

**Application for Recognition of Exemption**  
**Under Section 501(c)(3) of the Internal Revenue Code**  
 For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0056  
 Expires 3-31-89  
 To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

**Part I Identification**

1 Full name of organization <b>Washington State Child Care Resource &amp; Referral Network</b>		2 Employer identification number (if none, see instructions) <b>91-1427991</b>	
3a Address (number and street) <b>5701 MacArthur Blvd.</b>		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k)	
3b City or town, state, and ZIP code <b>Vancouver, Washington 98661</b>		4 Name and telephone number of person to be contacted <b>Corrine Herman (206) 694-7059</b>	
5 Month the annual accounting period ends <b>October 1</b>	6 Date incorporated or formed <b>January 19, 1989</b>	7 Activity codes <b>569 408 149</b>	
8 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.			

**Part II Type of Entity and Organizational Document (see instructions)**

Check the applicable entity box below and attach a conformed copy of the organization's organizing document and bylaws as indicated for each entity.

Corporation—Articles of incorporation and bylaws.  Trust—Trust indenture.  Other—Constitution or articles of association and bylaws.

**Part III Activities and Operational Information**

1 What are or will be the organization's sources of financial support? List in order of size.

- Corporate & Foundation Grants
- Department of Social & Health Services Contract
- Department of Employment Security
- Dues & Memberships
- Fund Raising Activities & Events

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.) Attach representative copies of solicitations for financial support.

10/89 Grant Writer retained to write \$25,000 in operational dollar grants.  
 Fund Raising Committee will be established in the Spring of '90.  
 Newsletter will solicit memberships on a quarterly basis-Spring '90.  
 Brochure on services will be printed and mailed.

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct, and complete.

*Corrine Herman* (Signature) *President* (Title or authority of signer) *11/30/89* (Date)

**Part III** Activities and Operational Information (Continued)

- 3 Give a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VI-A.

The Washington State Child Care Resource & Referral Network is a direct result of implementing the results of various studies conducted statewide and nationally within the past three years. The major concerns were child care conditions; child care locations; who is providing child care; what are their qualifications and/or standards for providing child care; early childhood education and development concerns by schools; the accessibility of child care; and whether child care was 'affordable' for families. A second major area of concern was the encouragement of the active involvement by employers into the system to assist their employees reduce absentism, abuse of their sick leave because of a child illness, and a mechanism to find the 'right' child care provider.

The function of the network is to share resources statewide on child care issues; allow parents and employers access to an '800' number for the most appropriate and affordable child care provider in their locality; and to provide technical assistance and training to each of the agency member organizations as new Resource & Referral Centers are established. They also function as the core group of 'experts' in the field of child care and early education for the purpose of establishing program standards, licensing standards and professional educational certificates or degree programs as people prepare for a career in child care or early education programs. Additionally the Network acts as a clearing house of information, educational materials and training aids for agency member organizations.

## 4 The membership of the organization's governing body is:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
President: Corrine Herman 5701 MacArthur Blvd. Vancouver WA	None
Vice Pres: Ray Kennedy 23 South Wenatchee Ave. #209 Wenatchee WA	None
Secretary: Elaine Dobney W.S.U. Child Care Center Pullman WA	None
Treasurer: Monica Elenbaas P.O. Box 446 Olympia WA	None

**Part III** Activities and Operational Information (Continued)

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See the Specific Instructions for line 4d.)  Yes  No  
If "Yes," explain.

e Have any members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization?  Yes  No  
If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned.

5 Does the organization control or is it controlled by any other organization?  Yes  No  
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors?  Yes  No  
If either of these questions is answered "Yes," explain.

6 Is the organization financially accountable to any other organization?  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted. Only contractually.

7 a What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. Computers for up-to-date child care data and telephones with 800 lines for resources & referral will be purchased in February.

b To what extent have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities? None

8 Will any of the organization's facilities be managed by another organization or individual under a contractual agreement?  Yes  No  
If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other parties.

