUL AND 82% OF REGIONAL LEAD AGENCIES INDICATED THAT THE CCR&R COUNCIL HAS ENABLED THE IMPROVEMENT OF R&R SERVICES. ALL 14 REGIONAL LEAD AGENCIES SUCCESSFULLY IMPLEMENTED AT LEAST TWO OF THE FOLLOWING THREE CCR&R CORE SERVICES: CONSUMER EDUCATION AND REFERRAL, PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE. ADDITIONALLY, ALL 14 OF THE REGIONAL LEAD AGENCIES MET NC CCR&R STANDARDS FOR REFERRAL ASSESSMENT CALLS (RAC).

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **26,493,698.**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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 VIII		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 132		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17 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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2 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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
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? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
EMMANUEL PAUL, VP OF FINANCE AND HR - 919-967-3272
1829 E. FRANKLIN ST BLDG 1000, CHAPEL HILL, NC 27514

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA GOSHA HINKLE BOARD MEMBER	0.10	X						0.	0.	0.
(2) ALEKSANDRA HOLOD BOARD MEMBER	0.20	X						0.	0.	0.
(3) JENNIFER LACEWELL BOARD MEMBER (FR 9/18)	0.20	X						0.	0.	0.
(4) ADRIANA MARTINEZ BOARD MEMBER	0.10	X						0.	0.	0.
(5) JOAN MORAN BOARD MEMBER (THR 9/18)	0.10	X						0.	0.	0.
(6) DALPHIA MURPHY BOARD MEMBER (THR 9/18)	0.10	X						0.	0.	0.
(7) MICHAEL PAGE BOARD MEMBER	0.10	X						0.	0.	0.
(8) CHRISTOPHER L. RATTE BOARD MEMBER (FR 9/18)	0.10	X						0.	0.	0.
(9) HAROLD SELLARS BOARD MEMBER (FR 9/18)	0.30	X						0.	0.	0.
(10) FLORIANNA THOMPSON BOARD MEMBER	0.20	X						0.	0.	0.
(11) ALICE THORPE BOARD MEMBER (FR 9/18)	0.10	X						0.	0.	0.
(12) ADAM ZOLOTOR BOARD MEMBER	0.20	X						0.	0.	0.
(13) PEGGY BALL CHAIR	0.40	X		X				0.	0.	0.
(14) GERRY COBB VICE CHAIR (THR 9/18)	0.10	X		X				0.	0.	0.
(15) DAN HUDGINS VICE CHAIR (FR 9/18)	0.30	X		X				0.	0.	0.
(16) KIMBERLY SHAW SECRETARY	0.20	X		X				0.	0.	0.
(17) MICHELE MILLER-COX ASSISTANT SECRETARY	0.30	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERICA GREGG PARKER TREASURER (THR 9/18)	0.10	X		X				0.	0.	0.
(19) RICHARD BURTON TREASURER (FR 9/18)	0.40	X		X				0.	0.	0.
(20) SHARON HIRSCH ASST TREASURER	0.20	X		X				0.	0.	0.
(21) JO ABERNATHY ASST TREASURER (FR 9/18)	0.10	X		X				0.	0.	0.
(22) MARSHA BASLOE PRESIDENT	45.00			X				113,483.	0.	5,990.
(23) EMMANUEL PAUL VP OF FINANCE AND HR	45.00			X				102,341.	0.	10,770.
(24) LINDA CHAPPEL VP OF TRIANGLE CCR&R	45.00					X		108,406.	0.	10,003.
(25) EDITH LOCKE VP PROFESSIONAL DEV INITIATIVES	45.00					X		101,402.	0.	10,767.
1b Sub-total								425,632.	0.	37,530.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								425,632.	0.	37,530.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILD DEVELOPMENT SCHOOLS 1501-D 13TH STREET, COLUMBUS, GA 31901	PROGRAM SERVICES	698,065.
CHILD CARE RESOURCES INC. 4600 PARK RD. #400, CHARLOTTE, NC 28209	PROGRAM SERVICES	542,728.
BRYSON CHRISTIAN MONTESSORI 6701 GARRETT RD., DURHAM, NC 27707	PROGRAM SERVICES	424,645.
MARTIN-PITT PARTNERSHIP FOR CHILDREN 111 EASTBROOK DR., GREENVILLE, NC 27858	PROGRAM SERVICES	374,320.
SOUTHEASTERN COMMUNITY COLLEGE 4564 CHADBOURN HWY, WHITEVILLE, NC 28472	PROGRAM SERVICES	372,177.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	21	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	180,164.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	23,911,296.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,559,166.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			26,650,626.			
Program Service Revenue	2 a MEAL SERVICE REVENUE	Business Code	624100	972,966.	972,966.		
	b TRAINING PROGRAMS		624100	182,702.	182,702.		
	c GRANT REVENUE MATCHING		624100	118,047.	118,047.		
	d MISCELLANEOUS PROGRAMS		624100	84,237.	84,237.		
	e CONSULTING FEES		624100	12,512.	12,512.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,370,464.			
	3 Investment income (including dividends, interest, and other similar amounts)			30,956.			30,956.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	149,947.				
	b Less: rental expenses	(ii) Personal	184,683.				
	c Rental income or (loss)		-34,736.				
	d Net rental income or (loss)			-34,736.		-34,736.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	133,860.				
	b Less: cost or other basis and sales expenses	(ii) Other	133,603.				
	c Gain or (loss)		257.				
	d Net gain or (loss)			257.			257.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	27,282.				
	b Less: direct expenses	b	22,445.				
	c Net income or (loss) from fundraising events			4,837.			4,837.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a MISCELLANEOUS INCOME		624100	4,126.			4,126.
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			4,126.				
12 Total revenue. See instructions			28,026,530.	1,370,464.	-34,736.	40,176.	

Part IX Statement of Functional Expenses

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,114,000.	7,114,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,158,534.	12,158,534.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	247,852.		247,852.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,241,687.	4,453,149.	751,145.	37,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	910,500.	783,617.	120,538.	6,345.
10 Payroll taxes	412,609.	335,710.	73,785.	3,114.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,694.		7,694.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	411,529.	295,911.	113,605.	2,013.
12 Advertising and promotion	5,149.	4,661.	488.	
13 Office expenses	718,729.	619,094.	98,306.	1,329.
14 Information technology				
15 Royalties				
16 Occupancy	84,820.	40,977.	43,843.	
17 Travel	167,874.	160,310.	7,540.	24.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	214,353.	207,778.	6,139.	436.
20 Interest	43,077.	25,508.	17,569.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,720.	102,940.	74,780.	
23 Insurance	18,959.		18,959.	
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.)				
a DUES & SUBSCRIPTIONS	154,957.	101,464.	52,933.	560.
b PRINTING AND PUBLICATIONS	73,054.	67,281.	4,469.	1,304.
c REPAIRS & MAINTENANCE	50,784.	22,698.	28,086.	
d MISCELLANEOUS	-172.	66.	-238.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,213,709.	26,493,698.	1,667,493.	52,518.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,213,687.	1	584,026.
	2 Savings and temporary cash investments	159,652.	2	135,928.
	3 Pledges and grants receivable, net	1,550,163.	3	1,854,254.
	4 Accounts receivable, net	105,625.	4	115,185.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	88,953.	7	9,697.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	82,817.	9	40,996.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,954,454.		
	b Less: accumulated depreciation	10b 3,807,101.	10c	4,147,353.
	11 Investments - publicly traded securities	4,185,117.	11	1,125,616.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	2,483.	14	2,483.
	15 Other assets. See Part IV, line 11	15,935.	15	25,937.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,517,523.	16	8,041,475.	
Liabilities	17 Accounts payable and accrued expenses	465,335.	17	517,783.
	18 Grants payable	370,994.	18	145,161.
	19 Deferred revenue	6,397.	19	48,333.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,253,916.	23	2,072,975.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,687.	25	38,021.
	26 Total liabilities. Add lines 17 through 25	3,131,329.	26	2,822,273.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,585,367.	27	3,640,579.
	28 Temporarily restricted net assets	1,800,827.	28	1,578,623.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,386,194.	33	5,219,202.
34 Total liabilities and net assets/fund balances	8,517,523.	34	8,041,475.	

