## Form **990**

#### **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)

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Department of the Treasury Internal Revenue Service

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

Inspection

Point 2012 calendar year, or tax year beginning 01/01 , 2012, and ending 12/31 , 20 12

Characteristic Common Name of organization WAYNE REED CHRISTIAN CHILD CARE CENTER

Doing Business As

Doing Business As

| B                     | Check if     | applicable: | C Name of organization WAYNE REED CHRISTIAN CHILD CARE CENTER  Doing Business As   |  | D                   | Employ          | er identification n<br>62-1625142                            | umber         |
|-----------------------|--------------|-------------|--|--|---------------------|-----------------|--|---------------|
|                       | Name ch      |             | Number and street (or P.O. box if mail is not delivered to street address)  Room/s   | suita                                  | F                   | Talersho        | ne number  |               |
| - 7                   | Initial retu |             | 11-8 LINDSLEY AVENUE   | Jule                                   |                     | Гетерио         |  |               |
|                       |              |             | City, town or post office, state, and ZIP code   |  |                     |                 | 615-244-9311   |               |
|                       | Terminat     |             | NASHVILLE, TN 37210  |  |                     | <b>^</b>        |  |               |
|                       | Amended      |             |  |  |                     | *************** | eceipts \$   | 857,503       |
|                       | Application  | on pending  | F Name and address of principal officer: Patty Stranch   | 1                                      |                     |                 | for atfiliates? Yes  |               |
|                       |              | F-/         | 3025 Oxford Glen Drive, Franklin, TN 37067   |  |                     |                 | ncluded? Yes   | i. No         |
|                       |              | npt status: | 4947(a)(1) or 527  | weened                                 |                     |                 | (see instructions)   |               |
| J                     | Website:     |             | Lind Sound S |  | I(c) Group ox       |                 |  |               |
|                       |              |             | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form   | ation:                                 | 1998                | M State         | of legal domicile:   | TN            |
| 4.8                   |              | Summ        | Free of the service o |  |                     |                 |  |               |
| ernance               |              | families    | escribe the organization's mission or most significant activities: To p  |  |                     |                 |  | 16            |
| & Gover               | 2            | Check th    | is box [3] if the organization discontinued its operations or disposed   | of mo                                  | ore than 2          | 5% of           | its net assets.  |               |
| Ö                     | 3            | Number (    | of voting members of the governing body (Part VI, line 1a).  |  |                     | 3               |  | 17            |
| Sa                    |              |             | of independent voting members of the governing body (Part VI, line 1b  | o) .                                   |                     | 4               | a Tallandi Tan Tanaha a sa ana ana ana ana ana ang ang ang a | 17            |
| Activities            | 5            | Total nun   | nber of individuals employed in calendar year 2012 (Part V, line 2a)   |  |                     | 5               |  | 17            |
| Cti                   | 6            | Total nun   | nber of volunteers (estimate if necessary)   |  |                     | 6               |  | 30            |
| ~                     | . 7a         | Total unr   | elated business revenue from Part VIII, column (C), line 12  |  |                     | 7a              |  | 0             |
|                       | b            | Net unrel   | ated business taxable income from Form 990-T, line 34  |  |                     | 7b              |  | 0             |
|                       |              |             |  | * * ** *****                           | Prior Year          | 4               | Current Yo   |               |
| Φ                     | 8            | Contribut   | tions and grants (Part VIII, line 1h)  |  | 60                  | 2,163           |  | 659,324       |
| ğ                     |              |             | service revenue (Part VIII, line 2g)   | :                                      |                     | 4,714           |  | 97 417        |
| Revenue               |              |             | nt income (Part VIII, column (A), lines 3, 4, and 7d)  |  |                     | 1,313           | ***************************************                      |               |
| Œ                     |              |             | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | ************************************** | *                   | 1,313,          |  | 100,762       |
|                       | 12           | Total reve  | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | ·                                      |                     | <del>-</del>    |  | 0.7.502       |
|                       |              |             | nd similar amounts paid (Part IX, column (A), lines 1-3)   | <u>.</u>                               | 00                  | 5,564           |  | 857,503       |
|                       | 14           | Benefits i  | paid to or for members (Part IX, column (A), line 4)   |  |                     |                 | 175 Jan 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1                | 27,140        |
| s                     |              |             | other compensation, employee benefits (Part IX, column (A), lines 5–10)  |  |                     |                 |  | 507.044       |
| 38                    | 1            |             | anal fundraising fees (Part IX, column (A), line 11e)  | i                                      | A1-A                |                 | ··   | 507,841       |
| Expenses              |              |             | where the control of  | 286 (287)                              | 84467074440443      | Several real    | Park at China Rouge  | <u>U</u>      |
| ŭ                     |              |             | draising expenses (Part IX, column (D), line 25) ► 23,766 Denses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 102103                                 |                     | 24574.0         |  |               |
|                       |              |             | penses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |  | F148 (F-144         |                 | ***************************************                      | 253,088       |
|                       |              |             | less expenses. Subtract line 18 from line 12   |  |                     | 0 :             |  | 788,069       |
| - 97                  |              | i ic veride | leas expenses. Sobtract line to normine 12   | Doglar                                 | 66<br>Ing of Currer | 5,564           | F-3-434  | 69,434        |
| Assets or<br>Balances | 20           | Total acc   | ets (Part X, line 16)  | Dedan                                  | <del>-</del>        |                 | End of Ye  |               |
| 98                    | 21           |             | ilities (Part X, line 16)  | •                                      |                     | 4,299           |  | ,878,257      |
| <u> </u>              | 1            |             | is or fund balances. Subtract line 21 from line 20   | · · · · · · · · · · · · · · · · · · ·  |                     | 3,035           |  | 17,559        |
|                       |              |             | ure Block  |  | 1,79                | 1,264           | 1  | 860,698       |
| -                     |              | ·           | the transplant of the state of  |  | F1-F1-14 but a      |                 |  | ******        |
| tru                   | e, correct,  | and compli  | ry, I declare that I have examined this return, including accompanying schedules and stat<br>etc. Declaration of preparer (other than officer) is based on all information of which prepar   | ements<br>or has a                     | , and to the b      | est of it       | ny knowledge and   | belief, if is |
|                       | ·····        | <u> </u>    | and the property of the state o |  |                     | U.              |  |               |
| Sig                   | ın           | Signa       | alure of officer   |  |                     |                 |  |               |
|                       | re           |             |  |  | Date                |                 |  |               |
|                       | , -          |             | or print name and title  |  |                     |                 |  |               |
|                       |              |             | Do Evenovario nome.  |  |                     |                 | 7577   |               |
|                       | id           | :           | pe preparer's signature  | Date                                   |                     | Check           | ] if PTIN  |               |
|                       | eparer       |             |  | · · · · · · · · · · · · · · · · · · ·  |                     | self-emp        | Hoyed  |               |
| Js                    | e Only       |             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | Firm's F            | IN ►            |  |               |
| An                    | witho ID     |             | ddress >   |  | Phone r             | 10.             |  |               |
|                       |              |             | s this return with the preparer shown above? (see instructions)  |  |                     |                 | Yes  | No No         |
| or                    | Paperw       | ork Reduc   | ction Act Notice, see the separate instructions. Cat.  | No. 112                                | 82Y                 |                 | Form 9   | 90 (2012)     |

|      | 90 (2012)                               |   |   | Page 2   |
|------|---|---|---|--|
| Part |   | ice Accomplishments   |   | W1-W1  |
| 1    | Check if Schedule O contains            | s a response to any question in this Pa   | rt III  |  |
| ı    | Briefly describe the organization's m   |   |   |  |
|      | To provide affordable day care to low-  | income families   | ***************************************                                     |  |
|      |   | ****  |   |  |
|      |   | ***************************************   |   |  |
| 2    | Did the organization undertake any s    | significant program services during the y   | A Land  |  |
|      | prior Form 990 or 990-EZ?               |   |   | Yes [4] No   |
| 3    | If "Yes," describe these new services   | 3 on Schedule O.  |   |  |
| •    | services?                               | cting, or make significant changes in   |   |  |
|      | If "Yes," describe these changes on 5   | Schodulo O  |   | Yes 🗓 No   |
| 4    | Describe the organization s program     | scriedie O.   |   |  |
| ·    | expenses, Section 501(c)(3) and 501     | n service accomplishments for each of it<br>(c)(4) organizations are required to repo<br>ny, for each program service reported. | s three largest program services, as it the amount of grants and allocation | measured by<br>ons to others,  |
| 4a   | (Code: ) (Expenses \$                   | 580,013 including grants of S   | 659.312 ) (Revenue \$ 8:  | 57 503 \   |
|      | Provided over 70 low-income families y  | with affordable day care  |   | HIJHTH /   |
|      |   |   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
|      |   |   |   | ···•····   |
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|      |   |   |   |  |
|      |   |   |   |  |
|      |   | 70  |   | *  |
|      |   | A   |   |  |
| 4b   | (Code: ) (Expenses \$                   |   |   |  |
| 710  | (Code: ) (Expenses \$                   | including grants of \$  | ) (Revenue \$   | )  |
|      |   | ******  |   |  |
|      |   | ~   | ***************************************                                     |  |
|      |   | ****  |   |  |
|      |   |   |   |  |
|      | /* *                                    |   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
|      | * ************************************* |   |   |  |
|      |   |   |   | **-/   |
|      |   |   |   |  |
|      |   |   |   |  |
| 4c   | (Code: ) (Expenses \$                   | including grants of \$  | \/Dayanua ¢   |  |
|      |   | g grants of 5   | ) (Revenue \$   | )  |
|      | **************************************  |   |   |  |
|      |   | ***************************************   | ***************************************                                     |  |
|      |   | ***************************************   | ************************************  |  |
|      |   |   |   |  |
|      |   | ***************************************   |   |  |
|      |   |   | ***********************************   |  |
|      |   |   | ***************************************                                     |  |
|      |   |   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
| 4d ( | Other program services (Describe in S   | chedule ().)  |   | The tax tax approved by the selection provides and tax approved to the selection of the sel |
| {    | (Expenses \$ 0 including                | grants of \$ 0 ) (Revenue   | S   |  |
| 4e ' | Total program service expenses ▶        | 580 013   | 5 0)  |  |