**Part III** Activities and Operational Information (Continued)

a Have the recipients been required or will they be required to pay for the organization's benefits, services, or products?  Yes  No  
If "Yes," explain and show how the charges are determined.

b Does or will the organization limit its benefits, services, or products to specific classes of individuals?  Yes  No  
If "Yes," explain how the recipients or beneficiaries are or will be selected.

10 Is the organization a membership organization?  Yes  No  
If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.  
Nonprofit organizations meeting the requirements of Article II, Section 1 voting and associates members. Annual dues prorated by budgets. Bylaws.

b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.  
Newsletters will be disseminated quarterly, literature will be developed, and brochures will be printed and distributed.

c Are benefits, services, or products limited to members?  Yes  No  
If "No," explain.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns?  Yes  No  
If "Yes," explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

12 Does the organization have a pension plan for employees?  Yes  No

13 a Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related regulations? (See General Instructions.)  Yes  No

b If you answer "No," to 13a and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.

c If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief?  Yes  No

d If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.

e If you answer "No," to both 13a and 13c and section 508(a) does apply to you, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed (see instructions)?  Yes  No

**Part IV** Statement as to Private Foundation Status (see Instructions)

1 Is the organization a private foundation?  Yes  No

2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here  and complete Part VII.

3 If you answer "No," to question 1, indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) below that apply:

a Definitive ruling under section 509(a)(1), (2), (3), or (4)  Complete Part VI.

b Advance ruling under  sections 509(a)(1) and 170(b)(1)(A)(vi) or  section 509(a)(2)—see instructions.

(Note: If you want an advance ruling, you must complete and attach two Forms 872-C to the application.)

**Part V Financial Data**

**Statement of Support, Revenue, and Expenses for the period beginning** January 1 19 89 **, and ending** September 31 19 89 **.**

*Note: Complete the financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence. If in existence less than one year, also provide proposed budgets for the two years following the current year.*

<b>Support and Revenue</b>	<b>1</b> Gross contributions, gifts, grants, and similar amounts received	<b>1</b>	10,100
	<b>2</b> Gross dues and assessments of members	<b>2</b>	90
	<b>3 a</b> Gross amounts derived from activities related to organization's exempt purpose (attach schedule)		-0-
	<b>b</b> Minus cost of sales	<b>3c</b>	-0-
	<b>4 a</b> Gross amounts from unrelated business activities (attach schedule)		-0-
	<b>b</b> Minus cost of sales	<b>4c</b>	-0-
	<b>5 a</b> Gross amount received from sale of assets, excluding inventory items (attach schedule)		-0-
	<b>b</b> Minus cost or other basis and sales expenses of assets sold	<b>5c</b>	-0-
<b>6</b> Investment income (see instructions)	<b>6</b>	-0-	
<b>7</b> Other revenue (attach schedule)	<b>7</b>	-0-	
<b>8</b> Total support and revenue	<b>8</b>	10,190	
<b>Expenses</b>	<b>9</b> Fundraising expenses. <u>Grant Writer</u>	<b>9</b>	2,000
	<b>10</b> Contributions, gifts, grants, and similar amounts paid (attach schedule)	<b>10</b>	-0-
	<b>11</b> Disbursements to or for benefit of members (attach schedule)	<b>11</b>	-0-
	<b>12</b> Compensation of officers, directors, and trustees (attach schedule)	<b>12</b>	-0-
	<b>13</b> Other salaries and wages	<b>13</b>	-0-
	<b>14</b> Interest	<b>14</b>	-0-
	<b>15</b> Rent	<b>15</b>	-0-
	<b>16</b> Depreciation and depletion	<b>16</b>	-0-
	<b>17</b> Other (attach schedule)	<b>17</b>	8,190
	<b>18</b> Total expenses	<b>18</b>	10,190
	<b>19</b> Excess of support and revenue over expenses (line 8 minus line 18)	<b>19</b>	-0-

**Balance Sheet**

(at the end of the period shown above)