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,026,530.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,213,709.
3	Revenue less expenses. Subtract line 2 from line 1	3	-187,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,386,194.
5	Net unrealized gains (losses) on investments	5	20,187.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	5,219,202.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain 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?	X	
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	X	

Form 990 (2018)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number

56-1514058

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23997188.	23678663.	20585345.	21754139.	26650626.	116665961
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23997188.	23678663.	20585345.	21754139.	26650626.	116665961
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)						
6 Public support. Subtract line 5 from line 4.						116665961

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	23997188.	23678663.	20585345.	21754139.	26650626.	116665961
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	177,374.	178,544.	187,162.	176,727.	180,903.	900,710.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,437.	4,321.	3,864.	3,847.	4,126.	23,595.
11 Total support. Add lines 7 through 10						117590266
12 Gross receipts from related activities, etc. (see instructions)					12	6,597,267.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.21	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.21	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here****Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS OTHER INCOME**

2014 AMOUNT: \$ 7,437.

2015 AMOUNT: \$ 4,321.

2016 AMOUNT: \$ 3,864.

2017 AMOUNT: \$ 3,847.

2018 AMOUNT: \$ 4,126.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

CHILD CARE SERVICES ASSOCIATION**56-1514058**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
CHILD CARE SERVICES ASSOCIATION	56-1514058

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>US DHHS PASS THRU FROM NC DHHS DCDEE</u> <u>319 CHAPANOKE ROAD</u> <u>RALEIGH, NC 27699</u>	\$ <u>11,459,777.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>US DOA PASS THRU FROM NC DHHS DOPH</u> <u>5205 SIX FORKS ROAD</u> <u>RALEIGH, NC 27609</u>	\$ <u>1,199,592.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>NC DEPT OF HEALTH & HUMAN SERVICES DCDEE</u> <u>319 CHAPANOKE ROAD</u> <u>RALEIGH, NC 27699</u>	\$ <u>7,175,848.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>NC DHHS PASS THRU FROM DURHAM COUNTY SMART START</u> <u>1201 SOUTH BRIGGS AVENUE</u> <u>DURHAM, NC 27703</u>	\$ <u>3,697,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>UNC - CHAPEL HILL</u> <u>3000 SOUTH BUILDING</u> <u>CHAPEL HILL, NC 27514</u>	\$ <u>535,109.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>COUNTY OF DURHAM</u> <u>200 E. MAIN STREET</u> <u>DURHAM, NC 27701</u>	\$ <u>1,148,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILD CARE SERVICES ASSOCIATION**56-1514058****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
CHILD CARE SERVICES ASSOCIATION	56-1514058

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number

56-1514058

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		5,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		12,166.
j Total. Add lines 1c through 1i			17,166.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:GRASSROOTS AND OTHER LOBBYING ACTIVITIES RELATED TO EARLY CARE AND
EDUCATION ISSUES

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number

56-1514058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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 impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation 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 conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	603,420.	598,380.	489,916.	493,920.	426,121.
b Contributions			255.		40,970.
c Net investment earnings, gains, and losses	15,632.	45,040.	108,209.	-4,004.	26,829.
d Grants or scholarships	53,000.	40,000.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	566,052.	603,420.	598,380.	489,916.	493,920.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ 100.00 %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐
 (ii) related organizations ☐

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		194,603.		194,603.
b Buildings		5,767,883.	2,131,295.	3,636,588.
c Leasehold improvements				
d Equipment		1,467,886.	1,355,311.	112,575.
e Other		524,082.	320,495.	203,587.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,147,353.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEAL DEPOSITS	38,021.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	38,021.

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	28,246,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	20,187.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-7,694.
e	Add lines 2a through 2d	2e	12,493.
3	Subtract line 2e from line 1	3	28,233,658.
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	4a	
b	Other (Describe in Part XIII.)	4b	-207,128.
c	Add lines 4a and 4b	4c	-207,128.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,026,530.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	28,413,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	207,128.
e	Add lines 2a through 2d	2e	207,128.
3	Subtract line 2e from line 1	3	28,206,015.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,694.
c	Add lines 4a and 4b	4c	7,694.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,213,709.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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.

PART V, LINE 4:

AS OF JUNE 30, 2019 AND 2018, THE BOARD OF DIRECTORS HAS DESIGNATED \$515,672 AND \$554,415, RESPECTIVELY, OF NET ASSETS AS THE RAMSEY TREMALGIA SCHOLARSHIP FUND TO PROVIDE SCHOLARSHIPS TO LOW-INCOME FAMILIES. AS OF JUNE 30, 2019 AND 2018, THE BOARD OF DIRECTORS HAS DESIGNATED \$50,380 AND \$49,005, RESPECTIVELY, OF NET ASSETS AS THE TEACH ENDOWMENT FUND. SINCE THESE AMOUNTS RESULTED FROM INTERNAL DESIGNATIONS AND ARE NOT DONOR-RESTRICTED, THEY ARE CLASSIFIED AND REPORTED AS NET ASSETS WITHOUT DONOR RESTRICTIONS.

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING

Part XIII Supplemental Information (continued)

TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THESE POLICIES, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENTS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 6% OVER THE LONG TERM. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -7,694.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL RELATED EXPENSES NETTED AGAINST REVENUES -184,683.

FUND RAISING EXPENSES NETTED AGAINST REVENUES -22,445.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -207,128.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL RELATED EXPENSES NETTED AGAINST REVENUES 184,683.

