

2021 Exempt Org. Return
prepared for:

Child Care Connection, Inc.
dba thread
3350 Commercial Dr., Ste. 203
Anchorage, AK 99501

ALTMAN ROGERS & CO
3000 C ST, STE. 201
ANCHORAGE, AK 99503

CLIENT THREAD

ALTMAN ROGERS & CO
3000 C ST, STE. 201
ANCHORAGE, AK 99503
(907) 274-2992

April 19, 2023

Child Care Connection, Inc.
dba thread
3350 Commercial Dr., Ste. 203
Anchorage, AK 99501

Dear Stephanie:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,



Tom J. Domagala, CPA

CHILD CARE CONNECTION, INC.

DBA THREAD

92-0113419

	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	30,023,669	6,757,764	23,265,905
PROGRAM SERVICE REVENUE.....	290,897	161,190	129,707
INVESTMENT INCOME.....	71,971	27,731	44,240
OTHER REVENUE.....	46,478	35	46,443
TOTAL REVENUE.....	30,433,015	6,946,720	23,486,295
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	25,768,871	2,926,672	22,842,199
SALARIES, OTHER COMPEN., EMP. BENEFITS...	3,149,240	2,902,992	246,248
OTHER EXPENSES.....	1,285,946	1,123,471	162,475
TOTAL EXPENSES.....	30,204,057	6,953,135	23,250,922
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	228,958	-6,415	235,373
TOTAL ASSETS AT END OF YEAR.....	2,280,020	2,332,264	-52,244
TOTAL LIABILITIES AT END OF YEAR.....	489,487	613,714	-124,227
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,790,533	1,718,550	71,983

2021

GENERAL INFORMATION

PAGE 1

CHILD CARE CONNECTION, INC.
DBA THREAD

92-0113419

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH C, SCH D, SCH G, SCH I, SCH J, SCH O, 8868

CARRYOVERS TO 2022

NONE

CHILD CARE CONNECTION, INC.
DBA THREAD

92-0113419

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	29,372,337.	29,372,337.	PART IX, LINE 25, COL. B
GRANTS	25,768,871.	25,768,871.	PART IX, LINES 1-3, COL. B
REVENUE	290,897.	290,897.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
TRAINER, CONTRACTOR FEES	447,156.	381,852.	3,515.	61,789.
CONSULTANTS	15,833.	12,470.	1,923.	1,440.
TOTAL	\$ 462,989.	\$ 394,322.	\$ 5,438.	\$ 63,229.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
STAFF DEVELOPMENT	17,230.	14,699.	2,288.	243.
COPIER LEASE	14,870.	12,482.	2,269.	119.
DUE, SUBSCRIPTIONS, AND MEMBERS	10,730.	7,024.	2,605.	1,101.
SPECIAL EVENTS	8,990.			8,990.
PRINTING AND PUBLICATIONS	7,053.	4,374.	100.	2,579.
EXHIBIT/BOOTH SPACE AND SUPPLY	356.	356.		
TOTAL	\$ 59,229.	\$ 38,935.	\$ 7,262.	\$ 13,032.

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 202022

2021

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **CHILD CARE CONNECTION, INC.**
DBA THREAD

EIN or SSN
92-0113419

Name and title of officer or person subject to tax
STEPHANIE BERGLUND CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>30,433,015.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ALTMAN ROGERS & CO to enter my PIN 08851 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► Stephanie Berglund

Date ► 05/11/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

92122792036
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► [Signature]

Date ► 4/19/2023

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CHILD CARE CONNECTION, INC. DBA THREAD	Taxpayer identification number (TIN) 92-0113419
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3350 COMMERCIAL DR., STE. 203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANCHORAGE, AK 99501	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ▶ STEPHANIE BERGLUND, CEO

Telephone No. ▶ (907) 265-3101 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2021, and ending 6/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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 **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable:	C	D Employer identification number
<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	CHILD CARE CONNECTION, INC. DBA THREAD 3350 COMMERCIAL DR., STE. 203 ANCHORAGE, AK 99501	92-0113419 E Telephone number (907) 265-3100
F Name and address of principal officer: STEPHANIE BERGLUND SAME AS C ABOVE		G Gross receipts \$ 30,438,635.
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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ▶ WWW.THREADALASKA.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
L Year of formation: 1985		M State of legal domicile: AK

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE THE QUALITY OF EARLY EDUCATION AND CHILD DEVELOPMENT BY EMPOWERING PARENTS, EDUCATING CHILD CARE PROFESSIONALS, AND COLLABORATING WITH OUR COMMUNITIES.</u>		
Activities & Governance	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,757,764.	30,023,669.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,190.	290,897.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,731.	71,971.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35.	46,478.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,946,720.	30,433,015.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,926,672.	25,768,871.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,902,992.	3,149,240.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>197,449.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,123,471.	1,285,946.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,953,135.	30,204,057.
19 Revenue less expenses. Subtract line 18 from line 12	-6,415.	228,958.	
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)	2,332,264.	2,280,020.
	22 Net assets or fund balances. Subtract line 21 from line 20	613,714.	489,487.
		1,718,550.	1,790,533.

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	▶ Stephanie Berglund <small>Signature of officer</small>	05/11/2023 <small>Date</small>			
	▶ STEPHANIE BERGLUND <small>Type or print name and title</small>	CEO			
Paid Preparer Use Only	Print/Type preparer's name TOM J. DOMAGALA, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00122688
	Firm's name ▶ ALTMAN ROGERS & CO				
	Firm's address ▶ 3000 C ST, STE. 201 ANCHORAGE, AK 99503				
		Firm's EIN ▶ 92-0143182	Phone no. (907) 274-2992		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

SEE SCHEDULE O

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 [X] 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 \$ 28,631,182. including grants of \$ 25,351,590.) (Revenue \$ 290,897.)

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND OTHER PRIVATE AND NON-GOVERNMENTAL GRANTS AND MUNICIPALITY GRANTS. TO SUPPORT FAMILIES IN CHOOSING CHILD CARE AND TO IMPROVE THE QUALITY OF CHILD CARE PROGRAMS BY PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO EARLY EDUCATORS AND CHILD CARE PROGRAMS AND COVID-19 STABILIZATION GRANT SUPPORT TO EARLY CHILD CARE PROGRAMS AND EARLY EDUCATORS.

4b (Code:) (Expenses \$ 450,655. including grants of \$ 415,281.) (Revenue \$)

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES. CCAP. CHILD CARE ASSISTANCE PROGRAM.

4c (Code:) (Expenses \$ 290,500. including grants of \$ 2,000.) (Revenue \$)

ALASKA DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT: EARLY LEARNING SUPPORT.

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

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

4e Total program service expenses 29,372,337.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>	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? <i>If 'Yes,' complete Schedule C, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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? <i>If 'Yes,' complete Schedule D, Part VI.</i>	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		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? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		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? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions		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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....		
1 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 44		
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 on Schedule O. 3b		
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 on 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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

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 on 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
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 9 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 on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 9		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O.	X	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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 on Schedule O)
- 19** Describe on 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 STEPHANIE BERGLUND, CEO 3350 COMMERCIAL DR, STE 203 ANCHORAGE AK 99501 (907) 265-3101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEPHANIE BERGLUND CEO	40 0			X			182,074.	0.	5,971.	
(2) REME LAMPON CFO	40 0			X			135,990.	0.	17,491.	
(3) MELINDA MYERS COO	40 0			X			132,703.	0.	4,048.	
(4) JENNIFER POLLARD CDMO	40 0			X			112,799.	0.	3,451.	
(5) STARR MARSETT DIRECTOR	0.28 0	X					0.	0.	0.	
(6) CHRIS STURM DIRECTOR	0.22 0	X					0.	0.	0.	
(7) AMRITA MCSHARRY DIRECTOR	0.2 0	X					0.	0.	0.	
(8) OLIVIA FOSTER DIRECTOR	0.38 0	X					0.	0.	0.	
(9) MARGO FLISS SECRETARY	0.39 0	X		X			0.	0.	0.	
(10) SEN KWANG TAN DIRECTOR	0.43 0	X					0.	0.	0.	
(11) MONICA GARCIA-ITCHOAK DIRECTOR	0.36 0	X					0.	0.	0.	
(12) JONATHAN KING TREASURER	0.52 0	X		X			0.	0.	0.	
(13) ELENA ROMERDAHL PRESIDENT	0.45 0	X		X			0.	0.	0.	
(14) SHIRLEY PITZ DIRECTOR	0.51 0	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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) LINDSIE MILLS VICE PRESIDENT	0.47 0	X		X			0.	0.	0.
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1 b Subtotal	563,566.	0.	30,961.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	563,566.	0.	30,961.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such person.</i>		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
ARKUS, INC. 10 TIMES SQUARE, 6TH FLOOR NEW YORK CITY, NY 10018	DATABASE DEVELOPER	130,156.

