

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CT SCHOOL AGE CHILD CARE ALLIANCE, INC. D Employer Identification Number: 06-1319872. E Telephone number: (203) 483-1846. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.csaca.org

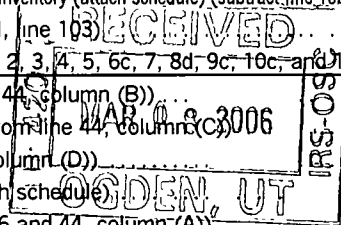
J Organization type: 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 187,248.

H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes lines 1-21 for revenue, expenses, and net assets.



SCANNED MAR 23 2006

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	52,481.	37,199.	15,282.	0.
26 Other salaries and wages	26	38,788.	38,788.	0.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28	5,503.	5,503.	0.	0.
29 Payroll taxes	29	8,477.	6,992.	1,485.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	3,000.	0.	3,000.	0.
32 Legal fees	32				
33 Supplies	33	133.	0.	133.	0.
34 Telephone	34	1,027.	0.	1,027.	0.
35 Postage and shipping	35	649.	0.	649.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37	326.	0.	326.	0.
38 Printing and publications	38	739.	0.	739.	0.
39 Travel	39	12,476.	12,476.	0.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	936.	0.	936.	0.
43 Other expenses not covered above (itemize)					
a WEB SITE	43a	337.	0.	337.	0.
b INSURANCE	43b	2,108.	0.	2,108.	0.
c ASSOCIATION DUES	43c	3,119.	0.	3,119.	0.
d MISCELLANEOUS	43d	290.	0.	290.	0.
e See Other Expenses Stmt	43e	33,217.	33,217.	0.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	163,606.	134,175.	29,431.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> EDUCATIONAL SERVICES FOR AFTER SCHOOL PROGRAMS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SUPPORT EXCELLENCE IN SCHOOL AGE CHILD CARE. CONDUCT WORKSHOPS/CONFERENCES AND PROVIDE EDUCATIONAL RESOURCES FOR PROFESSIONALS TO ENHANCE THE QUALITY OF OUT-OF-SCHOOL-TIME PROGRAMS. (Grants and allocations \$ 0.)	15,542.
b ESTABLISH THE CT AFTER SCHOOL NETWORK PROJECT TO IMPROVE AFTER SCHOOL PROGRAMS QUALITY, SUSTAINABILITY AND CONNECTIONS LOCALLY AND STATEWIDE. (Grants and allocations \$ 0.)	118,633.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	134,175.

**Part IV Balance Sheets** (See Instructions)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash — non-interest-bearing	17,447.	45	1,221.
	46	Savings and temporary cash investments		46	53,652.
	47a	Accounts receivable		47a	
		b Less: allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
		b Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)		51a	
		b Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	738.	53	978.
	54	Investments — securities (attach schedule)		54	
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a	Investments — land, buildings, & equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c	
56	Investments — other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	21,032.	57a		
	b Less: accumulated depreciation (attach schedule)	17,594.	57b	57c	
58	Other assets (describe ▶ )	4,371.	58	3,438.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	22,556.	59	59,289.	
LIABILITIES	60	Accounts payable and accrued expenses	2,367.	60	6,488.
	61	Grants payable	735.	61	
	62	Deferred revenue		62	9,705.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	3,102.	66	16,193.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	19,454.	67	16,696.
	68	Temporarily restricted		68	26,400.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	19,454.	73	43,096.	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	22,556.	74	59,289.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	187,248.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	187,248.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	187,248.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	163,606.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	163,606.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	163,606.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
TRACEY LAY 12 MELROSE AVENUE BRANFORD, CT 06405	PRESIDENT vol	0.	0.	0.
MICHELE RULNICK 12 MELROSE AVENUE BRANFORD, CT 06405	VICE PRESIDENT vol	0.	0.	0.
GINGER VICKSTROM 12 MELROSE AVENUE BRANFORD, CT 06405	SECRETARY vol	0.	0.	0.
PATRICIA BROWN 12 MELROSE PLACE BRANFORD, CT 06405	TREASURER vol	0.	0.	0.
SUSAN KRAMPITZ 12 MELROSE AVENUE BRANFORD, CT 06405	OFFICE MANAGER PAR	15,282.	0.	0.
MICHELLE DUOCETTE CUNNINGHAM 12 MELROSE AVENUE BRANFORD, CT 06405	FULL NET	37,199.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If 'Yes,' attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? . . . . .	80a	X
	b If 'Yes,' enter the name of the organization ▶ ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions . . . . .	81a	1,523.
81b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	12,900.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
	c Dues, assessments, and similar amounts from members . . . . .	85c	N/A
	d Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX . . . . .	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. . . . .	89a	
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction . . . . .	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ 0.		
90a	List the states with which a copy of this return is filed ▶ CONNECTICUT . . . . .	90a	
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . . .	90b	5
91	The books are in care of ▶ PATRICIA BROWN Telephone number ▶ (203) 483-1846 . . . . . Located at ▶ 12 MELROSE AVENUE, BRANFORD, CT ZIP + 4 ▶ 06405 . . . . .	91	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	92	