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Part IV

Checklist of Required Schedules

Page 3

|      |   |         | Yes          | No    |
|------|---|---------|--------------|-------|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A   | /······ |              |       |
| 2    | Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?   | 1       | 4            |       |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | 2       | 4            | 4     |
|      | candidates for public office? If Yes, complete Schedule C, Part I   | 1       | ĺ            | ١.    |
| 4    | Section 501(c)(3) organizations. Did the organization engage in Jobbying activities, or have a section 501(b)   | 3       |              | 4     |
|      | election in ellect during the tax year? If Yes, complete Schedule C, Part II.   | 4       |              | 4     |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues   | 1       |              |       |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C.   | 1       |              | ١.    |
| _    | Fig. 19. The control of the control | 5       |              | 4     |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   | ļ       |              | 4     |
|      | Trave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |         | İ            |       |
|      | res. Complete Schedule D. Part I  | 6       |              | 4     |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space.   | -       | †            |       |
|      | the environment, historic land areas, or historic structures? If Yes, complete Schedule D. Part II  | 7       |              | 4     |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assots? If Ves  | ļ       |              | }     |
|      | Complete Schedule D. Part III   | 8       |              | 4     |
| 9    | Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a   |         | <del> </del> |       |
|      | custodial for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  | į       |              | !     |
|      | debt negotiation services? If Yes, complete Schedule D. Part IV   | _       |              | 4     |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted   | 9       | ļ            |       |
|      | endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D. Part V  |         |              |       |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI.  | 10      | 2000.00      | 4     |
|      | Vii. Viii. IX, or X as applicable.  |         |              |       |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,  | T THE   | 1974         | 1     |
|      | complete Schedule D. Part VI  | 1       |              |       |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets assets as a security of the securities and the securities in Part X.   | 11a     | 4            |       |
|      | of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VII  |         |              |       |
| С    |   | 11b     |              | 4     |
|      | of its total assets reported in Part X. line 16? If Yes, complete Schedule D. Part VIII   |         |              |       |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  | 11c     |              | 4     |
|      |   |         |              |       |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X   | 11d     |              | 4     |
| 1    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 11e     |              | 4     |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? if Yes. complete Schedule D. Part X  |         | 1            |       |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete   | 11f     |              | 4     |
|      | Schedule D. Parts XI and XII  |         | 4            |       |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes and if   | 12a     |              |       |
|      | the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional.   |         | 4            |       |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E   | 12b     |              |       |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 13      |              | 4     |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | 14a     |              | 1     |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate   |         | -            |       |
|      | foreign investments valued at \$100,000 or more? If Yes, complete Schedule F, Parts I and IV.   |         |              |       |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any  | 14b     |              | 4     |
|      | organization or entity located outside the United States? If Yes, complete Schedule F, Parts II and IV.   |         |              |       |
| 16   | Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of aggregate grants or assistance   | 15      |              | 4     |
|      | to individuals located outside the United States? If Yes, complete Schedule F, Parts III and IV   | :       |              |       |
| 17   | Did the organization report a total of more than \$15 con of expresses to   | 16      |              | 4     |
|      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes. complete Schedule G. Part I (see instructions)   |         | į            |       |
| 18   | Did the organization report more than \$15,000 total of 5 miles and 1 (see instructions)  | 17      |              | 4     |
|      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes. complete Schedule G. Part II  |         |              | /     |
| 19   | Did the organization report more than \$15,000 of page 11   | 18      | 4            |       |
| -    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If Yes, complete Schedule G. Part III   |         |              |       |
| 20 a |   | 19      |              | 4     |
| b    | Did the organization operate one or more hospital facilities? If Yes, complete Schedule H   | 20a     | !            | 4     |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b     |              | ^ -// |
|      |   | Form    | 990 (        | 2012: |

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| Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1º1 f Yes complete Schedule I Parts I and if 2 in the United States on Part IX, column (A), line 2º1 f Yes complete Schedule I Parts I and if 2 in 2   | Len      | Checklist of Required Schedules (continued)   |     |                                       | uge                                     |
|---|----------|---|-----|---------------------------------------|---|
| Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes, complete Schedule I, Parts I and III  Old the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about componsation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about componsation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about componsation of the organization have a tax-oxempt Dond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, answer lines 24b through 24d and complete Schedule X II* No got to line 25  Did the organization have an International to the organization and the section of Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds beyond a temporary period exception?  Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year's to defease any tax-exempt bonds?  Old the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year's to defease any tax-exempt bonds?  If yes complete Schedule I Part IV is the organization and excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule I. Part II is the organization aware that, it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization is prior Forms 990 or 990-E27 if Yes, complete Schedule I. Part IV  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, injects complete Schedule I. Part IV is an an officer, director, trustee, and exceptions?  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If Yes, complete Schedule I. Part IV is A family membe  | 24       |   |     | Yes                                   | No                                      |
| 22   Lill the organization report more than \$5,000 of grafts and other assistance to individuals in the United States on Part IX, column (A), line 21 f. Yes. complete Schedule I, Part Is and II.   |          | in the Office States on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II  | 24  |                                       | А                                       |
| 23 Did the organization answer "ves" to Part VII. Section A, lims 3.4, or 5 about compensation of the organization's current or inderest directors, flustees, key employees, and highest compensated employees? If Yes, complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the lists day of the year. I that was issued after December 31, 2002? If Yes, answer lines 24b through 24c and complete Schedule K. If No. go to line 25.  25b Did the organization maintain an escrow account other than a retunding escrow at any time during the year?  26c Did the organization maintain an escrow account other than a retunding escrow at any time during the year?  27d Did the organization and that a secrow account other than a retunding escrow at any time during the year?  28d Section 501(e)(3) and 501(e)(4) organizations. Did the organization singular in excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I.  28d Section 301(e)(3) and 501(e)(4) organizations. Did the organization is prior Forms 980 or 990-EZ? If Yes, complete Schedule L, Part I.  28d Was a loan to the yacurent or former officer, director, flustee, key employee, lighest compensated employee, or disqualified person outstanding as of the end of the organization six year? If Yes complete Schedule L, Part III  29d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee therefor 3 grant selection committee member or 10 a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part IV  29d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee? If Yes complete Schedule L, Part IV  29d A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV  29d A current or former officer, director, trustee, or key employee for a samily member    | 22       | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States  |     | ,                                     |   |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? if Yes, enswer lines 24b through 24d and compilete Schedule K. if No. got a line 25  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization aministria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization aministria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization are than the regale of the properties of the    | 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated                                     | 1   | 14                                    | A                                       |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes. complete Schedule L. Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes. complete Schedule L. Part I  if Yes. complete Schedule L. Part I  25a Was alon to or by a current or former officer, director, trustee, key employee, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (1) and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof a grant selection committee member or to a 35% controlled entity or family member of any of these persons? If Yes. complete Schedule L. Part IV  25b A family member of any of these persons? If Yes. complete Schedule L. Part IV  26a A nettyl of which a current or former officer, director, trustee, or key employee? If Yes. complete Schedule L. Part IV  27b A family member of a current or former officer, director, trustee, or key employee? If Yes. complete Schedule L. Part IV  27c An entity of which a current or former officer, director, trustee, or key employee? If Yes. complete Schedule L. Part IV  28d A current or former officer, director, trustee, or key employee? If Yes. complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If Yes. complete Schedule M. Did the organization inquidate, terminate, or dissolve and cease operations? If Yes. complete Schedule N. Part II  29d Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  30d the organization on have a controlled entity within the meaning of section \$12(b)(13)?  3 | 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20022 if Yes, appropriate 2.4h                                 |     |                                       |   |
| d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 258 Section 501(c)(3) and 501(c)(4) organization. Did the organization ange in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L. Part I 258 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | С        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b | · · · · · · · · · · · · · · · · · · · | 4                                       |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 [17] Yes, complete Schedule L, Part II 25b 4]  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization stax year? If Yes complete Schedule L, Part II 26b 4  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III 27 4  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV in the part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or way employee? If Yes, complete Schedule L, Part IV 27  A entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV 28b 4  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II 27 Did the organization will own to the organization will be organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.77  | d<br>25a | with a disqualified person during the year? If Yes, complete Schedule L. Part I   | 24d |                                       | 4                                       |
| 26 4 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organizations tax year? If Yes complete Schedule L, Part II 26 4 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 4 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 4 28 A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV A family member of a current or former officer, director, trustee or key employee? If Yes, complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 28a 4 28b 4 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 4 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 29 4 20 Did the organization iliquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N 29 4 21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II 21 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-27 If Yes, complete Schedule R, Part V, line 2 22 Section 501(c)(3) organizations, line 1 23 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2 24 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2 25 Section 501(c)(3) organizations, line 1 26 Section 501(c)(3) organizations, line 1 27 Did the organization have a controlled entity within the mean |          | If Yes, complete Schedule L, Part I   |     |                                       |   |
| 27 July 1997 (2014) a grant or other assistance to an officer, director, trustee, key employee substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III 27 4  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 4 5 4 family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 5 4 5 4 family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |          | and duffined person outstanding as of the end of the organization's tax year? If Yes complete Schedule L. Part II   |     |                                       | 4                                       |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L. Part IV  A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L. Part IV  A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director. trustee, or direct or indirect owner? If Yes, complete Schedule L. Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule N. Part II IV  Did the organization iliquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N. Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N. Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R. Part I.  Was the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R. Part V. line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R. Part V. line 2  Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and tha   | 27       | entity or family member of any of these persons? If Yes, complete Schedule L. Part III  |     |                                       |   |
| A current or former officer, director, trustee, or key employee? If Yes complete Schedule L. Part IV A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L. Part IV C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L. Part IV 28b 4 28b 4 28c 4 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I, III, or IV, and Part V, line 1  34d 4 35d Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Part II, III, or IV, and Part V, line 1  35d If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  36e Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization; If Yes, complete Schedule R, Part V, line 2  37e Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O  38d 4                          | 28       | Was the organization a party to a business transaction with one of the following parties (see Sabadula L.   | 21  |                                       | ¥3079                                   |
| was an officer, director, trustee, or drey employee (or a family member thereof) was an officer, director, trustee, or direct owner? If Yes, complete Schedule L. Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N. Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N. Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If Yes, complete Schedule R. Part I.  Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R. Part III. III.  Joid the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R. Part V. line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R. Part V. line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R. Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.   | _        | A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L. Part IV.  A family member of a current or former officer, director, trustee, or key employee? If Yes, complete,                                   |     |                                       |   |
| Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If Yes complete Schedule N, Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part II  Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, and V, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.  38  Oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.   | С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes complete Schedule I. Rad by                              |     |                                       |   |
| Did the organization liquidate, terminate, or dissolve and cease operations? If Yes. complete Schedule N. Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes. complete Schedule N. Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R. Part II  Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R. Part II, III. or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.  30  4  31  4  32  4  33  4  34  4  35  35  36  4  37  4  38  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.   |          | Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M  |     |                                       | ······································  |
| Did the organization sell. exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.  31 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  | 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If Yes complete School to be   | 30  |                                       | 4                                       |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes. complete Schedule R. Part I.  Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R. Part II, III.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R. Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R,  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.  38 4   | 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,   | 31  |                                       | 4                                       |
| or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R,  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O  34  35b  36c  4  37  4  38  4  38  4  |          | Did the organization own 100% of an entity discouraged as separate from the association   | 32  |                                       | 4                                       |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes. complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes. complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes. complete Schedule R,  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  34 4  35a 4  35b  36 4   | <b>-</b> | was the digalifization related to any tax-exempt or taxable entity? If Yes complete Schedule R. Bartilli III  | 33  |                                       | 4                                       |
| related organization? If Yes. complete Schedule R, Part V, line 2  36  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes. complete Schedule R,  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  38  4  36  4  37  4  37  4  38  37  4   | 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or organization in the controlled entity within the meaning of section 512(b)(13)? |     |                                       | A                                       |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes. complete Schedule R.  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O   |          | Section 301(C)(3) Organizations. Did the organization make any transfers to an every  | 35b |                                       |   |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 4   | 71       | and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R,  | 36  |                                       | • |
| 38 4  | 38       | Did the organization complete Schoolule Construction  |     |                                       | 4                                       |
| From Will Mark  |          |   |     |                                       | 2012                                    |

Form 990 (2012)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b Ð Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 4 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If No. provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 4 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 4 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b. If "Yes," did the organization include with every solicitation an express statement that such contributions or 6a 4 gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 4 Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was 7b required to file Form 8282? 4 7с If "Yes," indicate the number of Forms 8282 filed during the year . . . 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ٤ 71 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 4 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 4 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 4 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Q Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9a 9b 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 а 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14a