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 ▶ **1**

Part VIII Statement of Revenue

Check 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	1 a 986.				
	b Membership dues	1 b				
	c Fundraising events	1 c 10,500.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 29,861,059.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 151,124.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f	▶ 30,023,669.				
Program Service Revenue	Business Code					
	2 a <u>CONTRACT FOR SERVICES</u>	624410	281,651.	281,651.		
	b <u>TRAINING & CONSULTATIONS</u>	624410	9,246.	9,246.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 290,897.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,768.		71,768.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		203.		
		7 b Less: cost or other basis and sales expenses				
		7 c Gain or (loss)		203.		
d Net gain or (loss)		203.		203.		
8 a Gross income from fundraising events (not including \$ 10,500. of contributions reported on line 1c). See Part IV, line 18		21,075.				
	8 b Less: direct expenses		5,620.			
	c Net income or (loss) from fundraising events		15,455.			
9 a Gross income from gaming activities. See Part IV, line 19						
	9 b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances						
	10 b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11 a <u>MISCELLANEOUS INCOME</u>	900099	31,023.	31,023.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d	▶ 31,023.					
12 Total revenue. See instructions	▶ 30,433,015.	321,920.	0.	71,971.		

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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,562,451.	19,562,451.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,206,420.	6,206,420.		
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	532,324.	423,733.	96,173.	12,418.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,012,341.	1,601,835.	363,563.	46,943.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,914.	54,616.	7,573.	1,725.
9 Other employee benefits	337,902.	295,935.	34,309.	7,658.
10 Payroll taxes	202,759.	194,444.	3,615.	4,700.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,294.		26,294.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	462,989.	394,322.	5,438.	63,229.
12 Advertising and promotion	37,895.	35,896.	473.	1,526.
13 Office expenses	47,765.	40,035.	7,573.	157.
14 Information technology				
15 Royalties				
16 Occupancy	190,920.	126,821.	34,018.	30,081.
17 Travel	14,281.	13,990.	291.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,362.		21,362.	
23 Insurance	10,516.	10,516.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>REPAIRS & MAINTENANCE</u>	204,466.	179,940.	9,319.	15,207.
b <u>FAMILY & PROGRAMS SUPPLIES EXP</u>	167,648.	167,648.		
c <u>COMMUNITY SUPPORT</u>	24,800.	24,800.		
d <u>OTHER</u>	17,781.		17,008.	773.
e All other expenses	59,229.	38,935.	7,262.	13,032.
25 Total functional expenses. Add lines 1 through 24e	30,204,057.	29,372,337.	634,271.	197,449.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash – non-interest-bearing.....	489,102.	1	237,163.
	2 Savings and temporary cash investments.....	39,474.	2	35,080.
	3 Pledges and grants receivable, net.....	742,616.	3	1,067,670.
	4 Accounts receivable, net.....	8,616.	4	31,388.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	57,590.	9	22,757.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 387,339.		
	b Less: accumulated depreciation.....	10b 331,688.		
	11 Investments – publicly traded securities.....	750,192.	11	667,023.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	181,531.	15	163,288.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	2,332,264.	16	2,280,020.	
Liabilities	17 Accounts payable and accrued expenses.....	223,069.	17	189,681.
	18 Grants payable.....		18	
	19 Deferred revenue.....	73,467.	19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	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.....	317,178.	25	299,806.
	26 Total liabilities. Add lines 17 through 25.....	613,714.	26	489,487.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	1,686,186.	27	1,757,615.
	28 Net assets with donor restrictions.....	32,364.	28	32,918.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	1,718,550.	32	1,790,533.
33 Total liabilities and net assets/fund balances.....	2,332,264.	33	2,280,020.	

Part XI Reconciliation of Net Assets

Check 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	30,433,015.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,204,057.
3	Revenue less expenses. Subtract line 2 from line 1	3	228,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,718,550.
5	Net unrealized gains (losses) on investments	5	-156,975.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,790,533.

Part XII Financial Statements and Reporting

Check 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 on 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			
2b	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			
2c	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 on 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	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CHILD CARE CONNECTION, INC. DBA THREAD	Employer identification number 92-0113419
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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).)
- 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 on 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).

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,601,434.	5,886,128.	5,901,477.	6,757,764.	30023669.	53,170,472.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	4,601,434.	5,886,128.	5,901,477.	6,757,764.	30023669.	53,170,472.
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)						0.
6 Public support. Subtract line 5 from line 4.						53,170,472.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	4,601,434.	5,886,128.	5,901,477.	6,757,764.	30023669.	53,170,472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	10,999.	22,085.	30,272.	25,113.	71,768.	160,237.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	1,571.	759.	650.	35.	31,023.	34,038.
11 Total support. Add lines 7 through 10.						53,364,747.
12 Gross receipts from related activities, etc. (see instructions)					12	1,246,952.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.64 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.42 %
16a 33-1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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"/>		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c 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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
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? <i>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.</i>	2	

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)? <i>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).</i>	1	

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?	1	
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	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 0.015 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 0.035.	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 0.85 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).		

BAA

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

Schedule A (Form 990) 2021

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
OTHER INCOME	\$ 31,023.	\$ 35.	\$ 650.	\$ 759.	\$ 1,571.
TOTAL	<u>\$ 31,023.</u>	<u>\$ 35.</u>	<u>\$ 650.</u>	<u>\$ 759.</u>	<u>\$ 1,571.</u>

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization CHILD CARE CONNECTION, INC. DBA THREAD

Employer identification number 92-0113419

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

- [X] 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), 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), 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).

Name of organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
--	---

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
1	ALASKA DEPT OF HLTH. & SOC. SERVC. 3601 C STREET, SUITE 214 ANCHORAGE, AK 99524-0249	\$ 2,319,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE S.W. WASHINGTON, DC 20201	\$ 26,440,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPARTMENT OF TREASURY 1500 PENNSYSLVANIA AVE NW WASHINGTON, DC 20220	\$ 761,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF WASILLA 290 E HERNING AVE WASILLA, AK 99654	\$ 738,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
--	---

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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **CHILD CARE CONNECTION, INC.** Employer identification number **92-0113419**

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 information once. See instructions.)..... ▶\$ _____ **N/A**
 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
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2021

Department of the Treasury
Internal Revenue Service

▶ **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.**

**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 CONNECTION, INC. DBA THREAD	Employer identification number 92-0113419
---	---

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. See instructions for definition of 'political campaign activities.' SEE PART IV
- 2 Political campaign activity expenditures. See instructions. ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions. ▶ _____

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. ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a 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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,500.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,500.													
c Total lobbying expenditures (add lines 1a and 1b)	3,000.	0.												
d Other exempt purpose expenditures	30,201,057.													
e Total exempt purpose expenditures (add lines 1c and 1d)	30,204,057.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	250,000.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2 a Lobbying nontaxable amount	454,828.	454,079.	497,657.	1,000,000.	2,406,564.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,609,846.
c Total lobbying expenditures	5,600.	3,000.	3,000.	3,000.	14,600.
d Grassroots nontaxable amount	113,707.	113,520.	124,414.	250,000.	601,641.
e Grassroots ceiling amount (150% of line 2d, column (e))					902,462.
f Grassroots lobbying expenditures	2,600.			1,500.	4,100.

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)).

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

THE VOLUNTEER BOARD MEMBERS LOBBIED STATE AND NATIONAL ELECTED OFFICIALS ON EARLY CHILDHOOD EDUCATION LEGISLATION AND THE BUDGET.

PAID STAFF WROTE LOBBYING MESSAGES FOR SOCIAL MEDIA AND WEBSITE INFORMATION ON BUDGET BILLS.

Part IV Supplemental Information *(continued)***PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES (CONTINUED)**

PAID STAFF HAD DIRECT CONTACT WITH LEGISLATORS TO TESTIFY ON BUDGET AND EARLY CHILDHOOD EDUCATION RELATED LEGISLATION.

**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

2021

Open to Public Inspection

Name of the organization

CHILD CARE CONNECTION, INC.
DBA THREAD

Employer identification number

92-0113419

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).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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

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.

1 a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 make 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 program
 - 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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		387,339.	331,688.	55,651.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 55,651.

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) INVESTMENT ON EXECUTIVE PLAN	124,333.
(2) UNEMPLOYMENT TRUST	38,955.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	163,288.

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) ACCRUED PAYROLL LIABILITIES	175,473.
(3) DUE TO EMPLOYEE TRUST	124,333.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	299,806.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE 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	30,322,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-156,975.	
	b Donated services and use of facilities	2b	22,508.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	24,112.	
	e Add lines 2a through 2d	2e	-110,355.	
3	Subtract line 2e from line 1		3	30,433,015.
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		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,433,015.

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	30,258,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	22,508.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	32,364.	
	e Add lines 2a through 2d	2e	54,872.	
3	Subtract line 2e from line 1		3	30,204,057.
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		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	30,204,057.