<b>Assets</b>		
<b>20</b> Cash: <b>a</b> Interest bearing accounts	<b>20a</b>	-0-
<b>b</b> Other	<b>20b</b>	-0-
<b>21</b> Accounts receivable, net	<b>21</b>	4,500
<b>22</b> Inventories	<b>22</b>	-0-
<b>23</b> Bonds and notes (attach schedule)	<b>23</b>	-0-
<b>24</b> Corporate stocks (attach schedule)	<b>24</b>	-0-
<b>25</b> Mortgage loans (attach schedule)	<b>25</b>	-0-
<b>26</b> Other investments (attach schedule)	<b>26</b>	-0-
<b>27</b> Depreciable and depletable assets (attach schedule)	<b>27</b>	-0-
<b>28</b> Land	<b>28</b>	-0-
<b>29</b> Other assets (attach schedule)	<b>29</b>	-0-
<b>30</b> Total assets	<b>30</b>	4,500

**Liabilities**

<b>31</b> Accounts payable	<b>31</b>	4,500
<b>32</b> Contributions, gifts, grants, etc., payable	<b>32</b>	-0-
<b>33</b> Mortgages and notes payable (attach schedule)	<b>33</b>	-0-
<b>34</b> Other liabilities (attach schedule)	<b>34</b>	-0-
<b>35</b> Total liabilities	<b>35</b>	4,500

**Fund Balances or Net Worth**

<b>36</b> Total fund balances or net worth	<b>36</b>	-0-
<b>37</b> Total liabilities and fund balances or net worth (line 35 plus line 36)	<b>37</b>	4,500

If there has been any substantial change in any aspect of your financial activities since the period shown above ended, check the box and attach a detailed explanation

**Part VI Non-Private Foundation Status (Definitive ruling only)**

**A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)**

The organization is not a private foundation because it qualifies as:

<input type="checkbox"/>	Kind of organization	Within the meaning of	Complete
<input type="checkbox"/>	1 a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
<input type="checkbox"/>	2 a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
<input type="checkbox"/>	3 a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
<input type="checkbox"/>	4 a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
<input type="checkbox"/>	5 being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
<input type="checkbox"/>	6 being operated for the benefit of a college or university that is owned or operated by a governmental unit	Sections 509(a)(1) and 170(b)(1)(A)(iv)	Part VI.—B
<input checked="" type="checkbox"/>	7 normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
<input type="checkbox"/>	8 normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions)	Section 509(a)(2)	Part VI.—B
<input type="checkbox"/>	9 being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

**B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)**

	(a) Most recent tax year	(Years next preceding most recent tax year)			(e) Total
	19 89 . . . . .	(b) 19 . . . . .	(c) 19 . . . . .	(d) 19 . . . . .	
1 Gifts, grants, and contributions received . . . . .	10,100	-0-	-0-	-0-	10,100
2 Membership fees received . . . . .	90	-0-	-0-	-0-	90
3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513 . . . . .	-0-	-0-	-0-	-0-	-0-
4 Gross investment income (see instructions for definition) . . . . .	-0-	-0-	-0-	-0-	-0-
5 Net income from organization's unrelated business activities not included on line 4 . . . . .	-0-	-0-	-0-	-0-	-0-
6 Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .	-0-	-0-	-0-	-0-	-0-
7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) . . . . .	-0-	-0-	-0-	-0-	-0-
8 Other income (not including gain or loss from sale of capital assets)—attach schedule . . . . .	-0-	-0-	-0-	-0-	-0-
9 Total of lines 1 through 8 . . . . .	10,190	-0-	-0-	-0-	10,190
10 Line 9 minus line 3 . . . . .	10,190	-0-	-0-	-0-	10,190
11 Enter 2% of line 10, column (e) only . . . . .					203.80

12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

**Part VI Non-Private Foundation Status (Definitive ruling only) (Continued)**

**B.—Analysis of Financial Support (Continued)**

13 If the organization's non-private foundation status is based on:

- a Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amount shown on line 11.
- b Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount received from each person who is a "disqualified person."