FUNDRAISING EXPENSES NETTED AGAINST REVENUES 22,445.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 207,128.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 7,694.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 45TH ANNIVERSARY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	27,282.			27,282.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	27,282.			27,282.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	9,312.			9,312.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	13,133.			13,133.
10 Direct expense summary. Add lines 4 through 9 in column (d)				22,445.
11 Net income summary. Subtract line 10 from line 3, column (d)				4,837.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name Address

16 Gaming manager information:

Name Gaming manager compensation \$ Description of services provided ☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ Nob Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ **Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number
56-1514058

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
21ST CENTURY CHILD CARE, INC. 108 E. PILOT ST. DURHAM, NC 27707	56-2174088		7,837.	0.			CHILD CARE SUBSIDY
7 HILLS LEARNING LLC 501 EAST BARBER CHAPEL ROAD CHAPEL HILL, NC 27517	46-1367823		70,671.	0.			CHILD CARE SUBSIDY
A NEW BEGINNING 1605 CAPSTONE DR. DURHAM, NC 27713	36-4600207		68,787.	0.			CHILD CARE SUBSIDY
ABUNDANT LOVE CHRISTIAN FAMILY DAYCARE - 2210 EAST NC HWY 54 - DURHAM, NC 27713	80-0364836		27,313.	0.			CHILD AND ADULT CARE FOOD PROGRAM
AFTON NATURE SCHOOL LLC 109 HILLCREST AVE CARRBORO, NC 27510	46-2263221		9,372.	0.			CHILD CARE SUBSIDY
ALAMANCE PARTNERSHIP FOR CHILDREN, INC. 2322 RIVER RD - BURLINGTON, NC 27235	56-1884459	501(C)3	26,115.	0.			CORE/CE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **24.**

3 Enter total number of other organizations listed in the line 1 table **70.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE ALLIANCE FOR CHILDREN AND FAMILIES - 1403 PARKVIEW DRIVE - ELIZABETH CITY, NC 27909-6533	56-2088109	501(C)3	194,242.	0.			CORE/CE/CS&LIC/HSB/IT
ALL MY CHILDREN CHILD CARE CENTER 5307 PARTRIDGE ST. DURHAM, NC 27704	56-2239129		47,640.	0.			CHILD CARE SUBSIDY
ALL STARZ CARY, INC. 6410 MCCRIMMON PKWY MORRISVILLE, NC 27560	47-1924376		10,562.	0.			CHILD CARE SUBSIDY
ALPHABET SOUP INC. 310 LLOYD ST. CARRBORO, NC 27510	56-2141466	501(C)3	13,078.	0.			CHILD CARE SUBSIDY
ANDERSON, LESLIE 10 BLACKWOOD RD ASHEVILLE, NC 28804	56-2104816		50,000.	0.			CONSULTING SERVICES
ANGIE'S ANGELS DAYCARE 832 WOODGROVE ST. DURHAM, NC 27703	90-0720458		5,348.	0.			CHILD CARE SUBSIDY
APPLE LEARNING 1162 MARTIN LUTHER KING JR. BLVD CHAPEL HILL, NC 27514	45-4499088		28,604.	0.			CHILD CARE SUBSIDY
ART BEE HOME DAY CARE 3635 SANA COURT DURHAM, NC 27713	66-0606685		5,618.	0.			CHILD AND ADULT CARE FOOD PROGRAM
ASHEBRIDGE, INC. 916 OLD HONEYCUTT RD. FUQUAY VARINA, NC 27526	27-3357203		7,052.	0.			CHILD CARE SUBSIDY

Schedule I (Form 990)

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ASKORP, INC 3008 DIXON RD DURHAM, NC 27707	56-2089271		234,424.	0.			CHILD CARE SUBSIDY
BAMBINO'S PLAYSHCOOL 4823 MEADOW DRIVE, SUITE 300 DURHAM, NC 27713	47-3543650		25,191.	0.			CHILD CARE SUBSIDY
BEAUTIFUL BEGINNINGS CHILD CARE CENTER - PO BOX 21397 - DURHAM, NC 27703	56-2194699		246,359.	0.			CHILD CARE SUBSIDY
BRIGHT BEGINNINGS 216 DAVIDSON AVE DURHAM, NC 27704	80-0663537		34,700.	0.			CHILD AND ADULT CARE FOOD PROGRAM
BRIGHT HORIZONS CAPITAL CORP 200 TALCOTT AVE WATERTOWN, MA 02472	80-0189248		5,181.	0.			CHILD CARE SUBSIDY
BRIGHT HORIZONS CHILDRENS CENTERS LLC - 1012 SLATER RD - DURHAM, NC 27703	04-2949680		33,483.	0.			CHILD CARE SUBSIDY
BRYSON CHRISTIAN MONTESSORI 6701 GARRETT RD. BLDG #2 DURHAM, NC 27707	56-1713751		441,632.	0.			CHILD CARE SUBSIDY/CACFP
BUTTERFLY KISSES ACADEMY 3627 GUESS RD. DURHAM, NC 27705	56-2331611		29,081.	0.			CHILD CARE SUBSIDY
CALHOUN-HILLS, LLC 500 MILLSTONE DR., STE 104 HILLSBOROUGH, NC 27278	81-3885017		20,481.	0.			CHILD AND ADULT CARE FOOD PROGRAM

Schedule I (Form 990)

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CARIELLO FAMILY GROUP 10550 LITTLE BRIER CREEK LANE RALEIGH, NC 27617	20-0292139		12,764.	0.			CHILD CARE SUBSIDY
CARRBORO UNITED METHODIST CHURCH 200 HILLSBOROUGH RD CARRBORO, NC 27510	26-4256154		19,292.	0.			CHILD CARE SUBSIDY/CACFP
CASA CLUB SPANISH IMMERSION PRESCHOOL - 41130 MORING DR. - CHAPEL HILL, NC 27517	46-2737963		18,339.	0.			CHILD CARE SUBSIDY
CC OF CHAPEL HILL INC. 100 WESTMINSTER DR. CHAPEL HILL, NC 27514	81-4176855		42,227.	0.			CHILD CARE SUBSIDY
CHAPEL HILL CARRBORO SCHOOLS 750 S. MERRITT MILL ROAD CHAPEL HILL, NC 27516	56-6001004	501(C)3	8,212.	0.			CHILD CARE SUBSIDY/CONFERENCE FEE
CHAPEL HILL COOP. PRES INF/TOD 106 PUREFOY ROAD CHAPEL HILL, NC 27514	56-6022921	501(C)3	24,273.	0.			CHILD CARE SUBSIDY
CHAPEL HILL DAY CARE CENTER 401 KILDAIRE ROAD CHAPEL HILL, NC 27516	56-0891967	501(C)3	16,043.	0.			CHILD CARE SUBSIDY
CHAPEL HILL KEHILLAH 1200 MASON FARM RD. CHAPEL HILL, NC 27514	56-1976536		39,160.	0.			CHILD CARE SUBSIDY
CHAPEL HILL TRAINING OUTREACH PROJECT, INC. - 800 EASTOWNE DRIVE - CHAPEL HILL, NC 27514	58-2046321	501(C)3	50,569.	0.			CHILD CARE SUBSIDY/DURHAM PRE-K