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 X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS A NONPROFIT CORPORATION EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALTHOUGH THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES, ANY INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO THE REQUIREMENT OF FILING FEDERAL INCOME TAX FORM 990-T AND A TAX LIABILITY MAY BE DETERMINED ON THESE ACTIVITIES. THE ORGANIZATION HAD NO INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS OF JUNE 30, 2022 OR 2021.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

THE ORGANIZATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF JUNE 30, 2022 AND 2021, THERE ARE NO ACCRUED INTEREST OR PENALTIES. AS OF JUNE 30, 2022 AND 2021 THERE WERE NO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS FOR WHICH MANAGEMENT BELIEVES IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF TAX CONTINGENCIES WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. THE COMPANY FILES TAX RETURNS IN THE US FEDERAL JURISDICTION AND THE STATE OF ALASKA. AS OF 2022, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGINS WITH 2019.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	32,364.
ACF INVESTMENT GAIN/LOSS.....		-8,252.
	TOTAL	<u>\$ 24,112.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$	32,364.
	TOTAL	<u>\$ 32,364.</u>

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **CHILD CARE CONNECTION, INC.
DBA THREAD**

Employer identification number
92-0113419

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	(b) Event #2	(c) Other events	(d) Total events	
		SUMMIT (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	28,575.		28,575.	
	2	Less: Contributions	7,500.		7,500.	
	3	Gross income (line 1 minus line 2)	21,075.		21,075.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,357.		2,357.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,357.
	11	Net income summary. Subtract line 10 from line 3, column (d)				18,718.

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 column (a) through column (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: _____
- _____
- _____
- 10 a 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	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a 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 No

b 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.

**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

2021

**Open to Public
Inspection**

Name of the organization
**CHILD CARE CONNECTION, INC.
DBA THREAD**

Employer identification number
92-0113419

Part I General Information on Grants and Assistance

- 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. **SEE PART IV**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>PLAY N LEARN DBA THRIVALASKA</u> <u>1949 GILLAM WAY, SUITE F</u> <u>FAIRBANKS, AK 99709</u>	92-0047999		1,013,781.	0.			US DOFHNN ALN SUBRECIPIENT
(2) <u>AEYC-SEA</u> <u>3200 HOSPITAL DR, STE 204</u> <u>JUNEAU, AK 99801</u>	92-0118896		160,000.	0.			US DOFHNN ALN SUBRECIPIENT
(3) <u>CREDIT UNION 1 LEARNING CENTE</u> <u>1941 ABBOTT RD</u> <u>ANCHORAGE, AK 99507</u>	92-0021481		52,150.	0.			COVID19 PROGRAM SUPPORT
(4) <u>HILLCREST CHILDREN'S SERVICES</u> <u>900 HOLLYWOOD DRIVE</u> <u>ANCHORAGE, AK 99501</u>	92-0040360		92,450.	0.			COVID19 PROGRAM SUPPORT
(5) <u>CLOVER PASS CHRISTIAN SCHOOL</u> <u>105 N. POINT HIGGINS ROAD</u> <u>KETCHIKAN, AK 99901</u>	92-0078495		12,650.	0.			COVID19 PROGRAM SUPPORT
(6) <u>PETERSBURG CHILDREN'S CENTER</u> <u>P.O. BOX 138</u> <u>PETERSBURG, AK 99833</u>	92-0047233		89,150.	0.			COVID19 PROGRAM SUPPORT
(7) <u>ALASKA CHILDREN'S ACADEMY LLC</u> <u>2731 E BEECH WAY</u> <u>WASILLA, AK 99654</u>	46-4978051		116,680.	0.			COVID19 PROGRAM SUPPORT
(8) <u>NEW GENERATIONS LLC</u> <u>611 S KNIK GOOSE BAY ROAD</u> <u>WASILLA, AK 99654</u>	47-4033930		164,340.	0.			COVID19 PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **62**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **183**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SEEDFY22	238	541,500.			
2 COVID19FY22	1,351	5,576,530.			
3 LEARN & GROW	27	16,500.			
4 INFANT & TODDLER	4	2,000.			
5 OBESITY PREVENTION	2	1,400.			
6 PROFESSIONAL DEVELOPMENT REIMB	83	68,490.			
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

INTERNAL AGENCY AUDITS ARE CONDUCTED AT LEAST ANNUALLY ON ALL GRANTS OVER \$5,000.

THIS INCLUDES REVIEW OF PERFORMANCE MEASURES AND USE OF FUNDS BASED ON SUB-GRANT

AGREEMENTS AND AGREED SCOPE OF WORK.

Continuation Sheet for Schedule I (Form 990)