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> WORKSHOP FEES					21,820.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					5,240.
<b>95</b> Interest on savings & temporary cash invmnts					636.
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					27,696.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					27,696.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	WORKSHOP FEES ARE USED TO OFFSET THE COST OF PRESENTING THE WORKSHOPS ON AFTER SCHOOL ISSUES.
94	DUES ARE USED TO OFFSET ADMINISTRATIVE FUNCTIONS AND PROVIDE AND SUPPORT AFTER SCHOOL ISSUES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets	N/A
	%				
	%				
	%				
	%				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

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

Signature of officer: Virginia Vickstrom Date: 3-1-06

Type or print name and title: Virginia Vickstrom, Secretary

**Paid Preparer's Use Only**

Preparer's signature: J. Preston Merritt Date: 3/24/06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): 000554604

Firm's name (or yours, if self-employed), address, and ZIP + 4: J. PRESTON MERRITT CPA  
136 NORTH STOWE PLACE  
TRUMBULL CT 06611

EIN: 06-1330195 Phone no.: (203) 375-8499

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

CT SCHOOL AGE CHILD CARE ALLIANCE, INC.

06-1319872

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	None	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ... ▶ \$ <u>1,523.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,360.	8,813.	30,827.	6,419.	50,419.
<b>16</b> Membership fees received	8,190.	8,180.	8,570.	4,893.	29,833.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	20,940.	20,645.	25,719.	14,255.	81,559.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975			224.	836.	1,060.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	33,490.	37,638.	65,340.	26,403.	162,871.
<b>24</b> Line 23 minus line 17	12,550.	16,993.	39,621.	12,148.	81,312.
<b>25</b> Enter 1% of line 23	335.	376.	653.	264.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	1,626.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	81,312.
<b>d</b> Add. Amounts from column (e) for lines:	<b>18</b> 1,060. <b>19</b>	<b>26d</b>	1,060.
	<b>22</b> <b>26b</b>	<b>26e</b>	80,252.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	80,252.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	98.70 %

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____		
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2003) _____ (2002) _____ (2001) _____ (2000) _____			
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27c</b>	
<b>d</b> Add. Line 27a total and line 27b total		<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----			
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to.			
	a Students' rights or privileges? .....	33a		
	b Admissions policies? .....	33b		
	c Employment of faculty or administrative staff? .....	33c		
	d Scholarships or other financial assistance? .....	33d		
	e Educational policies? .....	33e		
	f Use of facilities? .....	33f		
	g Athletic programs? .....	33g		
	h Other extracurricular activities? .....	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
	b Has the organization's right to such aid ever been revoked or suspended? .. If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .		
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 . . . . .	<b>41</b>	
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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**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 instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		1,523.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (add lines c through h.) . . . . .			1,523.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return

CT SCHOOL AGE CHILD CARE ALLIANCE, INC.

Identifying number

06-1319872

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election and a detailed table for listed property with columns (a) Description, (b) Cost, (c) Elected cost, and rows 7-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation (lines 14-16).

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

Table with 2 rows for Section A (lines 17-18) regarding MACRS deductions.

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 3 rows for Summary (lines 21-23) regarding listed property and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use (see instructions)
27 Property used 50% or less in a qualified business use (see instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see instructions)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see instructions)
43 Amortization of costs that began before your 2004 tax year 43 936.
44 Total. Add amounts in column (f). See instructions for where to report 44 936.

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
WORKSHOP EXPENSE	11,136.	11,136.	0.	0.
Amortization	0.			
PROFESSIONAL FEES AND	0.	0.	0.	0.
PURCHASED SERVICES	13,890.	13,890.	0.	0.
PROGRAM OFFICE SUPPLIES AND EXP	8,191.	8,191.	0.	0.
Total	<u>33,217.</u>	<u>33,217.</u>	<u>0.</u>	<u>0.</u>

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**Additional Information**

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LOBBYING ACTIVITIES

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DURING THE YEAR THE ORGANIZATION HAD STAFF MEMBERS ATTEND TWO CONFERENCES REGARDING THE ADVOCACY OF THE ORGANIZATION'S PURPOSE. WHILE ATTENDING THESE CONFERENCES, THE STAFF HAD CONTACT WITH WITH LEGISLATORS AND THEIR STAFF.