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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CHILD CARE MATTERS INC. 825 A. NORTH ESTES DRIVE CHAPEL HILL, NC 27514	26-3994822		22,439.	0.			CHILD CARE SUBSIDY
CHILD CARE RESOURCES INC - CHARLOTTE - 4600 PARK ROAD SUITE 400 - CHARLOTTE, NC 28209	56-1316030	501(C)3	484,578.	0.			IT/HSB/ECE /SVS,SVC SUBC/CCR&R101
CHILD DEVELOPMENT SCHOOLS 921 RUBY STREET DURHAM, NC 27704	63-0986576		717,271.	0.			CHILD CARE SUBSIDY/DURHAM PRE-K
CHILDREN'S CAMPUS AT SOUTHPOINT 7317 FAYETTEVILLE RD DURHAM, NC 27713	20-2610878		64,395.	0.			CHILD CARE SUBSIDY
CHILDREN'S COUNCIL OF WATAUGA COUNTY, INC. - 225 BIRCH ST., SUITE #3 - BOONE, NC 28607	94-5292431	501(C)3	59,918.	0.			IT TA
CHILDWORKS PRESCHOOL, INC. 6215 LITCHFORD RD. RALEIGH, NC 27615	56-1715771		53,748.	0.			CHILD AND ADULT CARE FOOD PROGRAM
CHRISTIAN PREP ACADEMY 1405 E NC HWY 54 DURHAM, NC 27713	68-0633631		162,804.	0.			CHILD CARE SUBSIDY
COMMUNITY SCHOOL FOR PEOPLE UNDER 102 HARGRAVES STREET CARRBORO, NC 27510	56-0961645	501(C)3	17,368.	0.			CHILD CARE SUBSIDY
CREATIVE SCHOOLS INC. 4915 WATERS EDGE DR., SUITE 255 RALEIGH, NC 27606-3370	56-1469260		17,656.	0.			CHILD CARE SUBSIDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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D&S BRANNON ENTERPRISES, LLC 1326 HILL STREET DURHAM, NC 27707	26-1231397		10,859.	0.			CHILD CARE SUBSIDY
DISPUTE SETTLEMENT CENTER 302 WEAVER STREET CARBORO, NC 27510	56-1216584		6,100.	0.			FACILITATION SERVICES
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)3	228,924.	0.			CORE/CE/IT/BSP/CS
DURHAM PUBLIC SCHOOLS 511 CLEVELAND ST DURHAM, NC 27701	56-6001021		263,340.	0.			DURHAM PRE - K TEACHER SUPPLEMENT PROGRAM
DURHAM'S PARTNERSHIP FOR CHILDREN 1201 S. BRIGGS AVENUE, SUITE 210 DURHAM, NC 27703	56-1892432	501(C)3	33,225.	0.			DURHAM PRE - K TEACHER SUPPLEMENT PROGRAM
EARLY START ACADEMY 702 TRENT DRIVE DURHAM, NC 27705	27-2981142		133,036.	0.			CHILD CARE SUBSIDY/CACFP
FIRST ENVIRONMENT'S PARENT ORGANIZATION - 109 TW ALEXANDER DRIVE - DURHAM, NC 27711	58-1696674		9,497.	0.			CHILD CARE SUBSIDY
FIRST PRESBYTERIAN DAY SCHOOL 305 E. MAIN STREET DURHAM, NC 27701	56-1049251		86,980.	0.			CHILD CARE SUBSIDY/CACFP
FRANKLIN GRANVILLE VANCE SMART START, INC. - PO BOX 142 - HENDERSON, NC 27536	56-2045172	501(C)3	30,549.	0.			CORE/CE/CS

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FUTURE SCHOLARS CHILDCARE AND DEVELOPMENT CENTER - 114 W. CORBIN ST. - HILLSBOROUGH, NC 27278	81-2401439		39,567.	0.			CHILD AND ADULT CARE FOOD PROGRAM
GREENGLO DAYCARE CENTER INC. 44 ALLEN ROAD HENDERSON, NC 27537	81-2481297		9,220.	0.			CHILD AND ADULT CARE FOOD PROGRAM
GURUKUL LLC 5020 NC HWY55 DURHAM, NC 27713	47-4993605		240,546.	0.			CHILD CARE SUBSIDY/CACFP
JUMPING JACKS ACADEMY 3325 GUESS RD. DURHAM, NC 27705	26-2742914		35,937.	0.			CHILD CARE SUBSIDY
KINDER CARE LEARNING CENTERS, LLC 203 KILMAYNE DRIVE CARY, NC 27511	63-0941966		10,026.	0.			CHILD CARE SUBSIDY
KING'S KIDS CHILD DEVELOPMENT CENTER - 1914 NC HWY 55 - DURHAM, NC 27707	56-2257644		30,049.	0.			CHILD CARE SUBSIDY
KOMPLEKS CREATIVE, INC. 106 W PARRISH ST., SUITE 2 DURHAM, NC 27701	20-8388475		29,918.	0.			CONTRACT SERVICE
LA PETITE ACADEMY, INC. 7601 SIX FORKS RD RALEIGH, NC 27615	43-1243221		19,851.	0.			CHILD CARE SUBSIDY
LAKEWOOD COMMUNITY PRESCHOOL 1912 CHAPEL HILL RD DURHAM, NC 27707	47-3338679		90,945.	0.			CHILD CARE SUBSIDY

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LEARNING TOTS ACADEMY OF APEX 2209 CANDUN DR. APEX, NC 27523	27-0611446		48,112.	0.			CHILD AND ADULT CARE FOOD PROGRAM
LEARNING TOTS ACADEMY, INC. 1900 SEDWICK RD. DURHAM, NC 27713	26-2067049		51,878.	0.			SUBSIDY & CHILD AND ADULT CARE FOOD PROGRAM
LIL TREASURES DAY CARE 554 N. NASH ST. HILLSBOROUGH, NC 27278	55-0825820		28,769.	0.			CHILD AND ADULT CARE FOOD PROGRAM
LITTLE PEOPLE DAY CARE CENTER, INC. - 1020 S. MIAMI BLVD., HWY 70 EAST, STE #117-20	01-0735991		86,339.	0.			CHILD CARE SUBSIDY
MARTIN-PITT PARTNERSHIP FOR CHILDREN - 111-B EASTBOOK DRIVE - GREENVILLE, NC 27858	56-1913394	501(C)3	344,372.	0.			IT/HSB/CORE/CONSED
MCCIAMMY - KIDS ACADEMY LLC 1212 HORTON ROAD DURHAM, NC 27704	46-2974855		14,557.	0.			CHILD CARE SUBSIDY
MI ESCUELITA SPANISH IMMERSION 405 B SMITH LEVEL ROAD CHAPEL HILL, NC 27516	56-2124159		7,896.	0.			CHILD AND ADULT CARE FOOD PROGRAM
MOMSRISING EDUCATION FUND PO BOX 10172 BERKELEY, CA 94709	45-2499952	501(C)3	15,000.	0.			FOUNDATION GRANT
NC PARTNERSHIP FOR CHILDREN 1100 WAKE FOREST ROAD RALEIGH, NC 27604	56-1850485	501(C)3	5,000.	0.			HOME VISIT SUMMIT SPONSOR