2021

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Continuation Page 1 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>SETTLER'S BAY EARLY LEARNING</u> <u>PO BOX 877156</u> WASILLA, AK 99687	47-1388278		82,850.				COVID19 PROGRAM SUPPORT
<u>TREE OF LIFE CHILD DEVELOPMEN</u> <u>268 E FIREWEED ST</u> PALMER, AK 99645	46-4858112		90,750.				COVID19 PROGRAM SUPPORT
<u>CAMP FIRE USA</u> <u>161 KLEVEN STREET, #100</u> ANCHORAGE, AK 99501	92-0029613		1,705,250.				COVID19 PROGRAM SUPPORT
<u>YMCA SCHOOL AGE PROGRAM</u> <u>5353 LAKE OTIS PKWY</u> ANCHORAGE, AK 99507	92-0034878		1,304,500.				COVID19 PROGRAM SUPPORT
<u>A TOUCH OF HOME CHILDCARE & L</u> <u>260 E NELSON AVE</u> WASILLA, AK 99654	85-1086212		133,350.				COVID19 PROGRAM SUPPORT
<u>ABC CENTER</u> <u>8511 JENNIFER DR</u> JUNEAU, AK 99801	92-0143006		49,350.				COVID19 PROGRAM SUPPORT
<u>ADVENTURES IN LEARNING LLC</u> <u>PO BOX 569</u> KENAI, AK 99611	81-3418009		43,650.				COVID19 PROGRAM SUPPORT
<u>AK KIDS CLUB</u> <u>P.O. BOX 1954</u> KENAI, AK 99611	45-4482993		39,900.				COVID19 PROGRAM SUPPORT
<u>ALPHABET KIDS</u> <u>234 SEAWATCH DR</u> KETCHIKAN, AK 99901	92-0154649		57,000.				COVID19 PROGRAM SUPPORT
<u>AMAZING GRACE LUTHERAN PRESCH</u> <u>10955 ELMORE ROAD</u> ANCHORAGE, AK 99516	92-0070210		7,550.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANCHORAGE CHRISTIAN PRESCHOOL 6401 E NORTHERN LIGHTS BLVD ANCHORAGE, AK 99504	92-0036966		147,750.				COVID19 PROGRAM SUPPORT
ANCHORAGE COOPERATIVE PRESCHO 3031 LATOUCHE STREET ANCHORAGE, AK 99508	92-0038797		34,550.				COVID19 PROGRAM SUPPORT
ANCHORAGE MONTESSORI SCHOOL 5001 NORTHWOOD DR ANCHORAGE, AK 99517	92-0063628		185,150.				COVID19 PROGRAM SUPPORT
ANCHORAGE WALDORF SCHOOL 3250 BAXTER ROAD ANCHORAGE, AK 99504	92-0132913		11,100.				COVID19 PROGRAM SUPPORT
ARCTIC EXPLORERS PRESCHOOL P.O. BOX 56981 NORTH POLE, AK 99705	81-2579749		41,450.				COVID19 PROGRAM SUPPORT
AURORA LIGHTS CHILDCARE CENTE PO BOX 33491 JUNEAU, AK 99803	92-0119332		52,600.				COVID19 PROGRAM SUPPORT
AVG CHILD CARE CENTER 1922 TONGASS AVE KETCHIKAN, AK 99901	46-4015844		47,850.				COVID19 PROGRAM SUPPORT
BEAR VALLEY COMMUNITY ASSOCIA 15001 MOUNTAIN AIR DR ANCHORAGE, AK 99516	86-1112914		97,550.				COVID19 PROGRAM SUPPORT
BETTY ELIASON CHILD CARE CENT 607 LINCOLN STREET SITKA, AK 99835	92-0065572		122,650.				COVID19 PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF SC ALAS 2300 W. 36TH AVE ANCHORAGE, AK 99517	92-0036082		272,350.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
__ BRIGHT BEGINNINGS LEARNING CE __ 3411 LATHROP ST STE A __ FAIRBANKS, AK 99701	92-0074032		59,700.				COVID19 PROGRAM SUPPORT
__ CAROUSEL CHILD CARE CENTER. __ 6370 DEBARR RD __ ANCHORAGE, AK 99504	92-0138359		142,300.				COVID19 PROGRAM SUPPORT
__ CHILD'S EARLY LEARNING CENTER __ 7231 MEADOW ST __ ANCHORAGE, AK 99507	86-1084882		107,900.				COVID19 PROGRAM SUPPORT
__ CHILDREN'S PALLAS __ P.O. BOX 2008 __ CORDOVA, AK 99574	92-0152942		54,000.				COVID19 PROGRAM SUPPORT
__ CHILKAT VALLEY PRESCHOOL __ PO BOX 1165 __ HAINES, AK 99827	92-0043505		39,700.				COVID19 PROGRAM SUPPORT
__ CRAIG CHILD CARE CENTER __ PO BOX 296 __ CRAIG, AK 99921	92-0089701		14,200.				COVID19 PROGRAM SUPPORT
__ CREATIVE PLAY & PRESCHOOLS, L __ 125 E REBOUDT AVE __ SOLDOTNA, AK 99669	92-0147746		149,700.				COVID19 PROGRAM SUPPORT
__ CRYSTAL CHILD DEV. CENTER - R __ 8620 LAKE OTIS PLWY __ ANCHORAGE, AK 99507	47-2573377		163,300.				COVID19 PROGRAM SUPPORT
__ CRYSTAL CHILD DEVELOPMENT CEN __ 1515 W 33RD AVE __ ANCHORAGE, AK 99503	20-8115710		180,100.				COVID19 PROGRAM SUPPORT
__ DENALI GYMNASTICS & FITNESS I __ 300 E KALLI CIRCLE __ WASILLA, AK 99654	92-0171355		342,880.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISCOVERY PRESCHOOL 206 4TH ST JUNEAU, AK 99801	85-1568322		60,950.				COVID19 PROGRAM SUPPORT
EARLY LEARNING COALITION PO BOX 295 HEALY, AK 99743	83-0510765		49,500.				COVID19 PROGRAM SUPPORT
EARLY LEARNING FOR EVERYONE L 13030 BRANDON ST ANCHORAGE, AK 99515	47-5559034		274,450.				COVID19 PROGRAM SUPPORT
FAIRBANKS MONTESSORI SCHOOL 2014 30TH AVE. FAIRBANKS, AK 99701	92-0096309		117,500.				COVID19 PROGRAM SUPPORT
FAITH DAYCARE AND LEARNING CE 4240 WISCONSIN ST ANCHORAGE, AK 99517	92-0097390		232,950.				COVID19 PROGRAM SUPPORT
FIRST LUTHERAN CHILDCARE CENT 1200 TONGASS AVE KETCHIKAN, AK 99901	92-0056525		81,300.				COVID19 PROGRAM SUPPORT
GOLD CREEK CHILD DEVELOPMENT P. O. BOX 22010 JUNEAU, AK 99801	92-0151927		84,300.				COVID19 PROGRAM SUPPORT
GREAT PLACES LTD 300 W. SWANSON AVE. WASILLA, AK 99654	82-2900015		166,180.				COVID19 PROGRAM SUPPORT
IMAGINATION LLC 300 E 56TH AVE ANCHORAGE, AK 99518	20-0824879		243,350.				COVID19 PROGRAM SUPPORT
IMAGINE THAT CHILDCARE 1007 EVERGREEN ST FAIRBANKS, AK 99709	45-3504395		92,300.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JACK FROST SCHOOL AGE CHILD C 970 LAKLOEY DR. NORTH POLE, AK 99705	85-3526339		41,000.				COVID19 PROGRAM SUPPORT
JUNEAU COMMUNITY PRESCHOOL IN 400 W 11TH ST JUNEAU, AK 99801	92-0151602		35,050.				COVID19 PROGRAM SUPPORT
JUNEAU MONTESSORI SCHOOL 750 ST. ANN'S AVE DOUGLAS, AK 99824	92-0109504		96,600.				COVID19 PROGRAM SUPPORT
K&B SVINICKI LLC 9033 NINNIS DR. JUNEAU, AK 99801	84-2205161		108,950.				COVID19 PROGRAM SUPPORT
KIDS' CORPS, INC. 101 DAVIS ST ANCHORAGE, AK 99508	94-3042122		32,900.				COVID19 PROGRAM SUPPORT
KLONDIKE KIDS LLC 390 S SANTA CLAUS LANE NORTH POLE, AK 99705	81-4207223		99,700.				COVID19 PROGRAM SUPPORT
KREATIVE KIDS CHILD DEVELOPME 500 E BENSON BLVD. #109 ANCHORAGE, AK 99503	47-2870215		17,750.				COVID19 PROGRAM SUPPORT
LITTLE FRIENDS CHILDCARE & PR P.O. BOX 256 PALMER, AK 99645	20-1540092		80,650.				COVID19 PROGRAM SUPPORT
LITTLE LEARNERS ACADEMY PO BOX 873433 WASILLA, AK 99687	27-3375005		98,230.				COVID19 PROGRAM SUPPORT
LITTLE PEOPLE'S LEARNING WORL 35095 HUNTINGTON DRIVE SOLDOTNA, AK 99669	92-0164878		119,350.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MORNING STAR CHRISTIAN SCHOOL 8220 BRIARWOOD STREET ANCHORAGE, AK 99518	92-0089499		180,250.				COVID19 PROGRAM SUPPORT
NORTHERN LIGHTS PRE-SCHOOL & 703 W. NORTHERN LIGHTS BLVD. ANCHORAGE, AK 99503	47-1080297		239,300.				COVID19 PROGRAM SUPPORT
RABBIT CREEK COMMUNITY ASSOCI 13650 LAKE OTIS PKWY ANCHORAGE, AK 99516	51-0510785		100,200.				COVID19 PROGRAM SUPPORT
RALLY PROGRAM JUNEAU SCHOOL D 10014 CRAZY HORSE DRIVE JUNEAU, AK 99801	92-6000101		443,400.				COVID19 PROGRAM SUPPORT
RIVER OF LIFE CHRISTIAN FELLO 2050 SELIEF LANE KODIAK, AK 99615	92-0176942		47,850.				COVID19 PROGRAM SUPPORT
SERENDIPITY CHILDCARE CENTER PO BOX 1112 PETERSBURG, AK 99833	82-3154621		61,600.				COVID19 PROGRAM SUPPORT
SHELDON JACKSON CHILD CARE CE 111 JOHN BRADY DR SITKA, AK 99835	26-1129551		68,300.				COVID19 PROGRAM SUPPORT
SOLDOTNA KIDS EARLY LEARNING 35911 KENAI SPUR HWY UNIT 4 SOLDOTNA, AK 99669	81-4349728		116,850.				COVID19 PROGRAM SUPPORT
ST PAUL LUTHERAN CHURCH P.O. BOX 102 KODIAK, AK 99615	92-0070953		61,850.				COVID19 PROGRAM SUPPORT
STARBRIGHT INC 3531 E. TUDOR ROAD ANCHORAGE, AK 99507	92-0124222		102,550.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>STEPPING STONES LEARNING CENT</u> <u>PO BOX 1558</u> <u>VALDEZ, AK 99686</u>	82-3070865		12,650.				COVID19 PROGRAM SUPPORT
<u>STONE PATH MONTESSORI</u> <u>12812 OLD GLEN HWY STE A12</u> <u>EAGLE RIVER, AK 99577</u>	27-2223327		93,850.				COVID19 PROGRAM SUPPORT
<u>TANAINA CHILD DEVELOPMENT CEN</u> <u>1200 AIRPORT HEIGHTS DR STE 1</u> <u>ANCHORAGE, AK 99508</u>	92-0069221		14,200.				COVID19 PROGRAM SUPPORT
<u>THE EARLY LEARNING ACADEMY</u> <u>11800 ALDERWOOD LOOP</u> <u>ANCHORAGE, AK 99516</u>	27-1131823		32,200.				COVID19 PROGRAM SUPPORT
<u>THREE TO FIVE PRESCHOOL</u> <u>P. O. BOX 103</u> <u>SITKA, AK 99835</u>	92-0060105		37,700.				COVID19 PROGRAM SUPPORT
<u>TONYA'S BERRY PATCH, LLC</u> <u>4308 NEEDLE CIRCLE</u> <u>ANCHORAGE, AK 99508</u>	47-3004739		17,500.				COVID19 PROGRAM SUPPORT
<u>TUNDRA TYKES</u> <u>650 NE HOLLADAY ST STE 1400</u> <u>PORTLAND, OR 97232</u>	47-4478313		116,650.				COVID19 PROGRAM SUPPORT
<u>ALASKA JEWISH CAMPUS</u> <u>1117 E 35TH AVE</u> <u>ANCHORAGE, AK 99508</u>	92-0139949		49,300.				COVID19 PROGRAM SUPPORT
<u>ALASKAN SEEDLINGS EARLY LEARN</u> <u>PO BOX 631</u> <u>PALMER, AK 99645</u>	71-0997284		40,250.				COVID19 PROGRAM SUPPORT
<u>ALEXA'S CHILD CARE</u> <u>8420 E 3RD AVE, UNIT A</u> <u>ANCHORAGE, AK 99504</u>	47-4083486		19,600.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Continuation Page 8 of 24

Name of the organization

CHILD CARE CONNECTION, INC.

