

## Short Form Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending ,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>Nashville Area Association For the Education of Young Children</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2021 21st Avenue</b></p> <p>City or town, state or country, and ZIP + 4 <b>Nashville TN 37212</b></p>	<p><b>D</b> Employer identification number <b>58-1923431</b></p> <p><b>E</b> Telephone number <b>(615) 383-6292</b></p> <p><b>F</b> Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.naaeyc.org

**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **46,962.**

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
R E V E N U E	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	8,930.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	25,644.
	<b>3</b> Membership dues and assessments	<b>3</b>	8,966.
	<b>4</b> Investment income	<b>4</b>	1,855.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ See Other Revenue Statement)	<b>8</b>	1,567.	
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	46,962.	
E X P E N S E S	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	3,585.
	<b>11</b> Benefits paid to or for members	<b>11</b>	280.
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	15,243.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	41,778.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	5,798.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,494.
	<b>16</b> Other expenses (describe ▶ See Other Expenses Statement)	<b>16</b>	17,827.
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	88,005.	
A S S E T S	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-41,043.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	136,378.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	95,335.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		136,345.	95,480.
<b>23</b> Land and buildings		0.	0.
<b>24</b> Other assets (describe ▶ See L-24 Stmt)		33.	0.
<b>25 Total assets</b>		136,378.	95,480.
<b>26 Total liabilities</b> (describe ▶ See L-26 Stmt)		0.	145.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		136,378.	95,335.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Provide education for child care providers</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>Provide training for 346 at annual conference, provide printed material and coordinate workshops for daycare/preschool providers and counselors. Have over 900 members.</u> (Grants \$ <u>3,585.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>18,766.</b>
<b>29</b>	<u>Let's Talk Program screened around 2800 children for hearing and speech problems.</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>41,255.</b>
<b>30</b>	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) -----	<b>32</b>	<b>60,021.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(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
<u>Heather Smith</u> <u>PO Box 463</u> <u>Hermitage TN 37076</u>	<u>Treas/Pres-Elect</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Sara Longhini</u> <u>911 Shelby Ave</u> <u>Nashville TN 37206</u>	<u>Past-President</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Shavette Glenn</u> <u>911 Shelby Street</u> <u>Nashville TN 37206</u>	<u>Treasurer-Elect</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Nelda Fulghum</u> <u>611 Stockell Ave</u> <u>Nashville TN 37207</u>	<u>Co-President</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Nina Harris</u> <u>2001 Woodmont Blvd</u> <u>Nashville TN 37205</u>	<u>Co-President</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Ryan LaSuer</u> <u>5601 New York Ave</u> <u>Nashville TN 37212</u>	<u>Board Memb</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Lori DuBois</u> <u>2021 21st Ave South, Suite 440</u> <u>Nashville TN 37212</u>	<u>Office Admin</u> <u>25.00</u>	<u>12,993.</u>	<u>0.</u>	
<u>Rhonda Laird</u> <u>Box 83 Peabody</u> <u>Nashville TN 37203</u>	<u>Board Memb</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Windy Robbins</u> <u>2100 Woodmont Blvd</u> <u>Nashville TN 37215</u>	<u>Board Memb</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Debbie Dillard</u> <u>3906 Franklin Road</u> <u>Nashville TN 37204</u>	<u>Board Memb</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>Sarah Lawrence</u> <u>3710 Franklin Rd.</u> <u>Nashville TN 37204</u>	<u>Secretary</u> <u>0.50</u>	<u>0.</u>	<u>0.</u>	
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0.
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	X
<b>b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</b>	501(c)(3) and (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,' complete Schedule L, Part I	<b>40b</b>	X
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40e</b>	X
<b>41</b>	List the states with which a copy of this return is filed	<u>Tennessee</u>	

**42a** The books are in care of Lori Dubois Telephone no. (615) 383-6292  
 Located at 2021 21st Avenue S., suite 440 Nashville TN ZIP + 4 37212

		Yes	No
<b>b</b>	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)? If 'Yes,' enter the name of the foreign country:	<b>42b</b>	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	<b>42c</b>	X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **43**

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization? .....	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 .....				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 .....		

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

**Sign Here**

Signature of officer: Heather S Smith Date: 05/13/09  
 Type or print name and title: President

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 05/15/09 Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: LEE ANN KNOCH CPA  
7203 BIRCH BARK DR  
NASHVILLE TN 37221-3407 Phone no.: (615) 429-5667

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

**BAA** Form **990-EZ** (2008)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 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 . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . .

b **33-1/3 support test – 2007.** 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. . . . .

17a **10%-facts-and-circumstances test – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

b **10%-facts-and-circumstances test – 2007.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

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 . . . . .

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	24,356.	67,718.	69,209.	58,438.	17,896.	237,617.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	30,463.	61,591.	17,746.	36,589.	25,644.	172,033.
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 1-5	54,819.	129,309.	86,955.	95,027.	43,540.	409,650.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						409,650.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	54,819.	129,309.	86,955.	95,027.	43,540.	409,650.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	558.	1,071.	247.	1,560.	1,855.	5,291.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	558.	1,071.	247.	1,560.	1,855.	5,291.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		475.	1,257.	352.	1,567.	3,651.
13 Total support. (add lns 9, 10c, 11, and 12.)						418,592.