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NC EARLY EDUCATION COALITION PO BOX 4292 CHAPEL HILL, NC 27515	56-1352826		7,500.	0.			WEBSITE DESIGN ASSISTANCE
NORTH CAROLINA EARLY EDUCATION COALITION - P.O. BOX 4292 - CHAPEL HILL, NC 27515	56-1352826	501(C)3	19,000.	0.			ECBSNC SPONSORSHIP/MEMBERSHIP/PR SVS
PATTIE G BROWN ENTERPRISES 2724 ATLANTIC ST DURHAM, NC 27707	51-0420486		82,629.	0.			SUBSIDY & DH PREK TEACHER SUPPLEMENT PROGRAM
PERMO CORPORATION 2502 PRESIDENTIAL DR. DURHAM, NC 27703	26-0845629		11,552.	0.			CHILD CARE SUBSIDY
PERSON CTY PARTNERSHIP FOR CH PO BOX 1791 ROXBORO, NC 27573	56-1872882	501(C)3	7,049.	0.			CORE GRANT
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVENUE - ASHEBORO, NC 27203	31-1612024	501(C)3	50,152.	0.			MINI GRANT
ROLESVILLE CHILD DEVELOPMENT INC. 1212 HERITAGE LINKS DR. WAKE FOREST, NC 27587	46-2751331		88,185.	0.			CHILD AND ADULT CARE FOOD PROGRAM
SERENITY CHILD CARE CENTER 21 ROUND SPRING LANE DURHAM, NC 27712	36-4743540		44,989.	0.			SUBSIDY & CHILD AND ADULT CARE FOOD PROGRAM
SOUTHEASTERN COMMUNITY COLLEGE PO BOX 151 WHITEVILLE, NC 28472	56-0815200	501(C)3	378,564.	0.			CONEDU/CORE/IT/CE/BEH/BEH GRANTS

Schedule I (Form 990)

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SOUTHWESTERN CHILD DEV COM P.O. BOX 250 WEBSTER, NC 28788	23-7181553	501(C)3	468,979.	0.			IT SUPPORT
SPANISH FOR FUN ACADEMY 1001 S. COLUMBIA ST CHAPEL HILL, NC 27514	02-0551351		68,122.	0.			CHILD CARE SUBSIDY
SURYA LEARNING LLC 10550 LITTLE BRIER CREEK LANE RALEIGH, NC 27617	83-1811354		15,277.	0.			CHILD CARE SUBSIDY
TCHUM 3 LLC 515 E. WINMORE AVE CHAPEL HILL, NC 27516	27-3701120		21,871.	0.			CHILD CARE SUBSIDY
TEACH A LOT, INC. 702 JULIETTE DRIVE DURHAM, NC 27713	26-0343063		20,682.	0.			CHILD CARE SUBSIDY
TENDERCARE LEARNING CENTER 3617 DUKE HOMESTEAD RD. DURHAM, NC 27704	90-0110326		24,058.	0.			CHILD AND ADULT CARE FOOD PROGRAM
TODDLER'S ACADEMY, INC 2811 BEECHWOOD DR DURHAM, NC 27707	56-1124558		25,443.	0.			CHILD CARE SUBSIDY
TREASURES OF JOY, INC. 3500 S ALSTON AVE DURHAM, NC 27713	56-1991365		94,007.	0.			CHILD AND ADULT CARE FOOD PROGRAM
TRIANGLE DAY CARE CENTER 1301 RIDDLE RD. DURHAM, NC 27713	56-2097524		26,981.	0.			CHILD CARE SUBSIDY

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 134 MUNICIPAL DRIVE - CHAPEL HILL, NC 27514	56-6001393	501(C)3	31,739.	0.			CHILD AND ADULT CARE FOOD PROGRAM
VICTORIOUS DAY CARE & PRESCHOOL ACADEMY - 2116 PAGE ROAD - DURHAM, NC 27703	56-2224945		18,908.	0.			CHILD CARE SUBSIDY
VICTORY VILLIAGE DAY CARE 130 FRIDAY CENTER DR. CHAPEL HILL, NC 27517	56-0586172	501(C)3	41,107.	0.			CHILD CARE SUBSIDY
WEAVER DAIRY COMMUNITY 124 WEAVER DAIRY RD CHAPEL HILL, NC 27514	56-2036228		9,635.	0.			CHILD CARE SUBSIDY
WHITE ROCK CHILD DEVELOPMENT CENTER - 3400 FAYETTEVILLE STREET - DURHAM, NC 27707	56-6001764		133,819.	0.			SUBSIDY & DH PREK TEACHER SUPPLEMENT PROG
WORK FAMILY RESOURCE CENTER 500 W. FOURTH STREET, STE 202 WINSTON SALEM, NC 27101-2782	56-1755762	501(C)3	29,293.	0.			IT TA
YATES BAPTIST CHILD DEVELOPMENT CENTER - 2819 CHAPEL HILL RD. - DURHAM, NC 27707	56-1998354		10,140.	0.			CHILD CARE SUBSIDY

Schedule I (Form 990)

Part IV Supplemental Information

AUDIT BE CONDUCTED AND SUBMITTED TO CCSA SHOULD THE AMOUNT OF THE AWARD BE
EQUAL TO OR GREATER THAN \$750,000, IN ACCORDANCE WITH OMB STANDARDS. FOR
AWARDS OF LESS THAN \$750,000, A LIMITED SCOPE MONITORING WILL TAKE PLACE
THAT INCLUDES REVIEWING OF THE FOLLOWING TYPES OF COMPLIANCE REQUIREMENTS:
ACTIVITIES ALLOWED OR UNALLOWED; ALLOWABLE COSTS/COST PRINCIPLES;
ELIGIBILITY; AND REPORTING.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number

56-1514058

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUNG CHILDREN AND THEIR FAMILIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY CHILD CARE. CCSA PROVIDES SERVICES FOR CHILD CARE PROVIDERS TO
HELP IMPROVE THE QUALITY OF CHILD CARE, INCLUDING SUPPORT, TRAINING,
ON-SITE CONSULTATIONS, NUTRITION SERVICES, SALARY SUPPLEMENTS, AND
COLLEGE SCHOLARSHIPS. NATIONALLY AND STATEWIDE, CCSA HAS ADDRESSED THE
ISSUES OF UNDER-EDUCATION, POOR COMPENSATION, AND HIGH TURNOVER IN THE
EARLY CHILDHOOD WORKFORCE THROUGH INNOVATIVE PROGRAMS SUCH AS THE
T.E.A.C.H. EARLY CHILDHOOD PROGRAM, THE CHILD CARE WAGES PROGRAM AND
THE INFANT TODDLER EDUCATOR AWARD\$ PROGRAM. NATIONALLY, THE T.E.A.C.H.
EARLY CHILDHOOD NATIONAL CENTER PROVIDES LEADERSHIP IN THE EARLY
CHILDHOOD EDUCATION FIELD TO STATES ACROSS THE COUNTRY AND TO OUR
POLICYMAKERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOST NEEDED.

IN ADDITION TO INCREASED RETENTION, WAGES PARTICIPANTS ALSO HAD OR
OBTAINED HIGHER LEVELS OF EDUCATION. EIGHTY-EIGHT PERCENT (88%) HAD AN
ASSOCIATE DEGREE IN EARLY CHILDHOOD EDUCATION, ITS EQUIVALENT OR HIGHER
BASED ON THE WAGES SCALE OR SUBMITTED DOCUMENTATION DURING THE YEAR TO
VERIFY THEIR PURSUIT OF ADDITIONAL COURSEWORK.

WAGES PAID 4,144 EARLY EDUCATORS, SURPASSING THE EXPECTED OUTPUT. THESE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

CHILD CARE SERVICES ASSOCIATION

Employer identification number

56-1514058

PARTICIPANTS WORKED IN 1,577 FACILITIES SERVING APPROXIMATELY 70,754

CHILDREN AND THEY RECEIVED AN AVERAGE SIX-MONTH SUPPLEMENT OF \$974.