Employer identification number

92-0113419

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMBER BILINGUAL CHILD CARE 4306 MCPHEE AVE, APT 2 ANCHORAGE, AK 99508	82-2485373		12,450.				COVID19 PROGRAM SUPPORT
ANC BAPTIST TEMPLE 6575 E NORTHERN LIGHTS BLVD ANCHORAGE, AK 99504	92-0036966		11,100.				COVID19 PROGRAM SUPPORT
ANCHORAGE GYMNASTICS ASSOCIAT 525 W POTTER DR ANCHORAGE, AK 99518	92-0066721		180,750.				COVID19 PROGRAM SUPPORT
LITTLE KIDS DAYCARE 152 CITY LIMITS BLVD FAIRBANKS, AK 99712	27-0542217		17,550.				COVID19 PROGRAM SUPPORT
ANTHC 650 NE HOLLADAY ST STE 1400 PORTLAND, OR 97232	81-5115080		125,300.				COVID19 PROGRAM SUPPORT
ANTZE PANTZE DAYCARE 601 N PARK ST ANCHORAGE, AK 99508	81-5115080		14,950.				COVID19 PROGRAM SUPPORT
ARCTIC FOX CHILDCARE 3640 S LANSING RD WASILLA, AK 99654	92-0679954		6,300.				COVID19 PROGRAM SUPPORT
ARRGEL PLAYHOUSE 2104 MCKINLEY AVE UNIT B ANCHORAGE, AK 99517	61-1593237		16,500.				COVID19 PROGRAM SUPPORT
AURORA CHILD CARE HOME 1721 DEMETER DR ANCHORAGE, AK 99615	80-0141361		14,550.				COVID19 PROGRAM SUPPORT
AVG CHILD CARE EXTENSION 735 JACKSON ST KETCHIKAN, AK 99901	46-4015844		24,500.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>AYSHA'S FUN HOUSE</u> <u>2905 E 20TH AVE</u> <u>ANCHORAGE, AK 99508</u>	47-2679565		19,600.				COVID19 PROGRAM SUPPORT
<u>BAYSHORE EARLY LEARNING CENTE</u> <u>3131 AMBER BAY LOOP</u> <u>ANCHORAGE, AK 99515</u>	92-0065600		54,200.				COVID19 PROGRAM SUPPORT
<u>BERSABE'S DAYCARE</u> <u>410 WILLOW ST</u> <u>KODIAK, AK 99615</u>	26-4790372		19,900.				COVID19 PROGRAM SUPPORT
<u>BIGGS DAYCARE</u> <u>8740 BELL PLACE</u> <u>ANCHORAGE, AK 99507</u>	38-3927932		17,000.				COVID19 PROGRAM SUPPORT
<u>BRIDGES COMMUNITY RESOURCES</u> <u>PO BOX 1612</u> <u>SOLDOTNA, AK 99669</u>	92-0151271		13,350.				COVID19 PROGRAM SUPPORT
<u>BRIGHT BEGIN EARLY LRNG CTR</u> <u>1000 SUNDOWN CT</u> <u>ANCHORAGE, AK 99515</u>	92-0176506		369,100.				COVID19 PROGRAM SUPPORT
<u>BRIGHT MINDS LEARNING CENTER</u> <u>PO BOX 511</u> <u>WILLOW, AK 99668</u>	46-1780678		251,490.				COVID19 PROGRAM SUPPORT
<u>BRISTOL BAY NATIVE ASSOCIATIO</u> <u>PO BOX 310</u> <u>DILLINGHAM, AK 99576</u>	92-0041473		11,100.				COVID19 PROGRAM SUPPORT
<u>BUILDING BLOCKS ACADEMY LLC</u> <u>PO BOX 240591</u> <u>ANCHORAGE, AK 99524</u>	85-3834344		82,850.				COVID19 PROGRAM SUPPORT
<u>BUNNELL HOUSE EARLY CLDHD LAB</u> <u>PO BOX 758020</u> <u>FAIRBANKS, AK 99775</u>	92-6000147		10,650.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
--- CANDI'S TOT STOP LLC --- --- PO BOX 57210 --- NORTH POLE, AK 99705	82-2396327		18,550.				COVID19 PROGRAM SUPPORT
--- CAREFREE KIDS LLC --- --- 3950 CAREFREE DR --- WASILLA, AK 99654	71-0964640		74,250.				COVID19 PROGRAM SUPPORT
--- CASA CUNA DAY CARE --- --- 823 LANE ST --- ANCHORAGE, AK 99508	20-4375966		20,600.				COVID19 PROGRAM SUPPORT
--- CATHOLIC SCHOOLS OF FAIRBANKS --- --- 615 MONROE ST --- FAIRBANKS, AK 99701	26-0772064		135,200.				COVID19 PROGRAM SUPPORT
--- CCS EARLY LEARNING --- --- 2060 E INDUSTRIAL DR --- WASILLA, AK 99654	92-0040291		571,320.				COVID19 PROGRAM SUPPORT
--- CHARLIE'S LIL' ANGELS --- --- 1806 4TH AVE --- KENAI, AK 99611	26-4585278		19,600.				COVID19 PROGRAM SUPPORT
--- CHENEY LAKE FAMILY CHILD CARE --- --- 6631 FOOTHILL DR --- ANCHORAGE, AK 99504	27-1218009		17,500.				COVID19 PROGRAM SUPPORT
--- CHICKADEE HOUSE MONTESSORI SC --- --- 8901 WINCHESTER ST --- ANCHORAGE, AK 99507	81-0916386		13,300.				COVID19 PROGRAM SUPPORT
--- CHILDREN'S WORLD BILINGUAL MO --- --- 7423 JEWEL LAKE RD --- ANCHORAGE, AK 99502	92-0175138		259,700.				COVID19 PROGRAM SUPPORT
--- CHIQUILADAS CHILD CARE --- --- 10200 HERON WAY --- JUNEAU, AK 99801	32-0160928		21,450.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>CLARE SWAN EARLY LEARNING CTR</u> <u>800 NORTHWAY DR</u> <u>ANCHORAGE, AK 99508</u>	82-4315629		79,200.				COVID19 PROGRAM SUPPORT
<u>COAST TO COAST KIDCARE</u> <u>PO BOX 2476</u> <u>SEWARD, AK 99664</u>	46-4637116		21,150.				COVID19 PROGRAM SUPPORT
<u>CREATIVE LEARNING WITH CADY L</u> <u>646 E 74TH AVE</u> <u>ANCHORAGE, AK 99518</u>	47-4352989		10,200.				COVID19 PROGRAM SUPPORT
<u>CRISTO VENE</u> <u>5000 CHENA AVE</u> <u>ANCHORAGE, AK 99508</u>	27-4729868		16,500.				COVID19 PROGRAM SUPPORT
<u>CRYSTAL CHILD DEV CENTER - RA</u> <u>6821 WEIMER RD</u> <u>ANCHORAGE, AK 99502</u>	47-2573377		102,200.				COVID19 PROGRAM SUPPORT
<u>DANIELLE'S DAYCARE</u> <u>619 CEDAR DR</u> <u>KENAI, AK 99611</u>	46-1651670		16,500.				COVID19 PROGRAM SUPPORT
<u>D&G'S PLAYHOUSE</u> <u>6520 MEADOW ST</u> <u>ANCHORAGE, AK 99507</u>	86-1552862		15,200.				COVID19 PROGRAM SUPPORT
<u>DEE'S LITTLE ANGELS CHILDCARE</u> <u>2010 S PADDOCK DR</u> <u>WASILLA, AK 99654</u>	47-4934396		76,500.				COVID19 PROGRAM SUPPORT
<u>DEYA'S DAYCARE</u> <u>814 KLEVIN ST</u> <u>ANCHORAGE, AK 99508</u>	46-1199387		14,950.				COVID19 PROGRAM SUPPORT
<u>DN RAY, INC</u> <u>PO BOX 1446</u> <u>PALMER, AK 99645</u>	92-0120596		90,100.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Continuation Page 12 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>DOUGLAS CHILDCARE</u> <u>628 B SAINT ANN' A AVE</u> <u>DOUGLAS, AK 99624</u>	47-3006296		14,650.				COVID19 PROGRAM SUPPORT
<u>ENCHANTED KIDS 2 LLC</u> <u>858 MUNNA CT</u> <u>FAIRBANKS, AK 99701</u>	84-2999809		20,400.				COVID19 PROGRAM SUPPORT
<u>ENEPUT CHILDREN'S CENTER</u> <u>1112 HESS AVE</u> <u>FAIRBANKS, AK 99709</u>	92-0041211		65,350.				COVID19 PROGRAM SUPPORT
<u>FACILITY 24 HOURS</u> <u>4120 THOMPSON AVE, APT 4</u> <u>ANCHORAGE, AK 99508</u>	46-4932429		20,600.				COVID19 PROGRAM SUPPORT
<u>FIRE LAKE PRESCHOOL INC</u> <u>PO BOX 773286</u> <u>EAGLE RIVER, AK 99577</u>	92-0173960		27,500.				COVID19 PROGRAM SUPPORT
<u>FORGET-ME-NOTS DAYCARE</u> <u>PO BOX 34366</u> <u>JUNEAU, AK 99603</u>	01-0857799		11,750.				COVID19 PROGRAM SUPPORT
<u>GENIA'S DAYCARE PRESCHOOL</u> <u>5307 N STAR ST</u> <u>ANCHORAGE, AK 99518</u>	27-5535967		15,950.				COVID19 PROGRAM SUPPORT
<u>GIA'S CHILD CARE</u> <u>8420 E 3RD AVE UNIT B</u> <u>ANCHORAGE, AK 99504</u>	83-0955502		15,850.				COVID19 PROGRAM SUPPORT
<u>GLADYS DAYCARE</u> <u>7729 E 4TH AVE</u> <u>ANCHORAGE, AK 99504</u>	81-5100682		19,600.				COVID19 PROGRAM SUPPORT
<u>GOOD BEGINNINGS PRESCHOOL</u> <u>PO BOX 709</u> <u>PETERSBURG, AK 99633</u>	92-0025759		38,800.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GRAMMA'S PLACE PO BOX 56954 NORTH POLE, AK 99705	92-0156862		17,550.				COVID19 PROGRAM SUPPORT
GRANDMA'S LITTLE ANGELS DAYCA 2650 E MCNEESE PKWY, UNIT A WASILLA, AK 99654	81-5080732		18,050.				COVID19 PROGRAM SUPPORT
GROWING TOGETHER BILINGUAL CL 3130 ROSALIND LP ANCHORAGE, AK 99507	82-2515272		15,750.				COVID19 PROGRAM SUPPORT