14b

| Form              | 990 (2012)  |             |       | Page 6       |
|-------------------|---|-------------|-------|--------------|
| Par               | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O  | Con in      |       | a No         |
| Sect              | Check if Schedule O contains a response to any question in this Part VItion A. Governing Body and Management  | <u> </u>    | · · · | <u>. [4]</u> |
|                   |   |             | Yes   | No           |
| 1a                | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   | 7           |       |              |
| b<br>2            | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2           |       | 4            |
| 3                 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 3           |       | 4            |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization is assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 4<br>5<br>6 |       | 4 4          |
| b                 | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7a<br>7b    |       | 4            |
| 8                 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 75          |       |              |
| a<br>b            | The governing body?   | 8a          | 4     | 1 20.0       |
| 9                 | Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O.  | 8b          | 4     |              |
| Secti             | ion B. Policies (This Section B requests information about policies not required by the Internal Rever  | 9           |       | 4            |
|                   |   | iue C       | Yes   | No No        |
| 10a               | Did the organization have local chapters, branches, or affiliates?  | 10a         |       | 4            |
| b                 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |       |              |
| 11a<br>b          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  | 11a         |       | 4            |
| 12a<br>b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If No. go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?  | 12a         |       | 4            |
| c                 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this was done.   | 12b         |       |              |
| 13                | Did the organization have a written whistleblower policy?   | 12c         | 4     |              |
| 14<br>15          | Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approved by  | 14          | 4     |              |
| а                 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 3.00        |       |              |
| b                 | The organization's CEO. Executive Director, or top management official  Other officers or key amployees of the organization.  | 15a         | 4     |              |
| 16a               | Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 15b         | 4     |              |
| b                 | with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in light verture arrangement.  | 16a         |       | 4            |
|                   | organization's exempt status with respect to such arrangements?   |             |       |              |
| Section           | on o. Disclosure  | 16b         |       |              |
| 17<br>18          | List the states with which a copy of this Form 990 is required to be filed TN  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply   |             |       | only)        |
| 19                | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.   | finter      | est p | olicy.       |
| 20                | State the name, physical address, and telephone number of the person who possesses the books and records organization: Wayne A Reed CPA, (615)586-0659  | of the      |       |              |
|                   |   |             |       |              |

| Form 990 (201 | 12) Page 7   |
|---------------|--|
| Part VII      |  |
|               | Check if Schedule O contains a response to any question in this Part VII   |
| Section A.    | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  |
| ra Comple     | ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the in's tax year. |

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A)<br>Name and Title      | (B) Average hours per week (list any hours for related organizations below dotted line) | box of fire views                        | unios<br>er ark | Pos<br>lock<br>is po | mor<br>rson<br>irect | e than the both the both the both the boyee end to be the boyee | าสถ | (D) Reportable componsation from the organization (W-2/1099-MISC) | (E) Reportable Compensation from related organizations (W-2/1099-MISC)   | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|---|--|-----------------|----------------------|----------------------|---|-----|---|--|--|
| Patty Stranch<br>President | 10  |  |                 |                      |                      |   |     | :   |  |  |
| Tom Bateman                | 0   | 4  |                 |                      |                      |   |     | 0   | 0  |  |
| Secretary                  | 5<br>0  | 4  |                 |                      |                      |   | 1   |   | to the same of the |  |
| Chad Troup                 | 5   |  |                 |                      |                      |   | ,   | 0   | <u>D</u>   |  |
| Treasurer                  | 0   | 4  |                 |                      |                      |   |     | 0   | o  |  |
| Patricia Horton            | 50  | - 110-100-100-100-100-100-100-100-100-10 |                 |                      |                      |   | ·   |   |  |  |
| Director                   | 0   | ļ  |                 | į                    | 4                    |   |     | 10  | ٥  |  |
|                            |   |  |                 |                      |                      |   |     |   |  |  |
|                            |   |  |                 |                      |                      |   |     |   |  |  |
|                            |   |  |                 |                      |                      |   |     |   |  |  |
|                            |   |  | <del>-</del>    |                      |                      |   |     |   |  |  |
|                            |   |  |                 |                      |                      |   |     |   |  |  |
|                            |   |  |                 |                      |                      |   |     |   |  |  |

Form 990 (2012) Page 8 Carty Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A)(B) (D) (₺) (do not check more than one Name and little Average Reportable box, unless person is both an Reportable Estimated hours per officer and a director/trustee) componsation compensation from amount of week (list any from rolated otner ind vidua hours for Institutional trustee Key employee the organizations compensation ghest грюуве related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization compensated below dotted trustae and related line) organizations Sub-total . . 10 С Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 10 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes Νo employee on line 1a? If Yes, complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the đ organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual 4 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization s tax (B) Name and business address {C} Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (A) Total revenue (B) Related or (C) Unrelated business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 0 Membership dues 1b 0 Fundraising events . 10 153,036 Related organizations . 1d 0 Government grants (contributions) 1e 158,516 All other contributions, gifts, grants, and similar amounts not included above 11 347,772 Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f Program Service Revenue **Business Code** 2a b ¢ All other program service revenue f 97.417 97,417 0 0 Total. Add lines 2a-2f 97,417 Investment income (including dividends, interest, and other similar amounts) 100,752 100,762 Income from investment of tax-exempt bond proceeds 0 0 ٥ 5 Royalties 0 0 0 (I) Real (ii) Personal 6a Gross rents Less: rental expenses Rental income or (loss) С Net rental income or (loss) 7a Goss amount from sales of (i) Securities (ii) Other assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) 0 0 Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ 153,036 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less 10a returns and allowances Less: cost of goods sold b Net income or (loss) from sales of inventory c Miscellaneous Revenue Business Code 11a b С đ All other revenue Total. Add lines 11a-11d 0 12 Total revenue. See instructions 857,503 198,179 0

Form 990 (2012)

Page 10

| Check if Schedule O contains a respont include amounts reported on lines 6b. 7b. and 10b of Part VIII.  Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees.  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | Total expenses  27,140  | Program service expenses  27,140   | (C)<br>Management and<br>general expenses  | (D) Fundraising expenses   |
|---|---|--|--|--|
| Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | Total expenses  | (B) Program service expenses  27,140   | general expenses   | (D)<br>Fundraising<br>expenses   |
| Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  | 27,140  | 27,140   | general expenses   | Fundraising expenses   |
| organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)   |   | 27,140   |  | expenses   |
| Grants and other assistance to individuals in the United States. See Part IV, line 22.  Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  Benefits paid to or for members.  Compensation of current officers, directors, trustees, and key employees.  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  |   |  |  |  |
| the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)   |   |  |  |  |
| Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees.  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8).   |   |  |  | 977  |
| organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)   | 57,143  | 42,857   |  | 1906<br>1907<br>1907   |
| United States. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)   | 57,143  | 42,857   |  |  |
| Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  | 57,143  | 42,857   |  |  |
| Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 57,143  | 42,857   |  |  |
| trustees, and key employees.  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 57,143  | 42,857   |  | 1  |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $\dots$  | 57,140  | 42,857   |  |  |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $\dots$  | :   |  | 14,286   |  |
|   | i   |  |  |  |
| Otto  | 0   |  |  |  |
|   | 379,282   | 284.462  | 94 820   | The state of the s |
| Pension plan accruals and contributions (include  |   |  | 04,040   |  |
|   | 2,433   | 1,825  | 608  |  |
|   | 35,591  | 26,694   | 8,897  |  |
|   | 33,392  | 25,044   | 8,348  |  |
| Management  |   |  |  |  |
|   |   |  |  | 19 10 10 10 10 10 10 10 10 10 10 10 10 10  |
| •   | 24 262  | 40.000   | n da i da falis a da como como que plante de destrueye que colos ada que conserva  | ***************************************  |
| Lobbying  | 24,337  | 18,268   | 6,089  |  |
| Professional fundraising services. See Part IV, line 17   |   |  |  |  |
| Investment management fees  |   |  |  | and proper for the contract of the second or the second of |
| Other, (If line 11g amount exceeds 10% of line 25, column   |   |  |  | / Processor  |
| •   | 73,736  | 55.302   | 18 434   |  |
| · · · · · · · · · · · · · · · · · · ·   | 24,258  | 369  | 123  | 23,76  |
|   | 12,358  | 9,258  | 3,090  | A Comment of the Comm |
|   | 8,360   | 6,270  | 2,090  |  |
|   |   |  |  |  |
| Travel  | 53,190  | 39,892   | 13,298   |  |
| Payments of travel or entertainment expenses  |   |  |  |  |
| or any federal, state, or local public officials  | j   |  |  |  |
| Conferences, conventions, and meetings  | 4,141   | 3 106  | 1.036  | No control of the con |
| nterest   |   | 0,100  | 1,033  | From the copy age of the first first or copy of a forecast and an group of days as to  |
|   | ·   |  |  |  |
|   | 35,753  | 26,815   | 8,938  |  |
|   | 16,935  | 12,701   | 4,234  |  |
| ibove (List miscellangous expenses not covered  |   | $\Gamma$   |  |  |
| ne 24e amount exceeds 10% of line 25, column  |   |  |  | and the first firs |
| A) amount, list line 24e expenses on Schedule O.)   |   |  |  |  |
| ,   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| ***************************************   |   |  |  |  |
| Ill other expenses  |   |  |  |  |
| otal functional expenses. Add lines 1 through 24e   | 788,069   | 580,013  | 184_290  | 77 76  |
| rganization reported in column (B) joint costs om a combined educational campaign and undraising solicitation. Check here   |   |  | 134,230  | 23,76  |
|   | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses Information technology Royalties Deccupancy Fravel Payments of travel or entertainment expenses or any federal, state, or local public officials Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization insurance Other expenses. Itemize expenses not covered bove (List miscellaneous expenses in line 24e. If ne 24e amount exceeds 10% of line 25, column A) amount, list line 24e expenses on Schedule O.)  Ill other expenses otal functional expenses. Add lines 1 through 24e oint costs. Complete this line only if the Iganization reported in column (R) igint costs. | Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses Information technology Royaltles Decupancy Fravel Payments of travel or entertainment expenses or any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered bove (List miscellaneous expenses in line 24e, If ne 24e amount exceeds 10% of line 25, column A) amount, list line 24e expenses on Schedule O.)  If other expenses. Itemize expenses not covered bove (List miscellaneous expenses in line 24e, If ne 24e amount exceeds 10% of line 25, column A) amount, list line 24e expenses on Schedule O.)  If other expenses otal functional expenses. Add lines 1 through 24e ofinic costs. Complete this line only if the reganization reported in column (B) joint costs of a combined educational campaign and induraising solicitation. Check here is in a control of the costs of a combined educational campaign and induraising solicitation. Check here is in a combined educational campaign and induraising solicitation. Check here is in a control of the costs. | Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) Other employee benefits Payroll taxes Payroll taxes Personal tenders Personal tendraising services (non-employees) Management Legal Accounting Lobbying Professorial fundraising services See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O.) Professorial travel or entertainment expenses Occupancy Province expenses Tayronets of travel or entertainment expenses Originates Payrenets to affiliates Perpreciation, depletion, and amortization District expenses. Itemize expenses not covered bove (List miscellaneous expenses in line 24e. If ne 24e amount exceeds 10% of line 25, column A) amount, list line 24e expenses on Schedule O.)  If a continue to the color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and amount, list line 24e expenses on Schedule O.)  If a color of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e amount exceeds 10% of line 25, column and line 24e. If ne 24e expenses on Schedule O.) | Other salaries and wages Pension plan accruals and contributions (include section 401 (kg and 4030) employer contributions) Other employee benefits Other employee benefits Payroll taxes Payroll taxes Sasaya 25,044 Sasaya Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (film 11 gramount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O.) Occupancy Travel Payronets of travel or entertainment expenses or any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Sasaya |