NINETY-NINE PERCENT (99%) OF EVALUATION RESPONDENTS REPORTED

SATISFACTION WITH WAGES.

INFANT-TODDLER EDUCATOR AWARD\$

INFANT-TODDLER EDUCATOR AWARD\$ PROVIDES EDUCATION-BASED SALARY

SUPPLEMENTS TO LOW-PAID EARLY EDUCATORS WORKING FULL-TIME IN

INFANT-TODDLER CLASSROOMS IN NORTH CAROLINA. THE PROGRAM IS DESIGNED TO

BETTER COMPENSATE AND RETAIN WELL-EDUCATED TEACHERS WORKING WITH OUR

YOUNGEST CHILDREN. THE PRIMARY GOAL WAS THAT THE TURNOVER RATE OF

AWARD\$ PARTICIPANTS WOULD BE LESS THAN 25%. THE OUTCOME WAS ACHIEVED;

THE TURNOVER RATE OF AWARD\$ PARTICIPANTS WAS ONLY 13%. BRAIN

DEVELOPMENT IS AT ITS PEAK IN THESE YOUNGER YEARS, AND STABILITY IS KEY

TO SUCCESSFUL OUTCOMES FOR CHILDREN. NINETY-NINE PERCENT (99%) OF

EVALUATION RESPONDENTS STATED THAT AWARD\$ SUPPLEMENTS HELP TO EASE

FINANCIAL STRESS, WHICH IS ANOTHER KEY GOAL FOR THE INITIATIVE.

AWARD\$ PAID 1,124 EARLY EDUCATORS WITH THE FUNDING AVAILABLE,

SURPASSING THE EXPECTED OUTPUT. THESE PARTICIPANTS WORKED IN 591

FACILITIES SERVING APPROXIMATELY 17,718 CHILDREN BIRTH THROUGH AGE TWO.

PARITICPANTS RECEIVED AN AVERAGE SIX-MONTH SUPPLEMENT OF \$1,295.

NINETY-NINE PERCENT (99%) OF EVALUATION RESPONDENTS REPORTED

SATISFACTION WITH AWARD\$.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TOWARDS CREDENTIALS AND DEGREES AT ALL OF NORTH CAROLINA'S 58 COMMUNITY

COLLEGES AND 18 COLLEGES/UNIVERSITIES. PARTICIPANTS ARE EXPECTED TO

Name of the organization	Employer identification number
CHILD CARE SERVICES ASSOCIATION	56-1514058

INCREASE THEIR EDUCATION BY COMPLETING A MINIMUM NUMBER OF CREDITS ANNUALLY AND IN TURN ARE GIVEN RAISES OR BONUSES IN RECOGNITION OF THEIR ACHIEVEMENT. MORE IMPORTANTLY, PARTICIPANTS ARE REQUIRED TO COMMIT TO THE EARLY CARE AND EDUCATION FIELD, THEIR EMPLOYING SPONSORING PROGRAM OR SPONSORING ORGANIZATION FOR SIX MONTHS TO ONE YEAR. DURING FY 2018-19 THE T.E.A.C.H. EARLY CHILDHOOD SCHOLARSHIP PROGRAM MET ITS GOALS FOR IMPROVING THE EDUCATION, COMPENSATION AND RETENTION AMONG ITS PROGRAM PARTICIPANTS IN NORTH CAROLINA AND PRODUCED POSITIVE OUTCOMES AS WERE PROPOSED. THE T.E.A.C.H. EARLY CHILDHOOD SCHOLARSHIP PROGRAM PROVIDED CORE, COMPREHENSIVE SCHOLARSHIPS TO 2,106 EARLY EDUCATORS, PROGRAM ADMINISTRATORS, HOME BASED PROFESSIONALS AND EARLY CARE AND EDUCATION SYSTEM SPECIALISTS IN 95 OF THE STATE'S 100 COUNTIES. SUCCESSFUL OUTCOMES WERE PRODUCED IN THE AREAS OF INCREASED EDUCATION, INCREASED COMPENSATION AND RETENTION. FOR EXAMPLE, ON AVERAGE, TEACHERS WHO PARTICIPATED ON THE PROGRAM'S MOST UTILIZED SCHOLARSHIP MODEL, THE ASSOCIATE DEGREE SCHOLARSHIP PROGRAM AND SUCCESSFULLY MET CONTRACT REQUIREMENTS, COMPLETED ON AVERAGE 14 CREDIT HOURS OF FORMAL EDUCATION, EXPERIENCED A 9% INCREASE IN EARNINGS AND HAD A 9% TURNOVER RATE. MORE THAN 58,520 CHILDREN WERE CARED FOR IN A SETTING THAT SUPPORTED AT LEAST ONE RECIPIENT ON A T.E.A.C.H. EARLY CHILDHOOD CORE SCHOLARSHIP. THE PROVISION OF SCHOLARSHIPS ENABLED T.E.A.C.H. RECIPIENTS TO ENROLL IN 18,080 CREDIT HOURS OF EDUCATION AT THE STATE'S COMMUNITY COLLEGES AND SELECTED UNIVERSITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE INFANT TODDLER ENHANCEMENT INITIATIVE EXCEEDED THEIR GOAL OF 3,780 STATEWIDE TECHNICAL ASSISTANCE CONSULTATIONS BY PROVIDING 4290 ON-SITE TA CONSULTATIONS IN FY19. THESE SERVICES IMPACTED 5,366 INFANTS AND

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TODDLERS IN OUR STATE. UNDER THE STATEWIDE INFANT/TODDLER PROJECT, 289 TRAINING SESSIONS WERE CONDUCTED BENEFITING 3,990 CHILD CARE PROVIDERS (UNDUPLICATED COUNT) ACROSS NC; TECHNICAL ASSISTANCE WAS PROVIDED TO 697 CLASSROOMS IN LICENSED PROGRAMS; 141 CLASSROOMS COMPLETED PARTICIPATION IN THE INFANT TODDLER QUALITY RATING IMPROVEMENT PROGRAM. THE AVERAGE INCREASE FROM PRE TO POST ASSESSMENT WAS 1.74 POINTS.

UNDER THE STATEWIDE CORE SERVICES, ALL 14 REGIONS REPORTED THAT AT LEAST 85% OF THE CUSTOMERS SURVEYED INDICATED THAT THEY CHOSE 3, 4, OR 5 STAR CARE WITH 13 OF 14 REPORTING THAT AT LEAST 94% OF PARENTS INDICATING THEY CHOSE THIS LEVEL OF CARE. STATEWIDE, 97% OF PARENTS RESPONDING TO FOLLOW-UP SURVEYS INDICATED THAT THEY CHOSE 3, 4, OR 5 STAR CARE. ALL 14 REGIONS REPORTED THAT AT LEAST 90% OF THE CUSTOMERS SURVEYED INDICATED THAT THEY USED QUALITY INDICATORS IN THEIR CHILD CARE SEARCH. STATEWIDE, 98% OF PARENTS RESPONDING TO FOLLOW-UP SURVEYS INDICATED THAT THEY USED QUALITY INDICATORS IN THEIR CHILD CARE SEARCH. AT THE CONCLUSION OF FY19, STATISTICAL DATA FROM DCDEE INDICATES THAT 72% OF ALL CHILDREN ENROLLED IN LICENSED CARE IN THE STATE OF NORTH CAROLINA WERE ENROLLED IN 4- AND 5- STAR CARE. THIS IS A SIGNIFICANT PERCENTAGE OF THE STATE'S CHILDREN IN HIGHER QUALITY CARE. FURTHERMORE, AT THE CONCLUSION OF FY19, ONLY 3% OF CHILDREN ENROLLED IN LICENSED CHILD CARE IN NORTH CAROLINA REMAIN ENROLLED IN 1- OR 2-STAR CARE.