**Supporting Statement of:**

Form 990 p 5/Line 82b, Amount

<b>Description</b>	<b>Amount</b>
ESTIMATED VALUE OF DONATED FACILITIES	12,900.
Total	<u>12,900.</u>

Federal 990 Depreciation Report  
**Regular Tax**

Activity ..... Form 990 / Form 990EZ - 2004

Total cost of goods sold

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
COMPUTER EQUIPMENT	07/01/98	11,684.		100.00	MACRS	5	HY	0.
		11,684.			200DB	5.00	7	11,684.
FURNITURE	07/01/98	4,975.		100.00	AMORT		NA	498.
		4,975.				10.00	7	2,985.
RESOURCE LIBRARY	07/01/98	1,006.		100.00	AMORT		NA	101.
		1,006.				10.00	7	603.
RESOURCE LIBRARY	05/13/00	2,517.		100.00	AMORT		NA	252.
		2,517.				10.00	6	1,049.
RESOURCE LIBRARY	07/01/00	849.		100.00	AMORT		NA	85.
		849.				10.00	5	340.
<b>Total</b>		<u>21,031.</u>						<u>936.</u>
		<u>21,031.</u>						<u>16,661.</u>

Federal 990 Depreciation Report  
**Alternative Minimum Tax**

Activity ..... Form 990 / Form 990EZ - 2004

Passive adjustment

Passive preference . . . . .

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
COMPUTER EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	11,684.	5.00	0.	0.
			11,684.	150DB		
FURNITURE	<input type="checkbox"/>	<input type="checkbox"/>	4,975.	10.00	498.	0.
			4,975.			
RESOURCE LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	1,006.			
RESOURCE LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	2,517.			
					1,049.	
RESOURCE LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	849.			
					340.	
<b>Total</b>			<u>21,031.</u>		<u>498.</u>	<u>0.</u>
			<u>16,659.</u>		<u>1,389.</u>	

Form 4562

**Special Depreciation Allowance Report**Activity: Form 990 / Form 990EZ - 2004

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
COMPUTER EQUIPMENT	07/01/98	11,684.			11,684.		
FURNITURE	07/01/98	4,975.			4,975.		
RESOURCE LIBRARY	07/01/98	1,006.			1,006.		
RESOURCE LIBRARY	05/13/00	2,517.			2,517.		
RESOURCE LIBRARY	07/01/00	849.			849.		
Total		<u>21,031.</u>			<u>21,031.</u>		

# CONNECTICUT SCHOOL AGE CHILD CARE ALLIANCE, INC.

## NOTES TO FORM 990

YEAR ENDED JUNE 30, 2005

### 1. Summary of Significant Accounting and Reporting Policies

#### Nature of activities:

Connecticut School Age Child Care Alliance, Inc. is a charitable not-for-profit corporation organized in 1990. The Organization provides leadership, education and advocacy for excellence in school age child care. The Organization conducts workshops and provides resources for professionals and advocates in Connecticut to enhance the quality of out-of-school-time programs.

#### Method of accounting:

The financial statements have been prepared on the accrual basis of accounting.

#### Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Financial statement presentation:

The financial statements are presented in accordance with Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements for Not-for-Profit Organizations". Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

#### Plant assets and depreciation:

Property and equipment are stated at cost. Significant additions or improvements extending asset lives are capitalized; normal maintenance and repair costs are expensed as incurred. The fair value of donated fixed assets is capitalized when determinable. Depreciation is provided over the estimated useful lives of the assets on the straight-line basis. Depreciation expense for the year ended June 30, 2005 is \$933.

#### Contributions:

The organization records contributions according to SFAS No. 116, "Accounting for Contributions Received and Contributions Made". In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

**CONNECTICUT SCHOOL AGE CHILD CARE ALLIANCE, INC.**

**NOTES TO FORM 990 (CONTINUED)**

**YEAR ENDED JUNE 30, 2005**

**1. Summary of Significant Accounting and Reporting Policies (continued)**

**Income Taxes:**

Connecticut School Age Child Care Alliance, Inc. is a Connecticut not-for-profit corporation exempt from income tax under section 501 (c) (3) of the United States Internal Revenue Code.

**Donated materials and services:**

Donated materials, equipment, and services, if any, are recorded at their estimated values at date of receipt. The estimated value of donated facilities is \$12,900. No amounts have been recorded in the financial statements for donated volunteer services since no objective basis is available to measure the value of such services. Nevertheless, a substantial number of volunteers have donated significant amounts of time in the program services of the Organization.

**Functional Expenses:**

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**2. Cash Flow Disclosures:**

The Organization considers all highly liquid debt instruments purchased with a maturity of six months or less to be cash equivalents.

**3. Grant Restrictions:**

At June 30, 2005, the Organization received a total of from \$157,500 to be used to maintain and staff an office to facilitate advocating for, supporting and empowering school-age child care providers.

Substantially all restrictions on assets relate to grants and donations that are time restricted to be recognized to subsequent periods. At June 30, 2005 the temporarily restricted net assets consist of Connecticut State Department of Education grants totaling \$26,400.