HAGUITS DAY CARE 1012 HEMLOCK ST KODIAK, AK 99615	20-8603024		15,850.				COVID19 PROGRAM SUPPORT
HAPPY FACE DAY CARE 7519 VISTA DEL SOL DR JUNEAU, AK 99801	26-3949507		17,750.				COVID19 PROGRAM SUPPORT
HAPPY FACES HOME DAYCARE 831 DORSET CT FAIRBANKS, AK 99701	90-1024462		19,900.				COVID19 PROGRAM SUPPORT
IN BLOOM CHILDCARE 4933 WESTLEYAN DR ANCHORAGE, AK 99508	83-4720201		7,100.				COVID19 PROGRAM SUPPORT
IVELISSE CHILDCARE 7505 BOUNDARY AVE SPC 50 ANCHORAGE, AK 99504	82-2930577		16,500.				COVID19 PROGRAM SUPPORT
JOAN'S PRESCHOOL CENTER LLC 11925 OLD GLENN HWY STE 202 EAGLE RIVER, AK 99577	26-0559453		128,600.				COVID19 PROGRAM SUPPORT
JODY'S DAYCARE 318 ALDER ST KETCHIKAN, AK 99901	06-1803690		14,950.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHNSON'S DAY CARE 2441 W 70TH CIR ANCHORAGE, AK 99502	26-2479176		15,950.				COVID19 PROGRAM SUPPORT
JOY CHILD DEVELOPMENT CENTER 10111 E EAGLE RIVER LP EAGLE RIVER, AK 99577	92-6011664		87,750.				COVID19 PROGRAM SUPPORT
JOY GREISEN JEWISH EDUCATION 7525 NORTHER LIGHTS BLVD ANCHORAGE, AK 99504	23-7421780		152,950.				COVID19 PROGRAM SUPPORT
JOZS KIDZ DAYCARE PO BOX 1237 SEWARD, AK 99664	84-3379144		17,000.				COVID19 PROGRAM SUPPORT
JUNIOR'S CHILD CARE 255 WHISPER KNOLL CIR, UNIT B ANCHORAGE, AK 99504	81-3977391		15,400.				COVID19 PROGRAM SUPPORT
KAROUSEL KIDZ LEARNING CENTER 1508 E BOGARD RD STE 9 WASILLA, AK 99654	82-3942335		92,450.				COVID19 PROGRAM SUPPORT
KAYLA'A KIDDO CARE 4410 REZANOF DR KODIAK, AK 99615	92-0446370		13,850.				COVID19 PROGRAM SUPPORT
KELLY'S CHILDCARE 378 W RIVERVIEW AVE SOLDOTNA, AK 99669	82-7061176		10,200.				COVID19 PROGRAM SUPPORT
KIDS FIRST DAY CARE 506 1ST ST SITKA, AK 99835	43-2064879		14,950.				COVID19 PROGRAM SUPPORT
KIDS R FUN HC 60 BOX 6140 HAINES, AK 99827	20-4673256		14,950.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
--- KIDS STAY N'PLAY --- --- 505 STEWART ST F2 --- FAIRBANKS, AK 99701	26-4364784		16,500.				COVID19 PROGRAM SUPPORT
--- KODIAK BAPTIST MISSION --- --- 1944 E REZANOF DR --- KODIAK, AK 99615	92-0071967		237,500.				COVID19 PROGRAM SUPPORT
--- LEAH'S LEARNING LADDER --- --- 2538 LISA ANN DR --- NORTH POLE, AK 99705	84-2298603		16,500.				COVID19 PROGRAM SUPPORT
--- LIL' HOUSE ON THE MEADOW --- --- 3801 N CORONADO ST --- WASILLA, AK 99623	27-3859166		19,100.				COVID19 PROGRAM SUPPORT
--- LITTLE BEARS PLAYHOUSE, INC --- --- PO BOX 350 --- GIRDWOOD, AK 99587	92-0087993		46,300.				COVID19 PROGRAM SUPPORT
--- LITTLE CHERUBS LEARNING CENTE --- --- PO BOX 458 --- SKAGWAY, AK 99840	92-0170369		16,450.				COVID19 PROGRAM SUPPORT
--- LITTLE DIPPER LEARNING CENTER --- --- 2960 HURST RD --- NORTH POLE, AK 99705	86-1327777		93,600.				COVID19 PROGRAM SUPPORT
--- LITTLE DIPPERS LEARNING CENTE --- --- PO BOX 419 --- SKAGWAY, AK 99840	92-0120561		34,100.				COVID19 PROGRAM SUPPORT
--- LITTLE DUCKLINGS DAYCARE --- --- 604 LAUREL DR --- KENAI, AK 99611	84-1958853		13,400.				COVID19 PROGRAM SUPPORT
--- LITTLE EXPLORERS CHILDCARE --- --- 861 E GOLDENDALE DR --- WASILLA, AK 99654	84-1732551		22,420.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LITTLE HANDS BILINGUAL MONTES 8511 ROSLIND ST ANCHORAGE, AK 99507	90-0460970		35,000.				COVID19 PROGRAM SUPPORT
LITTLE HANDS DAY CARE 8330 NORTHWOOD ST ANCHORAGE, AK 99502	45-4187612		16,500.				COVID19 PROGRAM SUPPORT
LITTLE JAMMERS DAYCARE 1000 REFINERY LP NORTH POLE, AK 99705	20-4024904		20,650.				COVID19 PROGRAM SUPPORT
LITTLE LAMBS OF PEACE PRESCHO 11555 BIRCH HILLS DR EAGLE RIVER, AK 99577	92-0059330		7,550.				COVID19 PROGRAM SUPPORT
LITTLE MONTESSORI LLC 2731 E BEECH WAY WASILLA, AK 99654	87-2584704		35,950.				COVID19 PROGRAM SUPPORT
LITTLE MOUNTAIN MOVERS ACADEM 6505 DEBARR RD ANCHORAGE, AK 99504	92-0036966		89,200.				COVID19 PROGRAM SUPPORT
LITTLE POLAR BEARS 1941 OLYMPIC DR ANCHORAGE, AK 99515	81-5487786		20,600.				COVID19 PROGRAM SUPPORT
LITTLE STRETCHERS CHILDCARE 6600 DONNA DR #8 ANCHORAGE, AK 99504	83-1564123		15,200.				COVID19 PROGRAM SUPPORT
LIZ'S DAYCARE 10910 N TONGASS KETCHIKAN, AK 99901	45-4979947		19,100.				COVID19 PROGRAM SUPPORT
LUTHERAN SCHOOL ASSOC OF ANCH 8100 ARCTIC BLVD ANCHORAGE, AK 99518	92-0073640		187,800.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAMA'S DAYCARE 1312 BARANOF ST KODIAK, AK 99615	47-3892044		13,400.				COVID19 PROGRAM SUPPORT
MARA'S BABYCARE PO BOX 660 KODIAK, AK 99615	45-5438136		18,850.				COVID19 PROGRAM SUPPORT
MARIA CONTRERAS 4001 E 8TH AVE ANCHORAGE, AK 99508	27-0349776		20,600.				COVID19 PROGRAM SUPPORT
MARIBEL DAY CARE 515 FLOWER ST ANCHORAGE, AK 99508	27-0349599		20,600.				COVID19 PROGRAM SUPPORT
MATSU JEWISH PRESCHOOL 9530 E HORSE PLAY CIR PALMER, AK 99645	47-4726932		16,000.				COVID19 PROGRAM SUPPORT
MEMA'S DAYCARE 801 W 86TH AVE ANCHORAGE, AK 99762	81-2214565		14,950.				COVID19 PROGRAM SUPPORT
MI CASAES TU CASA 1584 N HEATHER MEADOWS LP ANCHORAGE, AK 99507	88-1634970		6,300.				COVID19 PROGRAM SUPPORT
MISS KAT'S CHILD CARE 7120 BURLWOOD DR ANCHORAGE, AK 99507	45-5041881		16,950.				COVID19 PROGRAM SUPPORT
MISS TORI'S TOTS 3548 S JOHNSONS RD WASILLA, AK 99623	47-2201081		19,100.				COVID19 PROGRAM SUPPORT
MITKOF MONSTERS CHILDCARE LLC PO BOX 1426 PETERSBURG, AK 99833	87-4378181		34,100.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 18 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>MOMMY'S LITTLE ANGELS CHILDCA</u> <u>4030 E 5TH AVE</u> <u>ANCHORAGE, AK 99508</u>	82-3324321		18,950.				COVID19 PROGRAM SUPPORT
<u>MONTESSORI BOREALIS CHILDREN'</u> <u>10014 CRAZY HORSE DR</u> <u>JUNEAU, AK 99709</u>	92-6000101		10,650.				COVID19 PROGRAM SUPPORT
<u>MORNING BREEZE DAYCARE</u> <u>6008 12TH AVE APT 2</u> <u>ANCHORAGE, AK 99504</u>	46-4569482		11,750.				COVID19 PROGRAM SUPPORT
<u>MOTHER'S DEN FAMILY PLAY-CARE</u> <u>1800 STATE ST</u> <u>ANCHORAGE, AK 99504</u>	20-5277911		20,400.				COVID19 PROGRAM SUPPORT
<u>MOOSE TRAP PLAYSCHOOL INC</u> <u>517 S COBB ST</u> <u>PALMER, AK 99645</u>	45-5147122		123,750.				COVID19 PROGRAM SUPPORT
<u>MT EDGECUMBE PRESCHOOL INC</u> <u>129 SEWARD ST</u> <u>SITKA, AK 99835</u>	92-0059190		34,400.				COVID19 PROGRAM SUPPORT
<u>MY 2ND HOME DAY CARE</u> <u>PO BOX 140081</u> <u>ANCHORAGE, AK 99514</u>	46-2038472		16,500.				COVID19 PROGRAM SUPPORT
<u>NANETTE'S LITTLE ONE'S CHILDC</u> <u>7035 FREDRICK DR</u> <u>ANCHORAGE, AK 99504</u>	26-1541861		17,500.				COVID19 PROGRAM SUPPORT
<u>NANUQ MONTESSORI</u> <u>17932 PIONEER DR</u> <u>EAGLE RIVER, AK 99577</u>	46-0517451		8,800.				COVID19 PROGRAM SUPPORT
<u>NEW HORIZON DAY CARE</u> <u>1109 PARK DR</u> <u>FAIRBANKS, AK 99709</u>	20-0771777		18,350.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