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| <b>A.</b>     | art X | A SECTION AND ADMINISTRATION OF THE PROPERTY O |                                       |                    |           |                          |   |                    |
|---------------|-------|--|---------------------------------------|--------------------|-----------|--------------------------|---|--------------------|
|               |       | Check if Schedule O contains a response to   | any c                                 | question in this F | art >     | <u> </u>                 | <u> </u>                                |                    |
|               | ·     | 11 A Namedon o a statement of the control of the co | av ar b b b b b b b b b               |                    |           | (A)<br>Beginning of year |   | (8)<br>End of year |
|               | 1     | Cash—non-interest-bearing  |                                       |                    |           | 93,721                   | 1                                       | 169,36             |
|               | 2     | Savings and temporary cash investments   | 1,095,135                             | 2                  | 1,065,10  |                          |   |                    |
|               | 3     | Pledges and grants receivable, net   | !                                     | 43,772             | 3         | 77,46                    |   |                    |
|               | 4     | Accounts receivable, net   |                                       |                    |           | 14,919                   | 4                                       | 46,05              |
|               | 5     | Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L   |                                       | 5                  |           |                          |   |                    |
| sts           | 6     | Loans and other receivables from other disqualified pers<br>4958(f)(1)), persons described in section 4958(c)(3)(B), all<br>sponsoring organizations of section 501(c)(9) volur<br>organizations (see instructions). Complete Part II of Sche  |                                       | 6                  |           |                          |   |                    |
| Assets        | 7     | Notes and loans receivable, net  |                                       |                    |           |                          | 7                                       |                    |
| ď             | 8     | Inventories for sale or use  |                                       |                    | :         |                          | 8                                       |                    |
|               | 9     | Prepaid expenses and deferred charges  |                                       |                    | F         | 6,959                    | 9                                       | 3,180              |
|               | 10a   | Land, buildings, and equipment: cost or  |                                       |                    |           |                          | /15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                    |
|               |       | other basis. Complete Part VI of Schedule D  | 10a                                   | 895                | 580       |                          |   |                    |
|               | b     | Less: accumulated depreciation   | 10b                                   | 378                | 496       | 549,793                  | 10c                                     | 517,084            |
|               | 11    | Investments – publicly traded securities   |                                       | 11                 |           |                          |   |                    |
|               | 12    | Investments - other securities. See Part IV, line  | 11 .                                  |                    | Ĭ.        |                          | 12                                      |                    |
|               | 13    | Investments - program-related. See Part IV, line   |                                       | 13                 |           |                          |   |                    |
|               | 14    | Intangible assets  |                                       | 14                 | 1         |                          |   |                    |
|               | 15    | Other assets. See Part IV, line 11   | 15                                    |                    |           |                          |   |                    |
|               | 16    | Total assets. Add lines 1 through 15 (must equal   | 1,804,299                             | 16                 | 1,878,257 |                          |   |                    |
|               | 17    | Accounts payable and accrued expenses  | 17                                    | 17,559             |           |                          |   |                    |
|               | 18    | Grants payable   |                                       | 18                 |           |                          |   |                    |
|               | 19    | Deferred revenue   | · · · · · · · · · · · · · · · · · · · | 19                 |           |                          |   |                    |
|               | 20    | Tax-exempt bond liabilities  | 20                                    |                    |           |                          |   |                    |
|               | 21    | Escrow or custodial account liability. Complete  |                                       |                    | 1.0       |                          | 21                                      |                    |
| Liabilities   | 22    | Loans and other payables to current and for<br>trustees, key employees, highest compen<br>disqualified persons. Complete Part II of Schedu   |                                       | 22                 |           |                          |   |                    |
| Ï             | 23    | Secured mortgages and notes payable to unrela  | ited thi                              | rd parties .       |           | ·                        | 23                                      |                    |
|               | 24    | Unsecured notes and loans payable to unrelated   |                                       |                    |           |                          | 24                                      |                    |
|               | 25    | Other liabilities (including federal income tax, parties, and other liabilities not included on fines of Schedule D  |                                       | 25                 |           |                          |   |                    |
|               | 26    | Total liabilities. Add lines 17 through 25   |                                       |                    |           | 13,035                   |   | 17,559             |
| Fund Balances |       | Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and  | ), chec                               | k here ▶ ③         | and       | 10,035                   |   | 17,559             |
| эц            | 27    | Unrestricted net assets  | , .                                   |                    | 1         | 1,380,148                | 27                                      | 1,447,563          |
| Ba            | 28    | Temporarily restricted net assets  |                                       |                    | i         | 204,551                  | 28                                      | 206,570            |
| ק             | 29    | Permanently restricted net assets .  |                                       |                    | -         | 206,565                  |   | 206,565            |
| or Fu         |       | Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.  | nd                                    |                    |           |                          |   |                    |
| ets           | 30    | Capital stock or trust principal, or current funds   |                                       |                    | 30        |                          |   |                    |
| 58            | 31    | Paid-in or capital surplus, or land, building, or ec   |                                       |                    | jar.      |                          | 31                                      |                    |
| Net Assets or | 32    | Retained earnings, endowment, accumulated inc  | come,                                 | or other funds     |           |                          | 32                                      |                    |
| ž             | 33    | Total net assets or fund balances  |                                       |                    | -         | 1,791,264                | 33                                      | 1,860,698          |
|               | 34    | Total liabilities and net assets/fund balances   |                                       |                    |           | 1,804,299                | 34                                      | 1,878,257          |

| Form !     | 390 (2012)   |                 |   | Page                                    | 12         |
|------------|--|-----------------|---|---|------------|
| Pa         | Reconciliation of Net Assets   |                 |   | Page                                    | 12         |
|            | Check if Schedule O contains a response to any question in this Part XI  |                 |   | [                                       | <u>-</u> 1 |
| 1          | Total revenue (must equal Part VIII, column (A), line 12)  | 1 1             |   | 857,50                                  |            |
| 2          | Total expenses (must equal Part IX, column (A), line 25)   | 2               |   | 788,06                                  |            |
| 3          | Revenue less expenses. Subtract line 2 from line 1   | 3               | · • · · · · · · · · · · · · · · · · · · | 69,43                                   |            |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4               |   | 1,791,26                                |            |
| 5          | Net unrealized gains (losses) on investments   | 5               |   |   | Ð          |
| 6          | Donated services and use of facilities   | 6               |   |   | 0          |
| 7          | Investment expenses  | 7               | **************************************  |   | 0          |
| 8          | Prior period adjustments .   | 8               | and defend any service and service      | The bolton of the property of the sec   | 0          |
| 9<br>10    | Other changes in net assets or fund balances (explain in Schedule O)   | 9               |   |   | 0          |
| 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |                 |   |   |            |
|            | 33, column (B))  XII Financial Statements and Reporting  | 10              |   | 1,860,69                                | 8          |
| التستا     |  |                 |   |   |            |
|            | Check if Schedule O contains a response to any question in this Part XII   |                 |   | [                                       | ]          |
| 1          | Accounting method used to prepare the Form 990: Cash Accrual Other   |                 | Programming and                         | Yes No                                  | /<br>      |
| ·          | If the organization changed its method of accounting from a prior year or checked "Other," ex  |                 |   |   |            |
|            | Schedule O.  | olain in        |   |   |            |
| 2a         | Were the organization's financial statements compiled or reviewed by an independent accountant?  |                 | 0-                                      | 35406 300                               | e e        |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were com-  | uled or         | 2a                                      | 4                                       | <u> </u>   |
|            | reviewed on a separate basis, consolidated basis, or both:   | Allect Of       |   |   |            |
|            | Separate basis Consolidated basis Both consolidated and separate basis   |                 |   |   |            |
| þ          | Were the organization's financial statements audited by an independent accountant?   |                 | 2b                                      | 4                                       | 20         |
|            | If "Yes," check a box below to indicate whether the financial statements for the year were audite  | dona            | 7                                       | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | -          |
|            | separate basis, consolidated basis, or both;   |                 |   |   | Š          |
|            | Separate basis Consolidated basis Both consolidated and separate basis   |                 |   |   | Ž.         |
| c          | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov                                       | ersight         | 33. 3.1                                 |   |            |
|            | of the audit, review, or compilation of its financial statements and selection of an independent account                                   | ntant?          | 2c                                      | 4                                       |            |
|            | If the organization changed either its oversight process or selection process during the tax year, expectable O.                           | olain in        | 1                                       |   |            |
| 3 <b>a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Assertion 1999 (1999). |                 | 9:552                                   |   | , i        |
|            | the Single Audit Act and OMB Circular A-133?   | orth in         |   |   |            |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not under                                     | no tho          | За                                      | 4                                       |            |
|            | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au  | go ine<br>idits | 3b                                      | A                                       |            |
|            |  |                 |   | 990 (2012                               | <u></u>    |
|            |  |                 |   |   | - 1        |

SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No. 1545-0047 2012

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

Open to Public Inspection

Department of the Treasury internal Revenue Service

\* Attach to Form 990 or Form 990-EZ. \* See separate instructions

| WAYNE REED CHRISTI   |   |  |   |  |   |                         | Employer                 | identificat                    | ion number   |
|--|---|--|---|--|---|-------------------------|--------------------------|--------------------------------|--|
| NOT THE RESIDENCE OF THE PARTY  | AN CHILD CAR  | E CENTER   |   |  |   |                         |                          | 63 1                           | 1625142  |
| Part I Reason  | for Public Ch   | arity Status (All org  | anizatio  | ns must  | complete  | this pa                 | art.) See                | instruct                       | ions.  |
| THE OLGANIZATION IS NOT  | a private toun  | dation because it is: (F   | or lines 1  | 1 through                                      | 11, check of  | only on                 | e hox \                  |                                | mperiprima periprima de la contra de principa que en el principa de la composição de la contra de la contra de |
| 1 A church, cor<br>2 A school desc   | ivention of chu   | rches, or association o  | of church   | es descri                                      | oed in sect   | ion 176                 | 0(b)(1)(A)               | (i).                           |  |
| 3 A hospital or  | cribed in section   | on 170(b)(1)(A)(ii). (Atta   | sch Sche  | dule E.)                                       |   |                         |                          |                                |  |
| 4 A medical res  | a cooperative r<br>earch organiza   | nospital service organization operated in contra   | zation de   | scribed in                                     | section 1   | 70(b)(1                 | )(A)(iii).               |                                |  |
| hospital's nan   | ne, city, and st  | tion operated in conju-<br>ate:  | nction wi   | in a nosp                                      | itai describi                                       | ed in s                 | ection 17                | '0(b)(1)(A                     | A)(fii). Enter the   |
| 5 🗒 An organizatio   | on operated fo<br>(1)(1)(A)(iv). (Co  | r the benefit of a coil  | ege or u  | niversity o                                    | owned or o  | perate                  | d by a go                | overnme                        | ntal unit described  |
|  |   | ernment or governmen   | tal unit d  | escribed                                       | in section :  | 170/5 v                 | 4 V/A V///               |                                |  |
| described in s   | on that normall<br>ection 170(b)(   | y receives a substanti<br>1)(A)(vi). (Complete Pa  | al part o<br>art II.)   | f its supp                                     | ort from a  | govern                  | mental u                 | nit or fro                     | m the general pub  |
| 8 A community  | trust described   | in section 170(b)(1)(A   | ۸)(vi). (Cc   | mplete P                                       | art II.)  |                         |                          |                                |  |
| 9 An organization receipts from support from   | n that normall<br>activities relati<br>gross investm  | y receives: (1) more the<br>ed to its exempt func-<br>nent income and unre-<br>after June 30, 1975, S  | ian 33½<br>tions si<br>elated by  | % of its subject to                            | support from<br>certain exc                         | eption                  | s, and (2                | Ina ma                         |  |
| 10 An organizatio  | n organized an  | od operated exclusively  | , to tost f   | on obbla<br>for nublic                         | (z). (Compi   | ete Fai                 | 1111.)                   |                                |  |
| 11 An organization   | on organized a  | and operated exclusive   | y iu iesi i<br>velv for t   | be beset                                       | salety. See   | section                 | on 509(a)                | (4).                           |  |
| purposes of o  | ne or more pu   | iblicly supported orga   | nizations   | describe                                       | il oi, lo pe<br>id in sectio                        | enorm<br>n 500/         | the tunc                 | lions of,                      | or to carry out th   |
| 509(a)(3). Che   | ck the box that   | t describes the type of  | supporti  | ng organi                                      | zation and  | comple                  | aki) ui S<br>ete lines 1 | tection of                     | 99(a)(2). See section  |
| a 🔛 Type I   | b 🔝 Typ   | ell c 🗍 Typel  | II Functio  | onally inte                                    | orated  | d Ti                    | Type Ht I                | Non tune                       | tionally interested  |
| e 🗌 By checking th   | nis box. I certif   | y that the organization  | is not or   | antrolled a                                    | directly or is                                      | ndirect                 | hr hu ana                |                                | atia itai  |
| Other than log   | nualion manag   | ers and other than on  | e or mor  | e publicly                                     | supported   | organ                   | izations (               | describe                       | d in section 509/av  |
| 0. 0000000000  | (U X 2 )  |  |   |  |   |                         |                          |                                |  |
| organization, c  | Stion received  | a written determinati  | on from   | the IRS  | that it is a  | Туре                    | i, Type                  | II. or Ty                      | pe III supporting  |
| organization, c  | THE DOX   | the first of the second of the second  |   |  |   |                         |                          |                                | -00  |
| a owice vedical  |   | A facility of the control of the con |   |  |   |                         |                          |                                |  |
| following perso  | 17. 2006, Nas<br>Sns?   | the organization acce  | pted any  | gift or c                                      | ontribution   | from a                  | iny of the               | •                              |  |
| ronowing perso   | ons /   |  |   |  |   |                         |                          |                                | *  |
| (i) A person w   | ns?<br>/ho directly or  | indirectly controls, eit   | her alone   | e ar tonet                                     | her with ne   |                         |                          |                                | *****  |
| (i) A person w<br>(ii) below, t  | ons /<br>/ho directly or<br>he governing b  | indirectly controls, eit   | her alone<br>organizat  | or toget                                       | her with pe   |                         |                          |                                | *****  |
| (i) A person w<br>(ii) below, t<br>(ii) A family me  | ons?<br>the directly or<br>he governing b<br>ember of a pers  | indirectly controls, eit<br>body of the supported<br>son described in (i) abo  | her alone<br>organizat  | or toget                                       | her with pe   |                         |                          |                                | nd Yes No  |
| (i) A person w<br>(ii) below, t<br>(ii) A family me<br>(iii) A 35% con   | ons? the directly or the governing be the governing be trolled entity of                              | indirectly controls, eit<br>ody of the supported<br>son described in (i) abo   | her alone<br>organizat<br>ove?  | or toget<br>tion?                              | her with pe   |                         |                          |                                | nd Yes No  |
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|             | dule A (Form 990 or 990-EZ) 2012  |   |  |   |                                     |  | Page 2   |
|-------------|---|---|--|---|-------------------------------------|--|--|
| Pa          | Support Schedule for Organi (Complete only if you checked Part III. Complete organization fails   | the box on lir                                      | ne 5. 7. or 8 o  | if Part Lor if th                       | ne organizatio                      | in failed to ai  | ii)  |
| Sec         | tion A. Public Support  |   | 1110 10019   | isted below, p                          | ACESC COMP                          | ete i ait iii./  |  |
|             | endar year (or fiscal year beginning in) =  | (a) 2008  | (b) 2009   | (c) 2010                                | (d) 2011                            | (0) 2012   | (f) T-4-)  |
| 1           | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | p-10.00-00-00-00-00-00-00-00-00-00-00-00-00         | (0) 2000   | (0)2010                                 | (u) 2011                            | (e) 2012   | (f) Total  |
| 2           | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf   |   |  |   |                                     |  |  |
| 3           | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   |   |  |   |                                     |  |  |
| 4           | Total. Add lines 1 through 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           | Public support Subtract line 5 from line 4  | 2 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5            |  |   |                                     |  |  |
|             | tion B. Total Support   |   |  |   | 1                                   | 2023/02/2020/2020/2020/2020  |  |
|             | ndar year (or fiscal year beginning in)   | (a) 2008  | (b) 2009   | (c) 2010                                | (d) 2011                            | (e) 2012   | (f) Total  |
| 7           | Amounts from line 4   | ·   | ***************************************  |   |                                     | and the second s | the second section of the second seco |
| 8           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |   | And a manage of the state of th |   |                                     |  |  |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |  |   |                                     |  | tradigency defend proming of quickly makes a manner  |
| 10          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |   |  |   |                                     |  | **************************************   |
| 11          | Total support. Add lines 7 through 10   |   | (1984) (1984) (1984)   | 100000000000000000000000000000000000000 |                                     | 40 a 10 a 20 a 20 a  | <del></del>  |
| 12          | Gross receipts from related activities, etc   | . (see instruction                                  | ons)   |   |                                     | 12   | TOTAL WISH BOX.  |
| 13          | First five years. If the Form 990 is for t  | ne organization                                     | i's first, secon   | d, third, fourth.                       | or fifth tax ve                     | ar as a section  | 1 501(cV3)   |
| <del></del> | and a memory creek this pox and stob lie  | 16  |  | ,                                       |                                     |  | a [7]  |
| Sect        | ion C. Computation of Public Suppo  | rt Percentag  | e  |   |                                     |  |  |
| 14          | Public support percentage for 2012 (line  | 6, column (f) di                                    | vided by line 1  | 1. column (f))                          |                                     | 14   | %  |
| 15          | Public support percentage from 2011 Sc  | nedule A. Part                                      | I. line 14   |   | Ţ                                   | 15   | %  |
| 16a         |   | COMULI GIU HUL                                      | CHECK THE DOY  | DD 1100 1 1 200                         | DAG 14 G 771.                       | · O/   |  |
| L           | son and stop here. The biganization qua   | illies as a publ                                    | icly supported   | organization                            |                                     |  | . /  |
| O           | 33 376 Support test 2011. If the ordar  | Nzation did no                                      | ticheck a hov  | on line 13 or                           | 160 and line                        | 15 - 221 0   |  |
|             | check this box and stop here. The organ   | ization qualifie:                                   | s as a publicly  | supported orga                          | anization                           |  | A (***)  |
| 17a         | 10%-facts-and-circumstances test 2<br>10% or more, and if the organization me<br>Part IV how the organization meets the forganization   | ets the Tacts-a<br>acts-and-circu                   | and-circumstar<br>mstances tesi  | ices itest, che<br>t. The organiza      | ck this box and<br>tion qualifies a | d stop here. E:  | ne 14 is<br>kplain in<br>pported   |
| þ           | 10%-facts-and-circumstances test 20<br>15 is 10% or more, and if the organization of<br>Explain in Part IV how the organization of<br>supported organization.                                       | )11. If the orga<br>ion meets the<br>eets the facts | nization did no<br>facts-and-cir<br>-and-circumst  | t check a box<br>cumstances t           | on line 13, 16a<br>est, check this  | s box and sto  | and line<br>p here.  |
| 18          | - create roundation, it the organization of   | a not check a t                                     | oox on line 13   | 16a 16h 17a                             | or 17h chack                        | thin have and a  |  |
|             | instructions  |   | · · · · · · · · · · · · · · · · · · ·  |   | <u> </u>                            |  | . 4 []   |

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Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 3

