



## Confirmation

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Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK INC
- **EIN:** 810508479
- **Tax Year:** 2016
- **Tax Year Start Date:** 10-01-2016
- **Tax Year End Date:** 09-30-2017
- **Submission ID:** 10065520180731815845
- **Filing Status Date:** 03-14-2018
- **Filing Status:** Accepted

**MANAGE FORM 990-N SUBMISSIONS**



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**Note:** [Print](#) a copy of this filing for your records. Once you leave this page, you will not be able to do so.

**MANAGE FORM 990-N SUBMISSIONS**



### Contact Information

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e-Postcard Profile	Select EIN	Organization Details	Contact Information	Confirmation
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#### Electronic Notice-Form 990-N (e-Postcard)

#### Organization Address and Principal Officer Information

Organization's legal name: **MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK INC**

If your organization conducts business using another name (DBA), enter other name:

\* = required field

#### Organization:

DBA Name  
Montana Child Care Resource and Referral Network ?

DBA Name - continued  
?

#### ENTER ADDITIONAL DBA NAMES

Country\*  
US - United States ?

Number and Street (or PO Box)\*  
901 N Benton Ave ?

City or Town\*  
Helena ?

State\*  
MT - Montana ?

Zip Code\*  
59601 ?

Organization's website address, if applicable  
www.mtchildcare.org ?

#### Principal Officer:

Type of Name\*  
Person ?

Person Name\*  
Jane Schumacher ?

Country\*  
US - United States ?

?

**Number and Street (or PO Box)\***  
 ?

**City or Town\***  
 ?

**State\***  
 ▼ ?

**Zip Code\***  
 ?

PREVIOUS

CANCEL FILING

SAVE FILING

SUBMIT FILING

Form 990-N

## Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

A For the 2016 Calendar year, or tax year beginning 2016-10-01 and ending 2017-09-30

## B Check if available

- Terminated for Business  
 Gross receipts are normally \$50,000 or less

C Name of Organization: MONTANA CHILD CARE RESOURCE D Employee Identification  
& REFERRAL NETWORK INC Number 81-0508479  
901 N Benton Ave, Helena,  
MT, US, 59601

## E Website:

www.mtchildcare.org

F Name of Principal Officer: Jane Schumacher  
901 N Benton Ave, Helena,  
MT, US, 59601

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

FIRST INTERSTATE BANK  
 PO BOX 30918  
 BILLINGS MT 59116-0918

PRESORTED  
 FIRST-CLASS MAIL  
 U.S. POSTAGE PAID  
 FDS

Important Tax Return  
 Document Enclosed

RECEIVED

JAN 22 2018

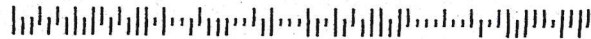
FAMILY CONNECTIONS

MONTANA CHILD CARE RESOURCE  
 202 2ND AVE S STE 201  
 GREAT FALLS MT 59405-1831



3542-61.13

15 LES-IP1 59405



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. FIRST INTERSTATE BANK PO BOX 30918 BILLINGS MT 59116-0918 855-342-3400		Payer's RTN (optional)	OMB No. 1545-0112		<b>2017</b> Interest Income
PAYER'S federal identification number 81-0192860		1 Interest income \$ 98.97	Form 1099-INT		
RECIPIENT'S identification number XX-XXX8479		2 Early withdrawal penalty \$ 0.00	3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00		
RECIPIENT'S name, street address, city, state and ZIP code  MONTANA CHILD CARE RESOURCE 202 2ND AVE S STE 201 GREAT FALLS MT 59405-1831		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00	<b>Copy B                  For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions) 192971		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession		
FATCA filing requirement <input type="checkbox"/>		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00		
		10 Market discount \$ 0.00	11 Bond premium \$ 0.00		
		12 Bond premium on Treasury obligations 0.00	13 Bond premium tax-exempt bond 0.00	14 Tax-exempt and tax credit bond CUSIP no.	15 State MT
				16 State identification no. 81-0192860	17 State tax withheld \$ 0.00

Form 1099-INT (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

INTEREST STATEMENT FOR 2017

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
MMDA SOLE PROP/ORG	1411436783	98.97	0.00	0.00