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Continuation Page 19 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>NICOLE'S DAYCARE</u> <u>606 WAINWRIGHT RD</u> <u>FAIRBANKS, AK 99701</u>	85-0628972		16,250.				COVID19 PROGRAM SUPPORT
<u>NIKKI'S DAYCARE</u> <u>628 RANGEVIEW AVE</u> <u>HOMER, AK 99603</u>	80-0204721		16,000.				COVID19 PROGRAM SUPPORT
<u>NOME PRE-SCHOOL ASSOCIATION I</u> <u>PO BOX 353</u> <u>NOME, AK 99762</u>	92-0039573		35,300.				COVID19 PROGRAM SUPPORT
<u>NORTH STAR LEARNING CENTER</u> <u>500 E 5TH AVE</u> <u>NORTH POLE, AK 99705</u>	86-3720939		9,100.				COVID19 PROGRAM SUPPORT
<u>OMAS DAYCARE</u> <u>2631 KENMORE CIR</u> <u>ANCHORAGE, AK 99504</u>	90-0964250		16,500.				COVID19 PROGRAM SUPPORT
<u>OPEN ARMS CHILD DEVELOPMENT C</u> <u>2980 DAVIS RD</u> <u>FAIRBANKS, AK 99709</u>	92-0169557		279,250.				COVID19 PROGRAM SUPPORT
<u>OUR KIDS OUR FUTURE LLC</u> <u>505 STEWARD ST APT C-5</u> <u>RAIRBANKS, AK 99701</u>	85-1174736		15,850.				COVID19 PROGRAM SUPPORT
<u>PACIFIC NORTHERN ACADEMY</u> <u>2511 SENTRY DR STE 100</u> <u>ANCHORAGE, AK 99507</u>	92-0145501		88,000.				COVID19 PROGRAM SUPPORT
<u>PALMER LIFEWAYS LLC</u> <u>PO BOX 4501</u> <u>PALMER, AK 99645</u>	27-3370233		80,100.				COVID19 PROGRAM SUPPORT
<u>PAMPERED MOMS DAYCARE</u> <u>PO BOX 875352</u> <u>WASILLA, AK 99687</u>	92-6001185		10,500.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
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Continuation Page 20 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>PASITOS DE AMOR</u> <u>1008 AKIAK AVE</u> FAIRBANKS, AK 99701	83-2645182		21,150.				COVID19 PROGRAM SUPPORT
<u>PATY'S DAY CARE</u> <u>1422 MISSION RD</u> KODIAK, AK 99615	45-3780863		13,900.				COVID19 PROGRAM SUPPORT
<u>PERLA DAYCARE</u> <u>4127 WRIGHT ST</u> ANCHORAGE, AK 99508	46-5070124		15,550.				COVID19 PROGRAM SUPPORT
<u>PLAY-N-LEARN CTR - DBA THRIVA</u> <u>1949 GILLAM WAY, STE F</u> FAIRBANKS, AK 99701	92-0047999		177,250.				COVID19 PROGRAM SUPPORT
<u>PLAY AND GROW HOME DAYCARE</u> <u>1651 MADISON DR</u> FAIRBANKS, AK 99701	46-0797531		11,750.				COVID19 PROGRAM SUPPORT
<u>POLAR PAL'S CHILD CARE</u> <u>3710 REGUS AVE</u> NORTH POLE, AK 99705	81-1152128		14,950.				COVID19 PROGRAM SUPPORT
<u>PORTILLO DAYCARE</u> <u>1613 SIMEONOF ST</u> KODIAK, AK 99615	45-3720865		17,300.				COVID19 PROGRAM SUPPORT
<u>PROFILES OF EXCELLENCE PRESCH</u> <u>11150 E LUPINE RD</u> PALMER, AK 99645	92-0157333		100,900.				COVID19 PROGRAM SUPPORT
<u>PROVIDENCE CTR FOR CHILD DEV</u> <u>3900 PIPER ST BLD 14</u> ANCHORAGE, AK 99508	61-1619794		152,050.				COVID19 PROGRAM SUPPORT
<u>PUFFIN HEIGHTS MONTESSORI LLC</u> <u>1000 W 20TH AVE</u> ANCHORAGE, AK 99503	47-5384401		49,500.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 21 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u> </u> RISING STAR INC <u> </u> 1405 N WASILLA FISHHOOK RD <u> </u> WASILLA, AK 99654	20-8024692		277,030.				COVID19 PROGRAM SUPPORT
<u> </u> RODADAY CARE <u> </u> 4526 E 6TH AVE <u> </u> ANCHORAGE, AK 99508	46-2195216		17,500.				COVID19 PROGRAM SUPPORT
<u> </u> ROOM FOR BABIES DAYCARE <u> </u> 5320 DECATHLON AVE <u> </u> FAIRBANKS, AK 99709	27-3094664		16,900.				COVID19 PROGRAM SUPPORT
<u> </u> ROOM TO GROW PRESCHOOL LLC <u> </u> 3283 ADAMS DR <u> </u> FAIRBANKS, AK 99709	46-5084693		50,900.				COVID19 PROGRAM SUPPORT
<u> </u> ROSAANA MOYER LLC <u> </u> PO BOX 15382 <u> </u> FRITZ CREEK, AK 99603	46-3074231		73,800.				COVID19 PROGRAM SUPPORT
<u> </u> RURAL AK COMMUNITY ACTION PRO <u> </u> 545 5TH AVE <u> </u> ANCHORAGE, AK 99501	92-0033876		84,150.				COVID19 PROGRAM SUPPORT
<u> </u> SAND LAKE CHRISTIAN PRESCHOOL <u> </u> 6885 CUTTY SARK ST <u> </u> ANCHORAGE, AK 99502	46-5661654		7,100.				COVID19 PROGRAM SUPPORT
<u> </u> SC FOUNDATION EMPLOYEE FAMILY <u> </u> 650 NE HOLLADAY ST STE 1400 <u> </u> PORTLAND, OR 97232	47-4478313		120,900.				COVID19 PROGRAM SUPPORT
<u> </u> SELDOVIA COMMUNITY PRESCHOOL <u> </u> PO BOX 133 <u> </u> SELDOVIA, AK 99663	82-3723184		27,500.				COVID19 PROGRAM SUPPORT
<u> </u> SHAKIRA'S CUB WATCH <u> </u> 225 PALACE CIR <u> </u> FAIRBANKS, AK 99701	92-1008715		6,300.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