TRAINING AND SUPPORT SERVICES:

THERE WERE 273 PROFESSIONAL DEVELOPMENT WORKSHOPS CONDUCTED FOR 2,402 (UNDUPLICATED) 4,569 (DUPLICATED) CHILD CARE PROFESSIONALS IN THE TRIANGLE AREA. THERE WERE 560.5 IN-SERVICE HOURS RECEIVED BY THE ATTENDEES. THERE WAS 1 WORKSHOP PRESENTED IN SPANISH. THERE WERE 254

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PROVIDERS TRAINED IN CEU TOPICS COMPLETING A TOTAL OF 1,270.0 CONTINUING EDUCATION HOURS (CEUS). 97% OF PROVIDERS ATTENDING WORKSHOPS REPORTED FEELING CONFIDENT IN THEIR ABILITY TO APPLY THE KNOWLEDGE AND SKILLS GAINED THROUGH TRAINING.

CHILD AND ADULT CARE FOOD PROGRAM:

OTHER PROGRAM SERVICES: THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) SERVED 48 CHILD CARE HOMES AND 24 CENTERS IN THE TRIANGLE. THERE WERE 597,060 MEALS REIMBURSED TO AN AVERAGE OF 1,137 CHILDREN. THERE WERE 231 MONITORING VISITS MADE TO CHILD CARE PROGRAMS TO REVIEW RECORDS, OBSERVE MEALS AND PROVIDE TECHNICAL ASSISTANCE AS NEEDED.

CCSA SERVES AS A SPONSOR FOR THE CACFP, A FEDERALLY-FUNDED PROGRAM WHICH PROVIDES FINANCIAL REIMBURSEMENT, TRAINING AND TECHNICAL ASSISTANCE TO CHILD CARE INSTITUTIONS FOR THE PROVISION OF NUTRITIOUS FOODS FOR CHILDREN IN THEIR CARE. 72 PROGRAMS WERE SPONSORED SERVING AN ESTIMATED 1,137 CHILDREN FROM DIVERSE POPULATION WITH 60% MEETING FEE AND REDUCED GUIDELINES. APPROXIMATELY 597,060 NUTRITIOUS MEALS AND SNACKS WERE SERVED MEETING THE USDA MEAL PATTERNS.

CHILD CARE SCHOLARSHIP SERVICES:

FY19 DURHAM COUNTY SMART START SCHOLARSHIP PROGRAM (DPFC)

- 100% OF CONTRACTED FUNDS FOR SCHOLARSHIPS WAS EXPENDED, TOTALING \$2,862,589
- A TOTAL OF 525 FAMILIES WERE SERVED
- A TOTAL OF 579 CHILDREN RECEIVED SCHOLARSHIPS
- CHILDREN ATTENDED 66 DIFFERENT CHILD CARE FACILITIES

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- 4.9 WAS THE AVERAGE STAR RATING OF THE CARE UTILIZED BY CHILDREN

RECEIVING SERVICES

- 317 CHILDREN WERE FUNDED JOINTLY THROUGH THE DURHAM COUNTY NCPREK

PROGRAM

- 56 CHILDREN RECEIVED A SCHOLARSHIP THROUGH THE EARLY HEAD START

SET-ASIDE FUND

- 29 CHILDREN RECEIVING SERVICES HAD DOCUMENTED DEVELOPMENTAL NEEDS

- 25% OF CHILDREN LIVED IN FAMILIES REPORTING SPANISH AS THEIR PRIMARY

LANGUAGE

OTHER FY19 SCHOLARSHIP

- 49 CHILDREN WERE SERVED THROUGH THE DURHAM AND ORANGE COUNTY REGULAR SCHOLARSHIP PROGRAMS. 100% OF THESE CHILDREN RECEIVED SERVICES IN A 4 OR 5 STAR FACILITY. A TOTAL OF \$119,488.12 WAS SPENT IN UNITED WAY AND OTHER DONATED FUNDS FOR THESE SCHOLARSHIPS.

- 71 CHILDREN RECEIVED ASSISTANCE THROUGH THE UNC SCHOLARSHIP PROGRAM, INCLUDING 17 CHILDREN OF UNC EMPLOYEES, AND 54 CHILDREN OF UNC STUDENTS. A TOTAL OF \$128,352.21 AND \$359,753.63 WERE EXPENDED ON SCHOLARSHIPS FROM THE UNC CHILD CARE FEE ASSISTANCE PROGRAM AND UNC STUDENTS FOR CHILD CARE SCHOLARSHIPS FUND, RESPECTIVELY.

FY19 SCHOLARSHIP PROGRAM EVALUATION

- 164 FAMILIES AND 65 CHILD CARE PROGRAMS WERE SURVEYED AS PART OF THE DEPARTMENT'S ANNUAL PROGRAM EVALUATION PROCESS.

- 86% OF SCHOLARSHIP RECIPIENTS REPORTED THAT SERVICES ENABLED THEM TO SELECT HIGHER QUALITY CARE FOR THEIR CHILDREN

- 46% REPORTED THAT THEIR CHILDREN WERE NOT IN ANY KIND OF LICENSED CARE PRIOR TO ACCESSING A SCHOLARSHIP

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- 95% OF RECIPIENTS REPORTED THAT SCHOLARSHIPS ENABLED THEM TO SECURE OR MAINTAIN EMPLOYMENT

- 99% REPORTED OVERALL SATISFACTION WITH CCSA'S SERVICES

- AMONG CHILD CARE PROGRAMS SERVING CCSA SCHOLARSHIP CHILDREN, 98% FELT THAT THE SCHOLARSHIP PROGRAM WAS AN IMPORTANT SERVICE, AND 98% FELT THE PROGRAM WAS BEING OPERATED EFFECTIVELY.

CHILD CARE REFERRAL SERVICES:

- FOR FY19, A TOTAL OF 2,555 FAMILIES RECEIVED CHILD CARE CONSUMER EDUCATION AND REFERRAL SERVICES THROUGH CHILD CARE REFERRAL CENTRAL, THE REGIONAL CALL CENTER OPERATED BY CCSA:

- 1,098 WERE DURHAM COUNTY RESIDENTS OR CLIENTS

- 222 WERE ORANGE COUNTY RESIDENTS OR CLIENTS

- 1,053 WERE WAKE COUNTY RESIDENTS OR CLIENTS

- 182 WERE RESIDENTS OF ALAMANCE, CASWELL, FRANKLIN, GRANVILLE, PERSON AND VANCE COUNTIES

- TOTAL OF 3,516 CHILDREN WERE IMPACTED BY THESE SERVICES.