| (Complete only if your checked the box on line 9 of Part I or if the organization failed to qualify under Part III.  If the organization fails to qualify under the rests listed bow, please complete Part III.)  Section A. Public Support  Calondary year for fiscal year to egithmap (n).  1a) 2008 (9) 2009 (5) 2010 (d) 2011 (e) 2012 (f) Total (15 gains)       | Par     | Support Schedule for Organiz                      | ations Descri                         | hed in Secti                      | on 500/a//2\        | · · · · · · · · · · · · · · · · · · · |  | Page 3        |
|---|---------|---|---------------------------------------|-----------------------------------|---------------------|---------------------------------------|--|---------------|
| Section A Public Support   (a) 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total   (f) Graph (f) (f) (f) Graph (f)   |         |   | he box on line                        | 9 of Part Lo                      | r if the organi     | zation foiled                         | to avalify and                         | or Doub II    |
| Section A Public Support   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (b) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (b) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)   (a) 2008 (c) 2039 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in)        |         | If the organization fails to qualify              | under the tes                         | its listed held                   | nw nlease co        | mnlete Part                           | to quanty uno                          | er Part II.   |
| Calendar year por fiscal year beginning in standard received. (En 2010)   (e) 2011   (e) 2012   (f) Total of Sites greated than decided the membership of the standard received. (En not include any "unusual grants"   | Sec     | tion A. Public Support                            |                                       | THE MARKET BOX                    | va, picase co       | impiete i ait                         | 11. )                                  |               |
| 1   |         |   | (a) 2008                              | (b) 2009                          | (c) 2010            | (d) 2011                              | (0) 2012                               | /5\ T - 4 - 1 |
| Received CD not incide any "unusual grants"   689,617   620,380   645,533   602,163   669,324   3,217,617   20   20   20   20   20   20   20   2  |         | Gifts, grants, contributions, and membership fees | (2)2000                               | (5) 2000                          | (0) 2010            | (4) 2011                              | (e) 2012                               | (1) IOTAI     |
| 2 Gross receipts from admissions, merchandles sold or services performed or faculties furnished in any activity that is related to the organization is time-everiple upropes.  3 Gross receipts from activities that are not an unrelated rate of the organization's benefit and either paid to or expended on its behalf.  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 change.  6 Total Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  5 Amounts included on lines 1, 2 and 3 received from disqualified persons.  6 Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6).  Section B. Total Support.  Calendary year (or fiscal year beigning in) - (a) 2008. (b) 2009. (c) 2010. (d) 2011. (e) 2012. (f) Total persons and cone from similar sources.  5 Amounts included on lines 2.  6 Public support (Subtract line 7c from line 6).  Section B. Total Support.  Calendary year (or fiscal year beigning in) - (a) 2008. (b) 2009. (c) 2010. (d) 2011. (e) 2012. (f) Total persons and cone from similar sources.  5 Callon B. Total Support.  Calendary sear (or fiscal year beigning in) - (a) 2008. (b) 2009. (c) 2010. (d) 2011. (e) 2012. (f) Total persons and come from similar sources.  5 Unrelated business laxable income (seas section) is not concerned in the season of capital assets.  6 Unrelated business laxable income (seas section) is not concerned in laxable from business activities not included and incl. (b) 26,881. 127,633. (d) 1,1313. 100,762. 253,963. (d) 2010. (d) 2011. (e) 2012. (f) Total for season and 100. (e) 2012. (f) Total for season and 100. (e) 2013.       |         | received. (Do not include, any "unusual grants.") | 600 617                               | 620.200                           | 645 572             | 700 100                               |  |               |
| furnished in any activity that is related to the organization star-exempt purpose and interest of the property      | 2       | Gross receipts from admissions, merchandise       | 003,017                               | 020,380                           | 045,533             | 602,163                               | 659,324                                | 3,217,017     |
| organization's tain-evering burpose 71,406 73,849 71,724 64,714 97,817 378,919  Gross receipt from activities that are not an unrelated tase'e closiness under sector 513   |         | sold or services performed or facilities          | :                                     | 2                                 |                     |                                       |  |               |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513  |         | organization's fax-exempt purpose                 | 74 400                                | 777.040                           |                     |                                       |  |               |
| Varietized trade or business under section 513  | 3       | Gross receipts from activities that are not an    | 71,400                                | 73,549                            | 71,724              | 64,714                                | 97,417                                 | 378,910       |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1   |         | unrelated trade or business under section 513     |                                       | _                                 |                     | i                                     |  |               |
| organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and expended on its expense on its expe      | 4       | <b>+</b>  | ·                                     | U                                 | 0                   | 0                                     | 0                                      | 0             |
| to or expended on its behalf 5  |         | 101 1112  |                                       | :                                 |                     |                                       | į                                      |               |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.  5 Total Add lines 1 through 5 7 Amounts included on lines 1, 2 and 3 received from disqualified persons  5 Amounts included on lines 1, 2 and 3 received from disqualified persons  6 Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year  7 C Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6.)  8 Public support (Subtract line 7c from line 6.)  9 Amounts from line 6.)  9 Amounts from line 6.)  9 Amounts from line 6.  9 Linelated by a given beginning in 10 (2) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total line 6.)  9 Amounts from line 6.  9 Linelated business taxable income fless section 511 taxes) from businesses acquired after June 30. 1975 (c) Add lines 10 and 100 (b) 25,881 127,633 (c) 1,331 100,762 253,963 activities loans in circulade in line 10b. whether or not the business is regularly carried on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |         | to or expended on its behalf                      | 0                                     |                                   |                     |                                       |  |               |
| furnished by a governmental unit to the organization without charge   | 5       |   |                                       |                                   |                     | 0                                     |  | 0             |
| organization without charge   |         | furnished by a governmental unit to the           |                                       | 4.0                               |                     | 1                                     |  |               |
| 6 Total Add lines 1 through 5 7a Amounts included on lines 1. 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from the than disqualified persons that exceed the greater of 55,000 or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 1% or 1% of the amount on line 1% or 1%       |         | organization without charge                       | n                                     | 0                                 |                     | أ                                     | İ                                      |               |
| 7a Amounts included on lines 1, 2 and 3 received from disqualified persons  | 6       | =           |                                       |                                   |                     |                                       |  | <u> </u>      |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$654,140 or 164,140 or 164, | 7a      | Amounts included on lines 1, 2, and 3             | 701,023                               | 694,029                           | /17,25/             | 556,877                               | 756,741                                | 3,595,927     |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b   |         |   | ^                                     |                                   | _ !                 | _ [                                   |  |               |
| received from other than disquelified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year of \$4.140 or 154.212 195.337 70.215 234.376 0 654.140   c. Add lines 7a and 7b 154.212 195.337 70.215 234.376 0 654.140   8. Public support (Subtract line 7c from line 6.)   | b       | _   | <u>U</u>                              | <u>v</u>                          |                     | 0                                     | <b>O</b>                               | 0             |
| persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 154,212 195,337 70,215 234,376 664,140 Public support (Subtract line 7c from line 6.) 2,941,787 2,94     | -       |   |                                       |                                   | 1                   | 7                                     |  |               |
| c Add lines 7a and 7b   |         | persons that exceed the greater of \$5,000        | 1                                     |                                   |                     |                                       |  |               |
| C   Add lines 7a and 7b   154,212   195,337   70,215   234,376   0   654,140  |         | or 1% of the amount on line 13 for the year       | 154 212                               | 405 227                           | 70.000              |                                       |  |               |
| Public support (Subtract line 7c from line 6.)  | С       |   | ··                                    |                                   |                     |                                       |  | 654,140       |
| Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total   | 8       |   | 104,212                               | 195,337                           | 70,215              | 234,376                               | 0                                      | 654,140       |
| Calendar year (or fiscal year beginning in)   (a) 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total or formal year (or fiscal year beginning in)   (a) 2008   (b) 2009   (c) 2010   (d) 2011   (e) 2012   (f) Total or fiscal year (or fiscal yea        |         | 11 A 3  |                                       |                                   |                     |                                       |  |               |
| Calendar year (or fiscal year beginning in)   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 6  | Sect    | ion B. Total Support                              | Pro-cose System (648) (256) 5876   58 |                                   |                     |                                       |  | 2,941,787     |
| 9 Amounts from line 6   |         |   | (a) 2008                              | (h) 2000                          | (5) 2010            | (4) 5044                              |  |               |
| Gross income from interest, dividends payments received on securities loans rents royalties and income from similar sources  b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c. Add lines 10a and 10b.  11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |         | Amounts from line 6                               |                                       |                                   |                     |                                       | · · · · · · · · · · · · · · · · · · ·  |               |
| payments received on securities loans, rents, royalties and income from similar sources  26,881 127,633 0 -1,313 100,762 253,963  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 10a     |   | 701,023                               | 684,029                           | /17,257             | 666,877                               | 756,741                                | 3,595,927     |
| to valides and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  c Add lines 10a and 10b  d C Add l      |         | payments received on securities loans rents       |                                       |                                   |                     | Ì                                     |  |               |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on o 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |         | royalties and income from similar sources         | 25 004                                | 407.000                           |                     | ļ                                     |  |               |
| section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | b       | · ·   | 20,881                                | 127,633                           |                     | -1,313                                | 100,762                                | 253,963       |
| acquired after June 30, 1975  C Add lines 10a and 10b  26,881  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |         | section 511 taxes) from businesses                | *                                     | er e                              |                     | ]                                     | !                                      |               |
| Add lines 10a and 10b  26,881  127,633  0  -1,313  100,762  253,963  127,633  0  -1,313  100,762  253,963  127,633  0  -1,313  100,762  253,963  127,633  127,633  0  -1,313  100,762  253,963  127,633  127,633  0  -1,313  100,762  253,963  127,634  127,633  127,633  127,633  127,633  127,633  127,633  127,633  127,634  127,633  127,634  127,633  127,634  127,633  127,634      |         | acquired after June 30, 1975                      | 0                                     |                                   |                     | and the second                        | :                                      |               |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | С       |   |                                       |                                   |                     |                                       | ······ <del>•</del> ····               | 0             |
| activities not included in line 10b, whether or not the business is regularly carried on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 11      |   | 20,001                                | 127,633                           |                     | -1,313                                | 100,762                                | 253,963       |
| or not the business is regularly carried on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |         | activities not included in line 10b, whether      | Ì                                     |                                   |                     | 1                                     |  |               |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  13 Total support. (Add lines 9, 10c, 11, and 12.).  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 2012 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2011 Schedule A, Part III, line 15.  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).  18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).  19 331/3% support tests. 2012. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line.  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  |         | or not the business is regularly carried on       | 0                                     |                                   | _                   | .                                     | -                                      |               |
| loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c. 11, and 12.)  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 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 33½% support tests 2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.   | 12      |   |                                       |                                   |                     | 0                                     | 0_                                     | 0             |
| (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 331/3% support tests 2012, if the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization in a line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.   |         | loss from the sale of capital assets              |                                       | į                                 |                     |                                       |  |               |
| Total support. (Add lines 9, 10c, 11, and 12.)  787,904 821,662 717,257 665,564 857,503 3,849,890  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  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2011 Schedule A, Part III, line 15  Public support percentage from 2011 Schedule A, Part III, line 15  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Social Schedule A, Part III      |         | (Explain in Part IV.)                             | 0                                     | •                                 |                     | _                                     |  |               |
| and 12.)  787,904 821,662 717,257 665,564 857,503 3,849,890  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 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  16 73,22 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 33½% support tests 2012. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization.   | 13      | Total support. (Add lines 9, 10c, 11,             |                                       | U                                 | - 0                 | 0                                     | 0                                      | 0             |
| 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  Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 33½% support tests 2012. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization.  |         | and 12.)  | 797 004                               | 001.660                           | 743.053             |                                       | :                                      |               |
| Section C. Computation of Public Support Percentage  15    Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16    Public support percentage from 2011 Schedule A, Part III, line 15  16    Tot.41 %  17    Tot.41 %  18    Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2011 Schedule A, Part III, line 17  19    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income percentage from 2012 (line 10c, column (f)) divided by line 13, column (f))  10    Investment income p      | 14      | First five years. If the Form 990 is for the      | nroanization'e                        | first spand                       | 717,257             | 665,564                               | 857,503                                | 3,849,890     |
| Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage from 2011 Schedule A, Part III, line 13, column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2012 (line 10c. column (f)) investment (f)  Investment income percentage from 2012 (line 10c. column (f)) investment (f)  Investment income percentage from 2012 (line 10c. column (f)) investment (f)  Investment income percentage from 2012 (line 10c. column (f)) investment (f)  Investment income percentage from 2012 (line 10c. column (f)) investment (f)  Investment income percentage       |         | organization, check this box and stop here        | 9                                     | mat, secono.                      |                     |                                       |  |               |
| Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 76.41 %  Public support percentage from 2011 Schedule A, Part III, line 15  16 73.22 %  Public support percentage from 2011 Schedule A, Part III, line 15  Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f)) investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment income percentage from 2012 (line 10c, column (f)) investment investment income percentage from 2012 (line 10c, column (f)) inve      | Section | on C. Computation of Public Support               | Percentage                            |                                   | <u> </u>            |                                       |  | a (1)         |
| Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 17  Investment income percentage from 2011 Schedule A, Part III, line 13. column (f))  Investment income percentage from 2012 (line 10c. column (f) divided by line 13. column (f))  Investment income percentage from 2012 (line 10c. column (f) divided by line 13. column (f))  Investment income percentage from 2012 (line 10c. column (f) divided by line 13. column (f))  Investment income percentage from 2012 (line 10c. column (f) divi      | 15      | Public support percentage for 2012 /line 8        | column (f) divis                      | led by line 42                    |                     |                                       |  |               |
| Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 13. column (f))  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percentage from 2011 Schedule A, Part III, line 17.  Investment income percen      | 16      | Public support percentage from 2011 Sche          | dula A. Dari III                      | ied by line 13,                   | column (f)) .       |                                       | ······································ | 76.41 %       |
| Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17.  19 33½% support tests 2012, if the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization of 33½% support tests 2011, if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.   |         | on D. Computation of Investment Inc.              | ome Percent                           | ane io                            | <u> </u>            |                                       | 16                                     | 73.22 %       |
| 19a 33½% support tests 2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 15 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization.   | 17      | Investment income percentage for 2012 die         | a 10c column                          | age<br>Maina-a b                  | i < ^               |                                       |  |               |
| 17 is not more than 33\(\frac{1}{3}\)%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33\(\frac{1}{3}\)% support tests  2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\(\frac{1}{3}\)%, and line  18 is not more than 33\(\frac{1}{3}\)%, check this box and stop here. The organization qualifies as a publicly supported organization and line 18 is not more than 33\(\frac{1}{3}\)%, check this box and stop here. The organization qualifies as a publicly supported organization.   |         | Investment income percentage from 2011            | se ruc, column<br>Schodulo A. D.:     | (i) aivided by l                  | ine 13. column      | (f))                                  |  | 6.6 %         |
| b 331/3% support tests 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.   | 19a     | 331/3% support tests 2012. If the organize        | ochedule A, Mai<br>ation did not ch   | it III. IME 17 .                  | in time of a second |                                       | 18                                     | 4.41 %        |
| line 18 is not more than 33\infty, check this box and stop here. The organization qualifies as a publicly supported organization.   |         | 17 is not more than 331/3%, check this hav ar     | anon ww not cr<br>ad stan here Th     | eck the box o                     | in line 14, and     | line 15 is mor                        | e than 3313%                           | and line      |
| to the more than 35 % a, check this box and stop here. The organization qualifies as a publicly supported organization  | b       | 331/3% support tests 2011 If the organization     | tion did not cha-                     | ie organization                   | quames as a p       | uoliciy support                       | led organization                       | a 🗇           |
| 20 Private foundation, if the organization did not check a box on line 14, 199, or 10h, about this box on the line at the line      |         | line 18 is not more than 33%, check this he       | our did not the                       | -n a box on lin<br>≥ The orossi~- | e 14 oriine 192     | i, and line 16 is                     | more than 331/                         | 3%, and       |
|   | 20      | Private foundation. If the organization did       | not check a ho                        | v on line 14.1                    | uon quannes as      | a publicly sup                        | ported organiza                        | tion * 1      |

11/6/2013 11:04 AM

| Schedule A (Fo | orm 990 or 990-EZ) 2012  |
|----------------|--|
| Part IV        | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).  |
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SCHEDULE D (Form 990)

## Supplemental Financial Statements

Complete if the organization answered. Yes., to Form 990.
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990
 See separate instructions