For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

**C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)**

1 Organizations supported by applicant organization:	Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?
Name and address of supported organization	
Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

Not Applicable

3 What is the extent of common supervision or control that you and the supported organization(s) share?

Not Applicable

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

Not Applicable

5 Does the mentioning of the supported organization(s) in your governing instrument make you a trust that the supported organization(s) can enforce under State law and compel to make an accounting?  Yes  No  
If "Yes," explain.

Not Applicable

6 What portion of your income do you pay to each supported organization and how significant is the support to each?

Not Applicable

7 To what extent do you conduct activities that would otherwise be carried out by the supported organization(s)? Explain why these activities would otherwise be carried on by the supported organization(s).

Not Applicable

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)?  Yes  No  
If "Yes," explain.

Not Applicable

**Part VII Basis for Status as a Private Operating Foundation**

If the organization claims to be an operating foundation described in section 4942(j)(3) and—

- (a) bases its claim to private operating foundation status on normal and regular operations over a period of years; or
- (b) is newly created, set up as a private operating foundation, and has at least one year's experience;

provide the information under the income test and under one of the three supplemental tests (assets, endowment, or support). If the organization does not have at least one year's experience, complete line 21. If the organization's private operating foundation status depends on its normal and regular operations as described in (a) above, attach a schedule similar to the one below showing the data in tabular form for the three years next preceding the most recent tax year. (See regulations section 53.4942(b)-1 for additional information before completing the "Income Test" section of Part VII.) Organizations claiming section 4942(j)(5) status must satisfy the income test and the endowment test.

Income Test	Most recent tax year	
Not Applicable		
1a Adjusted net income, as defined in regulations section 53.4942(a)-2(d)	1a	
b Minimum investment return, as defined in regulations section 53.4942(a)-2(c)	1b	
2 Qualifying distributions:		
a Amounts (including administrative expenses) paid directly for the active conduct of the activities for which organized and operated under section 501(c)(3) (attach schedule)	2a	
b Amounts paid to acquire assets to be used (or held for use) directly in carrying out purposes described in sections 170(c)(1) or 170(c)(2)(B) (attach schedule)	2b	
c Amounts set aside for specific projects that are for purposes described in section 170(c)(1) or 170(c)(2)(B) (attach schedule)	2c	
d Total qualifying distributions (add lines 2a, b, and c)	2d	
3 Percentages:		
a Percentage of qualifying distributions to adjusted net income (divide line 2d by line 1a)	3a	%
b Percentage of qualifying distributions to minimum investment return (divide line 2d by line 1b) (Percentage must be at least 85% for 3a or 3b)	3b	%

Assets Test		
4 Value of organization's assets used in activities that directly carry out the exempt purposes. Do not include assets held merely for investment or production of income (attach schedule)	4	
5 Value of any stock of a corporation that is controlled by applicant organization and carries out its exempt purposes (attach statement describing corporation)	5	
6 Value of all qualifying assets (add lines 4 and 5)	6	
7 Value of applicant organization's total assets	7	
8 Percentage of qualifying assets to total assets (divide line 6 by line 7—percentage must exceed 65%)	8	%

Endowment Test		
9 Value of assets not used (or held for use) directly in carrying out exempt purposes:		
a Monthly average of investment securities at fair market value	9a	
b Monthly average of cash balances	9b	
c Fair market value of all other investment property (attach schedule)	9c	
d Total (add lines 9a, b, and c)	9d	
10 Subtract acquisition indebtedness related to line 9 items (attach schedule)	10	
11 Balance (subtract line 10 from line 9d)	11	
12 Multiply line 11 by 3 1/4% (3/4 of the percentage for the minimum investment return computation under section 4942(e)). Line 2d above must equal or exceed the result of this computation.	12	

Support Test		
13 Applicant organization's support as defined in section 509(d)	13	
14 Subtract amount of gross investment income as defined in section 509(e)	14	
15 Support for purposes of section 4942(j)(3)(B)(iii) (subtract line 14 from line 13)	15	
16 Support received from the general public, five or more exempt organizations, or a combination of these sources (attach schedule)	16	
17 For persons (other than exempt organizations) contributing more than 1% of line 15, enter the total amounts that are more than 1% of line 15	17	
18 Subtract line 17 from line 16	18	
19 Percentage of total support (divide line 18 by line 15—must be at least 85%)	19	%

Does line 16 include support from an exempt organization that is more than 25% of the amount of line 15?  Yes  No

Newly created organizations with less than one year's experience: Attach a statement explaining how the organization is planning to satisfy the requirements of section 4942(j)(3) for the income test and one of the supplemental tests during its first year's operation. Include a description of plans and arrangements, press clippings, public announcements, solicitations for funds, etc.