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.86%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.82%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.26%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.69%

19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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



**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2008**

Name as Shown on Return <b>Nashville Area Association For the Education of Young Children</b>	Employer Identification No. <b>58-1923431</b>
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	Beginning of Year	End of Year
<b>Line 24 - Other Assets:</b>		
Prepaid Payroll Liabilities	33.	
<b>Totals to Form 990-EZ, Part II, line 24</b> .....	<b>33.</b>	
<b>Line 26 - Total Liabilities:</b>		
Payroll Liabilities		145.
<b>Totals to Form 990-EZ, Part II, line 26</b> .....		<b>145.</b>

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

## 2008

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**Nashville Area Association For the Education of Young Children**

**58-1923431**

Name and title of officer

**Heather S Smith**

**President**

### Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** 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 1 line in Part I.

<b>1a Form 990</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, line 12) . . . . .	<b>1b</b>	
<b>2a Form 990-EZ</b> check here . . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	<b>46,962.</b>
<b>3a Form 1120-POL</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a Form 990-PF</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	
<b>5a Form 8868</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **LEE ANN KNOCH CPA** to enter my PIN **23431** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2008 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.

Officer's signature ▶ \_\_\_\_\_ Date ▶ **05/13/2009**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN **62635861596**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization 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 ▶ \_\_\_\_\_ Date ▶ **05/15/2009**

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

Form 990-EZ, Part I, Line 8

**Other Revenue Statement**

Other revenue (describe)

<u>Misc. Income</u>	<u>300.</u>
<u>HCA Exp- reimbursement from prior year</u>	<u>1,267.</u>
<b>Total</b>	<b><u>1,567.</u></b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>Office Supplies</u>	<u>2,983.</u>
<u>Board Member Expenses</u>	<u>667.</u>
<u>ECE Expense</u>	<u>5,906.</u>
<u>Week of Young Child Exp</u>	<u>777.</u>
<u>Membership Meetings</u>	<u>3,337.</u>
<u>Director's Day</u>	<u>614.</u>
<u>Insurance</u>	<u>1,706.</u>
<u>Advertising</u>	<u>400.</u>
<u>Grant Expense</u>	<u>437.</u>
<u>Sponser fees</u>	<u>1,000.</u>
<b>Total</b>	<b><u>17,827.</u></b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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
Business .... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> <u>Stacey Nieman</u> <u>3500 John A. Merritt Blvd</u> <u>Nashville TN 37209</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Board Memb</u> Hours/Week 0.50	0.	0.	
Business .... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> <u>Diane Neighbors</u> <u>2140 Belcourt Ave</u> <u>Nashville TN 37212</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Board Memb</u> Hours/Week 0.50	0.	0.	
Business .... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> <u>Corye Nelson</u> <u>3900 West End Ave</u> <u>Nashville TN 37205</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Board Memb</u> Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Cathy Brashear</b> 3500 John A Merritt Blvd, Box 9500 Nashville TN 37209 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>William Young</b> 605 Williamsburg Dr Franklin TN 37069 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Candyee Goode</b> 590 N. Dupont Ave Madison TN 37115 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Debbie Ferguson</b> 3906 Franklin Rd. Nashville TN 37204 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Gwen Valiquette</b> 3701 Hillsboro Rd. Nashville TN 37215 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Michelle Cochran</b> 1300 Division St., Sute 102 Nashville TN 37203 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Clare Worrell</b> 302 Chimney Hill Nashville TN 37221 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Margaret Johnson</b> 611 Stockell St. Nashville TN 37207 Foreign city ... Foreign country .....	Title <b>Board Memb</b> Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Eloise Hull 5015 Harding Rd. Nashville TN 37205 Foreign city ... Foreign country .....	Title Board Memb Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ginny Tharp 3601 Hillsboro Rd. Nashville TN 37205 Foreign city ... Foreign country .....	Title Board Memb Hours/Week 0.50	0.	0.	

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment ..... Accreditation Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
membership	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Blakemore Children's Center 3604 Whitland Avenue Nashville TN 37205	Licensed Facility	200.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment ..... Send teachers to conference

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>ECE Conference</u>	Business ..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/> <u>St. Luke's Community House</u> <u>5601 New York Ave</u> <u>Nashville TN 37209</u>	<u>Licensed Child-care facility</u>	<u>1,115.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... Membership Payments and Conference Fees

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Memberships &amp; Conference fees</u>	Business ..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/> <u>TAEYC Conference</u> <u>2021 21st Ave S, Suite 440</u> <u>Nashville TN 37212</u>	<u>Mother Organization</u>	<u>1,630.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ..... Community based Pre-K assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assistance</u>	Business ..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/> <u>Fannie Battle</u> <u>911 SHELBY AVENUE</u> <u>Nashville TN 37206</u>	<u>Licensed child care provi</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment ..... Membership Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>Membership</b>	Business ..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/> <u>King's Daughter</u> <u>590 North DuPont Street</u> <u>Madison TN 37115</u>	<u>Licensed provider</u>	<u>140.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Line 2

Description	Amount
Director's Day	1,570.
ECE Conference	18,245.
Membership Meetings	4,989.
Ads	840.
Total	<u>25,644.</u>

**Supporting Statement of:**

Form 990-EZ/Line 12

Description	Amount
Salary	12,993.
Benefits	1,256.
Taxes	994.
Total	<u>15,243.</u>

**Supporting Statement of:**

Form 990-EZ/Line 13

Description	Amount
Accounting Services	1,325.
Business Fees/taxes	420.
Contract Labor	40,033.
Total	<u>41,778.</u>

**Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
Telephone	972.
Rent	3,816.
Internet	290.
Copier	720.
Total	<u>5,798.</u>

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
Bulk Mailing	670.
Postage	268.
Newletters	2,160.
HCA Printing	396.
Total	<u>3,494.</u>