Employer identification

| WA         | YNE REED CHRISTIAN CHILD CARE CENTER   |  | 50.4505445   |
|------------|--|--|--|
|            | art I Organizations Maintaining Donor Adv  | vised Funds or Other Similar Fi          | 62-1625142   |
|            | organization answered Yes to Form 9  | 90 Part IV line 6                        | unds of Accounts. Complete if the  |
|            |  | (a) Donor advised funds                  | Dy Eurode and attract  |
| 1          | Total number at end of year  |  | (b) Funds and other accounts   |
| 2          | Aggregate contributions to (during year)   |  |  |
| 3          | Aggregate grants from (during year)  |  |  |
| 4          |  |  |  |
| 5          | Did the organization inform all donors and donor   | advisors in writing that the             |  |
|            | funds are the organization's property, subject to the  | advisors in writing that the assets      | held in donor advised  |
| 6          | Did the organization inform all grantoes denses  | e organization s exclusive legal con-    | troi? ∏ Yes ☐ No   |
|            | Did the organization inform all grantees, donors, a only for charitable numbers and not for the benefit  | ing donor advisors in writing that gr    | rant funds can be used   |
|            | only for charitable purposes and not for the benefit conferring impermissible private benefit?   | iit of the donor or donor advisor, or    | for any other purpose  |
| <b>8</b> D | Conservation Fasements Complete if   | the organization one would V             | Yes 🗍 No   |
| 1          |  |  | to Form 990, Part IV, line 7.  |
| •          | Purpose(s) of conservation easements held by the   | organization (check all that apply).     |  |
|            | Preservation of land for public use (e.g., recreat   | tion or education) 🔲 Preservation        | of an historically important land area   |
|            | i i i i i i i i i i i i i i i i i  | Preservation                             | of a certified historic structure  |
| 2          | Preservation of open space   |  |  |
| ~          | Complete lines 2a through 2d if the organization he  | ld a qualified conservation contribut    | tion in the form of a conservation   |
|            | easement on the last day of the tax year.  |  |  |
| _          | ₩aa i  |  | Held at the End of the Tax Year  |
| a<br>,     |  |  | . 2a   |
| ď          | 44.4494 (conjected by conseivation easement  | <b>5</b>                                 |  |
| c          | Number of conservation easements on a certified h  | istoric structure included in (a)        | The second secon |
| ď          | realise of conservation easements included in t  | c) acquired after 8/17/06, and not       | on a   |
|            | motoric structure listed in the National Register  |  | : 1  |
| 3          | Number of conservation easements modified, trans   | ferred, released, extinguished, or ter   | minated by the organization during the   |
|            | The second secon |  | minuted by the organization during the   |
| 4          | Number of states where property subject to consen  | vation easement is located a             |  |
| 5          | Does the organization have a written noticy ren  | arding the periodic managers.            | chartion benefits of   |
|            | eas  | ements it holds?                         | £3   |
| 6          | Staff and volunteer hours devoted to monitoring, ins   | specting and enforcing conservation      | Yes No   |
|            |  |  |  |
| 7          | Amount of expenses incurred in monitoring, inspect § \$  | ing and enforcing concentration          |  |
|            |  |  |  |
| 8          | Does each conservation easement reported on line (i) and section 170(h)44 yR viii)2  | 2(d) above eatiefy the requirements      |  |
|            | (i) and section 170(h)(4)(B)(ii)?  | zidy above satisfy the requirements      |  |
| 9          | In Part XIII, describe how the organization reports co   |  | Yes 🗍 No   |
|            | balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen  | the feetpate to the                      | e and expense statement, and   |
|            | organization's accounting for conservation easemen   | tile lootilole to the organization's fir | nancial statements that describes the  |
|            | Organizations Maintaining Collections  | of Art Hickory LT                        |  |
|            |  | of Art, Historical Treasures, or         | Other Similar Assets.  |
| 1a         | Complete if the organization answered Y  | res to Form 990, Part IV, line 8.        |  |
|            | If the organization elected, as permitted under SFAt works of art, historical treasures, or other similar a  | S 116 (ASC 958), not to report in its    | revenue statement and balance sheet  |
|            | works of art. historical treasures, or other similar a public service, provide, in Part XIII, the text of the for  | issets held for public exhibition, ec    | ducation, or research in furtherance of  |
| b          | , and the following the following the first term of the following the first term of the following terms of the fol | VITIOLE TO ITS III MISTAL STATEMENTS THE | t docoribae these it   |
| Ď          | If the organization elected, as permitted under SF, works of art, historical treasures, or other similar a   | AS 116 (ASC 958), to report in its       | revenue statement and balance sheet  |
|            |  |  | fucation, or research in furtherance of  |
|            |  |  |  |
|            | (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X  |  | a <b>5</b>   |
| _          |  |  |  |
| 2          |  |  |  |
|            |  |  |  |
| а          | Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X   | . , , = ========                         | A  |
| b          | Assets included in Form 990, Part X Derwork Reduction Act Notice, she the Instructions for C   |  | - , , , , , <del>, , , , , , , , , , , , , ,</del>   |
| r Par      | perwork Reduction Act Notice, see the festive tions to 1   |  |  |

| Pai        | iule D (Form 990) 2012  Organizations Maintaining   | Callaghia  | A         |                   |                            |  | p  |
|------------|---|--|-----------|-------------------|----------------------------|--|--|
| 3          | Organizations Maintaining Using the organization's acquisition, collection items (check all that apply) | accession, and or  | Art, H    | storic<br>ords, c | al Treasure<br>heck any of | s, or Other Simila<br>the following that ar  | ar Assets (continu<br>e a significant use i  |
| а          | 677   |  | ત         | ~~                | SSD or ovale               |  |  |
| b          | Scholarly research  |  | U<br>a    |                   | thor                       | nge programs   |  |
| c          | Preservation for future generation  | S  | e         | i,i O             | uiei                       |  |  |
| 4          | Provide a description of the organiza XIII.   | tion's collections   | and exp   | lain ho           | w they furthe              | er the organization's  | exempt purpose in  |
| 5          | During the year, did the organization assets to be sold to raise funds rather                           | solicit or receive   | donatio   | ns of a           | art, historical            | treasures, or other  | similar  |
| 221        | reacton and charbaily His   | ingements. Co  | mblete    | if the            | organization               | answered Yes   | Yes []   |
| 1a         | mic of deponed an amount  | II OO FORM 99H 3   | OPT Y     | in n. 31          |                            |  |  |
|            | included on Form 990, Part X?   |  |           |                   |                            | utions or other asse   | ts not   |
| b          | If Yes, explain the arrangement in Pi   | art XIII and comple  | te the f  | ollowin           | g table:                   |  | [_] [65 [_]  |
|            |   |  |           |                   | -                          |  | Amount   |
| C          | Beginning balance   |  |           |                   |                            | 1c   | **************************************   |
| đ          | Additions during the year   |  |           |                   |                            | 1d   |  |
| e          | Distributions during the year   |  |           |                   |                            | 1e   |  |
| f.         | Ending balance  |  |           |                   |                            | 4.6  | en en ger paramitentamen den april et i de baje de 1900 de 1900 en april par pr  |
| 2 <b>a</b> | Did the organization include an amour   | it on Form 990, Pa   | rt X, iin | e 21?             |                            | ·  | Yes  |
| b          | ii i es. explain the attangement in Pa  | IN XIII ("hack hard  | if tha    |                   |                            |  |  |
| ĒΙ         | V Endowment Funds, Comple   | te if the organiz  | ation a   | nswere            | d Yes to                   | Form 990 Part IV   | line 10  |
|            | į.  | (a) Current year   | (b) Pr    | ior year          | (c) Two yea                | ers back (d) Three years   | hark : (e) Four years b  |
| a          | Beginning of year balance   |  |           |                   |                            |  | , odek (c) robi years b  |
| þ          | Contributions   |  |           | •                 |                            |  |  |
| С          | Net investment earnings, gains, and   |  |           |                   |                            | . /  | *  |
|            | losses .  | 1  |           |                   |                            | 1  |  |
| d          | Grants or scholarships  |  |           |                   |                            |  |  |
|            | Other expenditures for facilities and   |  |           |                   |                            |  |  |
|            | programs  |  |           |                   |                            | 27 ca  | į  |
| f          | Administrative expenses   |  |           |                   |                            |  |  |
| Ş          | End of year halance   | respect and the section of the secti |           |                   | <u> </u>                   |  |  |
| 9          |   |  |           |                   |                            |  |  |
|            | Provide the estimated percentage of the Board designated or quasi-endowment                             |  | Paralic   | e (line           | 1g. column (a              | i)) held as:   |  |
| b          | Permanent endowment *   | transference a second  | %         |                   |                            |  |  |
|            |   | %  |           |                   |                            |  |  |
| _          | Temporarily restricted endowment  | %  |           |                   |                            |  |  |
| а          | The percentages in lines 2a, 2b, and 2c   | should equal 100   | %.        |                   |                            |  |  |
| •          | Are there endowment funds not in the organization by:   | possession of the  | organi    | zation t          | hat are held               | and administered fo  | r the  |
|            | <u> </u>  |  |           |                   |                            |  | Yes N  |
|            | (i) unrelated organizations   |  |           |                   |                            |  | 3a(i)  |
|            | (ii) related organizations  |  |           |                   |                            |  | 3a(ii)   |
| >          | If Yes to 3a(ii), are the related organiz   | ations listed as rec   | uired c   | n Sche            | dule R?                    |  | 3b   |
|            | Describe in Part XIII the intended uses   | of the organization  | 's endo   | wment             | funds                      |  | 30   |
| ΠĒ         | VI Land, Buildings, and Equipn  | ient. See Form   | 990. Pa   | art X. Ii         | ne 10.                     |  |  |
|            | Description of property   | (a) Cost or othe   |           |                   | or other basis             | ics Accumulated  |  |
|            |   | (investmen   |           |                   | (other)                    | (c) Accumulated depreciation   | (d) Book value   |
| а          | Land  |  | 0         |                   |                            |  | 1  |
| ; (        | Buildings   | The second secon |           |                   | 0                          | reside de la filipa de la filipa de la filipa de la filipa de la filipa de la filipa de la filipa de la filipa |  |
|            | Leasehold improvements  |  | 0         |                   | 678,283                    | 243,898  | 434,3  |
|            | Equipment   |  | 0         |                   | 0                          | 0  |  |
| 1          |   | :  | 0         |                   | 047 007                    | 534 500  | The same of the sa |
|            | Other   |  |           |                   | 217,297                    | 134,598  | 82,6   |
| . (        | Other<br>Add lines 1a through 1e. (Column (d) mu  | et caual E cos   | n:        |                   |                            |  | *  |