<b>Part VIII Required Schedules for Special Activities</b>	If "Yes," check here	And complete schedule—
<b>1</b> Is the organization, or any part of it, a school? . . . . .		<b>A</b>
Does the organization provide or administer any scholarship benefits, student aid, etc.?		<b>B</b>
<b>3</b> Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . . .		<b>C</b>
<b>4</b> Is the organization, or any part of it, a hospital or medical research organization? . . . . .		<b>D</b>
<b>5</b> Is the organization, or any part of it, a home for the aged? . . . . .		<b>E</b>
<b>6</b> Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)? . . . . .		<b>F</b>
<b>7</b> Is the organization, or any part of it, formed to promote amateur sports competition? . . . . .		<b>G</b>

**Schedule A.—Schools, Colleges, and Universities Not Applicable**

**1** Is the organization an instrumentality of a State or political subdivision of a State? . . . . .  Yes  No  
 If "Yes," document this in Part III and do not complete items 2 through 9 of this schedule. (See instructions for Schedule A.)

**2** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

**a** Admissions? . . . . .  Yes  No

**b** Use of facilities or exercise of student privileges? . . . . .  Yes  No

**c** Faculty or administrative staff? . . . . .  Yes  No

**d** Scholarship or loan program? . . . . .  Yes  No

If "Yes," for any of the above, explain.

**3** Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? . . . . .  Yes  No  
 Attach whatever corporate resolutions or other official statements the organization has made on this subject.

**4 a** Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community which it serves? . . . . .  Yes  No  
 If "Yes," describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

**b** If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.

**5** Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the next academic year, of: (a) the student body, (b) the faculty and administrative staff.

**6** Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

**7 a** Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

**b** State whether any of the organizations listed in **a** have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in **a** are officers or active members of such organizations.

**8** Indicate the public school district and county in which the organization is located.

**9** Has the organization ever been determined by a State or Federal administrative agency or judicial body to be racially discriminatory? . . . . .  Yes  No  
 If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in your operation, if any, have occurred since then.

**Schedule B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals**  
Not Applicable

- a Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See regulations sections 53.4945-4(c) and (d).)
  
  - b If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here
- 2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race and whether there are, or will be, restrictions or limitations in selection procedures based on the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.
- 3 Indicate the number of grants you anticipate making annually \_\_\_\_\_
- 4 List the names, addresses, duties, and relevant background of the members of your selection committee. If you base your selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.
- 5 Describe any procedures you have for supervising grants (such as obtaining reports or transcripts) that you award, and any procedures you have for taking action if the terms of the grant are violated.

**SCHEDULE C.—Successors to "For Profit" Institutions** Not Applicable

- 1 What was the name of the predecessor organization and the nature of its activities?
  
  - 2 Who were the owners or principal stockholders of the predecessor organization? (If more space is needed, attach schedule.)
- | Name and address | Share or interest |
|------------------|-------------------|
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(continued on next page)

**SCHEDULE C.—Successors to "For Profit" Institutions (Continued)**

Describe the business or family relationship between the owners or principal stockholders and principal employees of the predecessor organization and the officers, directors, and principal employees of the applicant organization.

- 4 a Attach a copy of the agreement of sale or other contract that sets forth the terms and conditions of sale of the predecessor organization or of its assets to the applicant organization.
- b Attach an appraisal by an independent qualified expert showing the fair market value of the facilities or property interest sold at the time of sale.

5 Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented?  Yes  No  
If "Yes," explain and attach copies of all leases and contracts.

6 Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization?  Yes  No  
If "Yes," explain and attach a list of these tenants and a copy of the lease for each such tenant.