Continuation Page 22 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SITKA SCHOOL DISTRICT 300 KOSTROMETINOFF ST SITKA, AK 99835	92-6000113		89,200.				COVID19 PROGRAM SUPPORT
SMART START LEARNING CENTER 1825 MARKA RD FAIRBANKS, AK 99709	92-0129771		195,500.				COVID19 PROGRAM SUPPORT
SMILEY DAYS DAY CARE 4701 GRUMMAN ST UNIT 2 ANCHORAGE, AK 99507	82-4265598		13,000.				COVID19 PROGRAM SUPPORT
SMILING STARS CHILD CARE HOME 3808 WILSON ST ANCHORAGE, AK 99503	46-0966684		14,950.				COVID19 PROGRAM SUPPORT
SPROUTLETS CREATIVE LEARNING 530 ASH AVE KENAI, AK 99611	27-4575987		17,550.				COVID19 PROGRAM SUPPORT
STAY, PLAY & LEARN 605 RANGEVIEW AVE HOMER, AK 99603	80-0679706		10,200.				COVID19 PROGRAM SUPPORT
STOP N PLAY CHILD CARE 4079 SCENIC VIEW DR ANCHORAGE, AK 99504	47-5292341		8,650.				COVID19 PROGRAM SUPPORT
SUN VALLEY CHILD CARE 2039 SUN VALLEY DR FAIRBANKS, AK 99709	27-4545269		18,800.				COVID19 PROGRAM SUPPORT
SUNDANCE MONESSORI 7051 BAXTER TERRACE C ANCHORAGE, AK 99504	27-3105721		12,750.				COVID19 PROGRAM SUPPORT
SUNFLOWER'S DAY CARE 7232 SPRUCE ST ANCHORAGE, AK 99507	82-4877543		16,500.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
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Continuation Page 23 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUNFLOWER PRESCHOOL 2500 BONIFACE PKWY ANCHORAGE, AK 99504	46-0791450		54,650.				COVID19 PROGRAM SUPPORT
SUNSHINE FAMILY DAYCARE 235 FAREWELL AVE FAIRBANKS, AK 99701	45-4470381		16,000.				COVID19 PROGRAM SUPPORT
SUNSHINE STATION CHILD CARE C HC 89 BOX 8180 TALKEETNA, AK 99676	20-1605266		19,900.				COVID19 PROGRAM SUPPORT
SWEET HOME 825 LANE ST ANCHORAGE, AK 99508	80-0375394		20,600.				COVID19 PROGRAM SUPPORT
T&C PLAYHOUSE 401 S LOWER RD PALMER, AK 99645	82-5334154		23,000.				COVID19 PROGRAM SUPPORT
TEDDY BEAR LOVING DAYCARE 1615 CARR AVE FAIRBANKS, AK 99709	85-0630492		16,000.				COVID19 PROGRAM SUPPORT
THE ACADEMY EDUCATIONAL CCC 297 W 5TH AVE NORTH POLE, AK 99705	86-1721415		92,950.				COVID19 PROGRAM SUPPORT
THE NEXT BEST THING DAYCARE PO BOX 1026 STERLING, AK 99672	46-3287230		65,900.				COVID19 PROGRAM SUPPORT
THE SALVATION ARMY AK DIVISIO PO BOX 101459 ANCHORAGE, AK 99510	94-1156347		9,100.				COVID19 PROGRAM SUPPORT
TINY TREASURES DAYCARE LLC 2212 JACK ST FAIRBANKS, AK 99709	86-3273586		17,550.				COVID19 PROGRAM SUPPORT

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
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Continuation Page 24 of 24

Name of the organization CHILD CARE CONNECTION, INC.	Employer identification number 92-0113419
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>TREASURED TIMES DAYCARE</u> <u>PO BOX 56954</u> <u>NORTH POLE, AK 99705</u>	92-0156862		19,100.				COVID19 PROGRAM SUPPORT
<u>TREASURED TOTS</u> <u>524 JUNEAU AVE</u> <u>FAIRBANKS, AK 99701</u>	68-0487480		21,150.				COVID19 PROGRAM SUPPORT
<u>UIVILAT PLAY AND LEARN CENTER</u> <u>PO BOX 948</u> <u>NOME, AK 99762</u>	92-0047009		96,050.				COVID19 PROGRAM SUPPORT
<u>VALDEZ COOPERATIVE PRESCHOOL</u> <u>321 EGAN ST STE 109</u> <u>VALDEZ, AK 99686</u>	92-0058997		14,900.				COVID19 PROGRAM SUPPORT
<u>VALLEY MONTESSORI LLC</u> <u>2731 E BEECH WAY</u> <u>WASILLA, AK 99654</u>	86-1356264		34,250.				COVID19 PROGRAM SUPPORT
<u>WEE CARE A LOT CHILD CARE</u> <u>955 JOSH DR</u> <u>PALMER, AK 99645</u>	33-1147168		15,200.				COVID19 PROGRAM SUPPORT
<u>WOODLAND DAYCARE</u> <u>701 MAPLE DR</u> <u>KENAI, AK 99611</u>	82-3097035		13,400.				COVID19 PROGRAM SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD CARE CONNECTION, INC.
DBA THREAD

Employer identification number

92-0113419

Part I Questions Regarding Compensation

		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
1 b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
4 a	Receive a severance payment or change-of-control payment?		X
4 b	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
4 c	Participate in or receive payment from an equity-based compensation arrangement?		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5 a	The organization?		X
5 b	Any related organization?		X
	If 'Yes' on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6 a	The organization?		X
6 b	Any related organization?		X
	If 'Yes' on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				(C) Retirement and other deferred compensation
STEPHANIE BERGLUND 1 CEO	(i)	153,079.	16,249.	12,746.	5,080.	891.	188,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
REME LAMPON 2 CFO	(i)	122,391.	13,599.	0.	4,195.	13,296.	153,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

CHILD CARE CONNECTION, INC.
DBA THREAD

Employer identification number

92-0113419

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO ADVANCE THE QUALITY OF EARLY EDUCATION AND CHILD DEVELOPMENT BY EMPOWERING PARENTS, EDUCATING CHILD CARE PROFESSIONALS, AND COLLABORATING WITH OUR COMMUNITIES.

THE NETWORK IS MADE UP OF THREE SISTER ORGANIZATIONS (ALL NON-PROFITS) WHO WORK TOGETHER UNDER ONE BRAND (THREAD) TO PROVIDE STATEWIDE CHILD CARE RESOURCES AND REFERRAL SERVICES; PRE-KINDERGARTEN SERVICES; AND CHILD CARE ASSISTANCE SERVICES (IN THE NORTHERN REGION & SOUTHWEST REGIONS).

FORM 990, PART III, LINE 2 - NEW SERVICES

COVID-19 STABILIZATION GRANTS AND INITIATIVES TO CHILD CARE PROGRAMS AND EARLY CHILDHOOD EDUCATORS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED IN DEPTH BY THE FINANCE COMMITTEE AND THE CEO BEFORE IT IS SIGNED, FILED AND REVIEWED BY THE BOARD FOR FINAL APPROVAL BEFORE IT IS MAILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST STATEMENTS ARE REVIEWED, SIGNED AND COMPLETED ANNUALLY. THE POLICY IS ALSO PART OF THE NEW BOARD MEMBER ORIENTATION PACKAGE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE CEO'S ANNUAL SALARY IS EVALUATED AND REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. SALARY SURVEYS ARE USED TO EVALUATE SALARY RANGES AND COMPENSATION WITHIN THE RANGE. EVALUATION AND COMPENSATION CHANGES ARE DOCUMENTED AND MAINTAINED IN PERSONNEL FILES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE CEO EVALUATES AND REVIEWS THE COMPENSATION OF OTHER KEY EMPLOYEES AND USES SALARY SURVEYS AND PERFORMANCE MEASUREMENTS TO DETERMINE THE NEW SALARY.

Name of the organization CHILD CARE CONNECTION, INC.
DBA THREAD

Employer identification number
92-0113419

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE POLICY CAN ALSO BE OBTAINED BY ACCESSING THE ORGANIZATION'S PUBLIC WEBSITE: WWW.THREADALASKA.ORG. FORM 990 IS ALSO POSTED IN THE WWW.GUIDESTAR.COM WEBSITE.






Form 990 2021 (FY22) Draft of Complete Return for THREAD.pdf 04.19.23

Final Audit Report

2023-05-11

Created:	2023-05-10
By:	Reme Lampon (rlampon@threadalaska.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMA8qorpFu4b5bK62cN9-oA3DoDscsLKY

"Form 990 2021 (FY22) Draft of Complete Return for THREAD.pdf 04.19.23" History

-  Document created by Reme Lampon (rlampon@threadalaska.org)
2023-05-10 - 5:14:39 PM GMT
-  Document emailed to Stephanie Berglund (sberglund@threadalaska.org) for signature
2023-05-10 - 5:16:05 PM GMT
-  Email viewed by Stephanie Berglund (sberglund@threadalaska.org)
2023-05-11 - 12:07:32 PM GMT
-  Document e-signed by Stephanie Berglund (sberglund@threadalaska.org)
Signature Date: 2023-05-11 - 10:09:27 PM GMT - Time Source: server
-  Agreement completed.
2023-05-11 - 10:09:27 PM GMT