- 23% OF FAMILIES ACCESSED SERVICES THROUGH THE AGENCY'S ONLINE REFERRAL SYSTEM. ENHANCED REFERRAL SERVICES WERE PROVIDED TO 695 FAMILIES.

- THIRTY-FOUR PERCENT OF REFERRALS WERE TO FAMILIES EARNING LESS THAN \$20,000 PER YEAR.

- REFERRALS WERE PROVIDED IN SPANISH TO 146 FAMILIES (7% OF ALL COUNSELOR-DELIVERED REFERRALS) AND 9% OF ALL FAMILIES REPORTED BEING OF LATINO/A DESCENT.

- IN THE DEPARTMENT'S ANNUAL EVALUATION OF FAMILIES SERVED, 545 FAMILIES WERE SURVEYED. 93% OF ALL FAMILIES REPORTED BEING SATISFIED WITH SERVICES, 99% REPORTED FEELING RESPECTED IN THEIR INTERACTIONS

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WITH STAFF, AND OVER 99% REPORTED USING THREE OR MORE QUALITY INDICATORS IN THEIR SEARCH FOR CHILD CARE.

- THE AVERAGE STAR-RATING OF CHILD CARE SELECTED BY FAMILIES RECEIVING REFERRAL SERVICES WAS 4.5.

- FOR THE YEAR, FAMILY SUPPORT STAFF ALSO CONDUCTED 46 WORKSHOPS AND 134 INFORMATION SESSIONS, AND PARTICIPATED IN 32 COMMUNITY FAIRS THROUGHOUT CCSA'S SERVICE AREA.

QUALITY SUPPLEMENTS:

- IN FY19, 78 CHILD CARE PROGRAMS PARTICIPATED IN THE WAKE COUNTY QUALITY SUPPLEMENT PROGRAM.

- 92% OF PROGRAMS WERE 5-STAR FACILITIES, AND 37% HAD 7 PROGRAM STANDARD POINTS.

- PROGRAMS RECEIVED AN AVERAGE MONTHLY SUPPLEMENT OF \$871.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIVISION VPS PROVIDE ACCOMPLISHMENTS FOR THE YEAR TO THE VP OF FINANCE AND HR. ONCE THE 990 IS COMPILED, THE PRESIDENT AND VP OF FINANCE AND HR REVIEW IT AND THEN DISCUSS IT WITH THE AUDIT AND FINANCE COMMITTEE. THE 990 IS THEN SHARED WITH MANAGEMENT AND THE BOARD OF DIRECTORS. ONCE IT HAS BEEN REVIEWED AND APPROVED, THE RETURN IS FILED.

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

THE CONFLICT OF INTEREST POLICY MUST BE SIGNED ANNUALLY AND ANY CONFLICTS MUST BE DISCLOSED AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 15:

TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S COMPENSATION, A SALARY

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STUDY OF PREVAILING WAGES WAS CONDUCTED FOR THE ENTIRE ORGANIZATION BY AN OUTSIDE FIRM. THE INFORMATION WAS PROVIDED TO THE BOARD EXECUTIVE COMMITTEE, WHO SETS THE SALARY FOR THE PRESIDENT. ALL OTHER SALARIES ARE SET BY THE PRESIDENT USING THE PREVAILING WAGE INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST.

PART XI, FINANCIAL STATEMENTS AND REPORTING, LINE 2C:

OVERSIGHT COMMITTEE: THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

EXTENDED TO MAY 15, 2020

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018For calendar year 2018 or other tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service**A** ☐ Check box if address changedName of organization (☐ Check box if name changed and see instructions.)**D** Employer identification number (Employees' trust, see instructions.)**B** Exempt under section☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

CHILD CARE SERVICES ASSOCIATION**56-1514058**

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 901**E** Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

CHAPEL HILL, NC 27514**531120****C** Book value of all assets at end of year**8,041,475.****F** Group exemption number (See instructions.) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1**

Describe the only (or first) unrelated

trade or business here ▶ **SEE STATEMENT 1**

If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **EMMANUEL PAUL, VP OF FINANCE AND** Telephone number ▶ **919-967-3272****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	102,759.	126,563.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	102,759.	126,563.
			-23,804.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-23,804.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-23,804.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-23,804.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-23,804.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-23,804.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here

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

Signature of officer

Date

PRESIDENT
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DEETRA B. WATSON

DEETRA B. WATSON

1/3/20

P00534544

Firm's name **BLACKMAN & SLOOP, CPAS, P.A.**Firm's EIN **56-1304727**

1414 RALEIGH RD, SUITE 300

Firm's address **CHAPEL HILL, NC 27517**Phone no. **(919) 942-8700**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		
			property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		
				Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) ... ► **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 5	
(1) COMMERCIAL PROPERTY BRIGGS AVE,				
(2) DURHAM NC		149,947.		184,683.
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) 2,116,767.	3,088,876.	68.53%	102,759.	126,563.
(3)		%		
(4)		%		
STATEMENT 3		STATEMENT 4	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			102,759.	126,563.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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RENTAL OF A PORTION OF OFFICE SPACE TO COUNTY AGENCIES THAT OPERATE IN CHILD CARE AND SUPPORT THE ACTIVITIES OF THE ORGANIZATION

TO FORM 990-T, PAGE 1

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	2
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	35,267.	0.	35,267.	35,267.
06/30/14	23,713.	0.	23,713.	23,713.
06/30/15	25,282.	0.	25,282.	25,282.
06/30/16	18,594.	0.	18,594.	18,594.
06/30/17	9,926.	0.	9,926.	9,926.
06/30/18	10,373.	0.	10,373.	10,373.
NOL CARRYOVER AVAILABLE THIS YEAR			123,155.	123,155.

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	STATEMENT	3
	AVERAGE ACQUISITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
COMMERCIAL PROPERTY BRIGGS AVE, DURHAM NC	1	
BEGINNING FIRST MONTH		2,161,240.
BEGINNING SECOND MONTH		2,152,146.
BEGINNING THIRD MONTH		2,142,201.
BEGINNING FOURTH MONTH		2,134,756.
BEGINNING FIFTH MONTH		2,127,505.
BEGINNING SIXTH MONTH		2,120,015.
BEGINNING SEVENTH MONTH		2,112,717.
BEGINNING EIGHTH MONTH		2,105,396.
BEGINNING NINTH MONTH		2,097,412.
BEGINNING TENTH MONTH		2,090,343.
BEGINNING ELEVENTH MONTH		2,085,178.
BEGINNING TWELFTH MONTH		2,072,294.
TOTAL OF ALL MONTHS		25,401,203.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		2,116,767.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	STATEMENT	4
	AVERAGE ADJUSTED BASIS		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
COMMERCIAL PROPERTY BRIGGS AVE, DURHAM NC	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		3,098,441.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		3,079,312.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		3,088,877.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	5
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING		10,309.	
UTILITIES		22,749.	
INSURANCE		3,139.	
INTEREST		36,772.	
BUILDING MAINTENANCE		21,356.	
DEPRECIATION		90,358.	
- SUBTOTAL -	1		184,683.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			184,683.