7 Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization?  Yes  No  
If "Yes," explain.

**SCHEDULE D.—Hospitals and Medical Research Organizations Not Applicable**

- Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule and write "N/A" in Part II.
- Check here if you are claiming to be a medical research organization operated in conjunction with a hospital and complete the questions in Part II of this Schedule and write "N/A" in Part I.

**Part I Hospitals**

- 1 a How many doctors are on the hospital's courtesy staff?  Yes  No
- b Do these doctors include all the doctors in the community?  Yes  No  
If "No," give the reasons why and explain how the courtesy staff is selected.

2 Composition of board of directors or trustees. (If more space is needed, attach schedule.)

Name and address	Occupation

**SCHEDULE D.—Hospitals and Medical Research Organizations (Continued)**

**Part I Hospitals (continued)**

**3 a** Does the hospital maintain a full-time emergency room?  Yes  No

**b** What is the hospital's policy on administering emergency services to persons without apparent means to pay?

**c** Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases?  Yes  No  
Explain.

**4 a** Does or will the hospital require a deposit from persons covered by Medicare or Medicaid in its admission practices?  Yes  No  
If "Yes," explain.

**b** Does the same deposit requirement apply to all other patients?  Yes  No  
If "No," explain.

**5** Does or will the hospital provide for a portion of its services and facilities to be used for charity patients?  Yes  No  
Explain (include data on the hospital's past experience in admitting charity patients and arrangements it may have with municipal or government agencies for absorbing the cost of such care).

**6** Does or will the hospital carry on a formal program of medical training and research?  Yes  No  
If "Yes," describe.

**7** Does the hospital provide office space to physicians carrying on a medical practice?  Yes  No  
If "Yes," attach a list setting forth the name of each physician, the amount of space provided, the annual rent (if any), and the expiration date of the current lease.

**Part II Medical Research Organizations** Not Applicable

**1** Name the hospital(s) with which you have a relationship and describe the relationship(s).

**2** Describe your present and proposed (indicate which) medical research activities, show the nature of the activities, and the amount of money which has been or will be spent in carrying them out. (Making grants to other organizations is not direct conduct of medical research.)

**3** Attach a statement of assets showing the fair market value of your assets and the portion of the assets directly devoted to medical research.

**SCHEDULE E.—Homes for Aged** Not Applicable

1 What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.

2 Does or will the home charge an entrance or founder's fee?  Yes  No  
If "Yes," explain.

3 What periodic fees or maintenance charges are or will be required of its residents?

4 a What established policy does the home have concerning residents who become unable to pay their regular charges?

b What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

5 What arrangements does or will the home have to provide for the health needs of its residents?

6 In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?

7 Has the home established or will it establish any reserves for future expenditures?  Yes  No  
If "Yes," state the source of such reserves and explain how they will be used.

8 Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.

**SCHEDULE F.—Litigating Organizations (Public Interest Law Firms and Similar Organizations)**

Not Applicable

1 Will the organization conform to the guidelines for organizations engaged in litigation activities issued by the Internal Revenue Service in Rev. Proc. 71-39, 1971-2 C.B. 575, and Rev. Proc. 75-13, 1975-1 C.B. 662?  Yes  No  
If "No," explain.

2 What is the organization's area of public interest or concern?

3 Is the organization set up primarily to try the case of a particular person or prosecute a particular cause of action?  Yes  No  
If "Yes," explain.

4 What are the organization's criteria for selection of cases?

5 In what cases has the organization started legal proceedings and in what other cases is it preparing to start proceedings?  
Describe the legal issues involved in each case and explain how they relate to the organization's area of concern.

6 a Composition of the organization's board of directors or trustees:

Name and address	Business or Occupation
.....	
.....	
.....	
.....	

b Will any of the attorneys hired by the organization be a trustee or member of the board of directors of the organization or be associated in the practice of law with any such trustee or member?  Yes  No  
If "Yes," explain.

7 Does or will the organization share office space with a private law firm?  Yes  No  
If "Yes," explain.

8 Does or will the organization receive fees for its professional services?  Yes  No  
If "Yes," explain.

**SCHEDULE G.—National or International Amateur Sports Competition** Not Applicable

1 Does your organization directly or indirectly provide any facilities or equipment for the use of amateur athletes engaged in national or international sports competition?  Yes  No

How do you foster national or international sports competition?

3 Do you provide financial assistance to amateur athletes?  Yes  No

Supplemental Information Part V

17 Other :

Travel	3,890
Brochures & Printing	1,000
Training Expenses	3,250
Telephones	<u>50</u>
	\$8,190

Washington State Child Care Resource & Referral Network

WASHINGTON STATE CHILD CARE RESOURCE &

REFERRAL NETWORK

OCTOBER 1, 1989 to SEPTEMBER 31, 1990

OPERATIONAL BUDGET

REVENUES:

D.S.H.S. Depend. Care Contract	\$20,000
D.S.H.S. Employers Contract #1133	\$22,500
Dues & Membership	\$500
Corporation/Foundation Grants	<u>\$25,000</u>
	<u>\$68,000</u>

EXPENSES:

Executive Director (75% Time)	\$19,500
Secretary/Reception (50% Time)	\$8,164
Payroll Taxes & Fringe	\$5,672
Telephones: Base	\$540
Long Distance	\$1,200
800 Access	\$1,200
Travel	\$4,800
General Office Supplies	\$800
Postage & Bulk Mailings	\$1,200
Rent & Utilities	\$6,000
Copier Lease	\$1,560
Printing: Brochure/Literature	\$1,000
Newsletter	\$800
Liability Insurance	\$3,000
Equipment: Computer, Office Furniture	\$4,600
Video Training Tapes	\$1,500
Contractual-Annual Audit	\$1,600
Training Expenses	<u>\$3,000</u>
	<u>\$66,136</u>

NET BALANCE:

\$1,864

WASHINGTON STATE CHILD CARE RESOURCE &  
REFERRAL NETWORK

OCTOBER 1, 1990 to SEPTEMBER 31, 1991

OPERATIONAL BUDGET

REVENUES:

D.S.H.S. Depend. Care Contract	\$15,000
D.S.H.S. Employers Contract #1133	\$22,500
Dues & Membership	\$2,000
Fund Raising	\$4,200
Corporations/Foundations Grants	\$28,500
Carry Over Funds From 1990	<u>\$1,864</u>
	<u>\$74,064</u>

EXPENSES:

Executive Director (100% Time)	\$26,000
Secretary/Reception (60% Time)	\$10,108
Payroll Taxes & Fringe	\$7,402
Telephones: Base	\$600
Long Distance	\$1,200
800 Access	\$1,200
Travel	\$5,400
General Office Supplies	\$1,000
Postage & Bulk Mailings	\$1,200
Rent & Utilities	\$6,000
Copier Lease	\$1,560
Printing: Brochure/Literature	\$1,000
Newsletter	\$1,200
Liability Insurance	\$3,400
Equipment	-0-
Video Training Tapes	\$800
Contractual-Annual Audit	\$1,600
Training Expenses	<u>\$3,000</u>
	<u>\$72,670</u>
<u>NET BALANCE:</u>	<u>\$1,394</u>

<b>Form 872-C</b> (Rev. March 1986)	Department of the Treasury—Internal Revenue Service <b>Consent Fixing Period of Limitation Upon          Assessment of Tax Under Section 4940 of the          Internal Revenue Code</b> (See Form 1023 Instructions for Part IV, line 3.)	OMB No. 1545-0056 Expires 3-31-89
		To be used with Form 1023. Submit in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Washington State Child Care Resource & Referral Network  
*(Exact legal name of organization)*

5701 MacArthur Blvd. Vancouver, WA 98661  
*(Number, street, city or town, state, and ZIP code)*

and the District Director of Internal Revenue

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, then the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year.....September 31, 1989..

Name of organization	Date
Washington State Child Care Resource & Referral Network	11/30/89
Officer or trustee having authority to sign	
Signature ► <i>Corinne K. Herman</i>	
District Director	Date

By ►