| Part VII Investments Other S (a) Description of security or category   | ecurities. See Form 990, Part  | LA, line 12.   |
|--|--|--|
| (including name of security)   | (b) Book value   | (c) (Aethed of valuation)  |
| 1) Financial derivatives   |  | Cost or end-of-year market value   |
| 2) Closely-held equity interests   |  |  |
| 3) Other   |  |  |
| (A)  |  | And a sure of the  |
| (B)  |  |  |
| (C)  |  |  |
| (D)  |  | The second secon |
| (E)  |  | The second secon |
| (F)  |  |  |
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| (G)  |  |  |
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| (1)  |  | A SECTION OF THE PROPERTY OF T |
| tal. (Column (b) must equal Form 990. Part X. col. (B)   | line 12.) =  |  |
| art VIII Investments Program   | Related, See Form 990, Part  | X line 13  |
| (a) Description of investment type   | (b) Book value   | The state of the s |
| · ·  | (o) book value   | (C) Method of valuation Cost or end-of-year market value   |
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| ))<br>al. (Column (b) must equal Form 990, Part X, col. (B) I  | ine 13 ) ^   |  |
| )<br>al. (Column (b) must equal Form 990, Part X-col (B) l   | ine 13 ) 4 990, Part X, line 15.   |  |
| )<br>at (Column (b) must equal Form 990, Part X col (B) I<br>art IX Other Assets, See Form   | 990, Part X, line 15. (a) Description  | th Book value  |
| ) al (Column (b) must equal Form 990. Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) at (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Bock value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X coi (B) I art IX Other Assets. See Form   | 990, Part X, line 15.  | (b) Book value   |
| ) al (Column (b) must equal Form 990, Part X coi (B) H art IX Other Assets. See Form   | 990, Part X, line 15. (a) Description  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets See Form  Other Assets See Form  | 990, Part X, line 15. (a) Description  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  Other Assets. See Form  Other Assets. See Form  Other Assets. See Form  Other Assets. See Form  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Bock value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability   | 990, Part X, line 15. (a) Description  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability   | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  Other Assets. See Form  Other Liabilities. See Form  Other Liabilities See Form  Other Liabilities See Form  Other Liabilities See Form   | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| art IX Other Assets. See Form  Other Assets. See Form  al. (Column (b) must equal Form 990. Part X col (B) II  art IX Other Assets. See Form  Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| at (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form  Other Assets. See Form  at (Column (b) must equal Form 990, Part X Other Liabilities, See Form  (a) Description of liability   | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| at (Column (b) must equal Form 990, Part X col (B) I art IX Other Assets. See Form  Other Assets. See Form  at (Column (b) must equal Form 990, Part X col (B) I art IX Other Liabilities. See Form  (a) Description of liability  | Part X. col. (B) line 15.  m 990, Part X, line 15.  m 990, Part X, line 25.  | (b) Book value   |
| al (Column (b) must equal Form 990, Part X col (B) Part IX Other Assets. See Form  al. (Column (b) must equal Form 990, Fart X Other Liabilities. See For  (a) Description of liability Federal income taxes   | Part X. col. (B) line 15.) m 990, Part X, line 25. (b) Book value  | (b) Book value   |
| al. (Column (b) must equal Form 990. Part X col (B) lart IX Other Assets. See Form  al. (Column (b) must equal Form 990. Fart X Other Liabilities. See For (a) Description of dability.  Federal income taxes  (Column (b) must equal Form 990. Part X col (B) line  (Column (b) must equal Form 990. Part X col (B) line  | Part X. col. (B) line 15.) m 990, Part X, line 25. (b) Book value  | (b) Book value   |

| 1 2   | Reconciliation of Revenue per Audited Financial Statem Total revenue, gains, and other support per audited financial statements  |             |                 |                |           |
|-------|--|-------------|-----------------|----------------|-----------|
|       | Total levelide, gaillo, alla ottler support per audited financial etatomonto   | ictits vitt |                 | 1              |           |
| _     | Amounts included on line 1 but not on Form 990. Part VIII, line 12:  |             |                 | 1              | 857,503   |
| ā     | Net unrealized gains on investments  | 20          | _               |                |           |
| b     | Donated services and use of facilities   | 2a          | 0               | 133            |           |
| С     | Recoveries of prior year grants  | 2b          | 0               |                |           |
| d     | Other (Describe in Part XIII.)   | 2c          | 0               |                |           |
| e     | Add lines 2a through 2d  | 2d          | 0               | CONTRACTOR .   |           |
| 3     | Subtract line 2e from line 1   |             |                 | 2e             | 0         |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             | * * * * * * * * | 3              | 857,503   |
| a     | investment expenses not included an Farm one of the state  |             |                 |                |           |
| b     | Other (Describe in Part XIII.)   | 4a          | 0               |                |           |
| С     | Add lines 4a and 4b  | 4b .        | 0               |                |           |
| 5     | Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line   | 10 )        |                 | 4c             | 0         |
| Part  | Reconciliation of Expenses per Audited Financial Statem  | 14.)        | -               | 5              | 857,503   |
| 1     |  |             |                 | r Return       |           |
| 2     | Amounts included on line 1 but not on Form 990. Part IX, line 25:  |             |                 | 1              | 788,069   |
| а     | Donated services and use of facilities   | 1 0 1       |                 |                |           |
| b     | Prior year adjustments   | 2a          | 0               |                |           |
| c     | Other losses   | 2b          | 0               |                |           |
| d     | Other (Describe in Part XIII.)   | 2c          | 0               |                |           |
| е     | Add lines 2a through 2d  | 2d          | 0               |                |           |
| 3     | Subtract line 2e from time 4   |             |                 | _2e            | 0         |
| 4     | Amounts included on Form 990. Part IX, line 25, but not on line 1:   |             |                 | 3              | 788,069   |
| а     | Investment expenses not included on Form oon, Day VIII Co. Tr.   |             |                 |                |           |
| b     | Other (Describe in Part VIII.)   | 4a          | 0               |                |           |
| ¢     | Add lines 4a and 4b  | 4b          | 0               |                |           |
|       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line  |             |                 | 4c             | 0         |
| 211   | Supplemental Information   | 3 (0.)      |                 | 5              | 788,069   |
| omple | Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9 line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 3d and 4b | 0. D. 1.11  |                 |                |           |
|       |  |             |                 |                |           |
|       | · · · · · · · · · · · · · · · · · · ·  |             |                 |                |           |
|       |  |             |                 |                |           |
|       |  |             |                 |                | ********* |
|       |  |             |                 | ************** |           |
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|       |  |             |                 |                |           |
|       |  |             |                 |                |           |

Schedule () (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

\* Attach to Form 990 or Form 990-EZ \* See separate instructions

OMB No. 1545-0047

Name of the organization

Employer identification number

| WAY     | NE REED CHRISTIAN CHILD CARE   |  |   |  |  | 62-  | 1625142   |
|---------|--|--|---|--|--|--|---|
| Pa      | Fundraising Activities   | . Complete if t  | ne organiz                              | ation ansv                                 | vered Yes to F                         | orm 990, Part IV.  | ine 17.   |
| 1<br>a  | Form 990-EZ filers are<br>Indicate whether the organizati<br>Mail solicitations  | not required to<br>on raised funds   | through an                              | y of the foll                              | owing activities. Clion of non-govern  |  |   |
| b       | Const  | ons  | ſ                                       |  | ion of non-govern<br>ion of government |  |   |
| c       |  |  | <b>9</b> [                              | Special                                    | fundraising events                     | ;  |   |
| d<br>2a | 222 F = 1 = 1  | itten or oral agre   | amant with                              | nau indivi                                 | عداد المناسبة المالية                  |  | 1   |
|         | or key employees listed in Forn  | n 990, Part VII) o   | rentity in c                            | onnection                                  | with professional t                    | icers, directors, trus<br>fundraising services?  | tees<br>' [] Yes [] No  |
| þ       | If Yes. list the ten highest pai<br>compensated at least \$5,000 b   | d individuals or   | entities (fun                           | draisers) p                                | ursuant to agreem                      | nents under which th   | e fundraiser is to be   |
|         | (i) Name and address of individual or entity (fundraiser)  | (ii) Activity  | Custody d                               | idraiser have<br>or control of<br>outlons? | (iv) Gross receipts from activity      | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i)   | (vi) Amount paid to<br>(or retained by)<br>organization   |
|         | removed to the section of the sectio |  | Yes                                     | No   |  |  |   |
| 1       |  |  |   | 7  | -                                      |  |   |
| 2       |  |  |   | N.A.J.                                     |  | (m. 1 m)   | 2.00A   |
| 3       |  |  |   | ····                                       |  | THE STATE OF PROJUCTS AND A STATE OF THE STA |   |
| 4       |  | 100 to 10 |   |  |  |  |   |
| 5       |  |  |   |  |  |  |   |
| 6       |  |  |   |  |  |  |   |
| 7       |  |  |   |  |  | ann gar a dhinn a g-aga gh-matach i strìobh i dh m and mainn, gan annaga i ga gagair   |   |
| 8       |  |  |   | <u> </u>                                   |  |  |   |
| 9       |  |  |   |  |  |  | - XX - XX - XX - XX - XX - XX - XX - X  |
| 10      |  | **************************************   | *************************************** |  |  |  | among mang mga 1833 kalalam amagan nga 192 nga sa sa sa sa paga yang maga-  |
| Total   |  | 4  | 4                                       | <u>.</u>                                   |  | n a f a mar a mar again ar a para again (again f a gha) 1 paga ang ang a a a manan ang an aga a again ag a ag  | \$17 to assess the second secon |
| 3       | List all states in which the orga registration or licensing.   | nization is regis  | tered or lic                            | ensed to so                                | clicit contributions                   | or has been notifie  | d it is exempt from   |
|         |  |  |   |  |  |  |   |
|         |  |  | ••                                      |  | *******************                    |  | *******************   |
| ******* |  |  |   |  | **************                         | *************************  |   |
|         | ***************************************  |  |   |  |  |  |   |
|         |  | ****************   | ************                            |  |  |  | ***************************************   |
|         |  |  |   | *************                              |  |  |   |
|         |  | *  |   |  | **                                     | ***************************************  |   |
|         |  |  |   |  |  |  |   |
| Paperv  | vork Reduction Act Notice see the Instr  | uctions for Form 99  | 0 or 990-EZ                             |  | Cat. No. 50083H                        | Schedule G (Fo   | rm 990 or 990-EZ\ 2012  |

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2012

|                           |                                   | gross receipts greater that  | 40 NO URBU   |  |  |  |
|---------------------------|-----------------------------------|--|--|--|--|--|
|                           |                                   | 3,000,000,000  | (a) Event #1   | (b) Event #2   | (c) Other events   |  |
|                           |                                   |  | November dinner  |  |  | (d) Total events<br>(add col. (a) through  |
|                           |                                   |  | (event type)   | (event type)   | (total number)   | col (c))   |
| Revenue                   |                                   |  |  |  | Annual Control of the | The The Control of the State and a section of the s |
| ا<br>د د د                | 1                                 | Gross receipts   | 153,036  |  |  | 153,036  |
| άŽ                        | _                                 |  |  | •  |  |  |
|                           | 2                                 | Less. Contributions Gross income (line 1 minus   | 0  | )  | · · · · · · · · · · · · · · · · · · ·  | 0  |
|                           | J                                 | line 2)  | 153,036  |  | :  | 452.020  |
|                           |                                   |  |  |  |  | 153,036  |
|                           | 4                                 | Cash prizes  | 0  |  |  | 0  |
|                           |                                   |  |  |  |  |  |
|                           | 5                                 | Noncash prizes   | 0  |  |  | 0  |
| S                         | 6                                 | Dont/f==3it==-t=   |  |  |  |  |
| sua                       | 6                                 | Rent/facility costs  | 16,610   |  |  | 16,610   |
| Expenses                  | 7                                 | Food and beverages   | 5,656  |  |  | E GEG  |
| ict<br>ict                |                                   | v  |  | **************************************   |  | 5,656  |
| Direct                    | 8                                 | Entertainment  | 1,500  |  | (  | 1,500  |
|                           | _                                 | Au i   |  |  |  | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| į                         | 9                                 | Other direct expenses .  | 0  |  | <u> </u>   | 0  |
| ,                         |                                   |  |  |  |  |  |
| İ                         | 10                                | Direct expense summary Ac  | id lines 4 through 9 in co   | nlumn (d)  |  | (  |
|                           | 10<br>11                          | Direct expense summary. Ac<br>Net income summary. Comb   | dd lines 4 through 9 in co<br>pine line 3, column (d), ai                                    | olumn (d)  |  | ( 23,766 )   |
| Pa                        |                                   | Net income summary. Comb<br>Gaming. Complete if the  | oine line 3, column (d), a<br>e organization answer  | nd line 10   |  | 129 270  |
| Pa                        | 11                                | Net income summary. Comb   | oine line 3, column (d), a<br>e organization answer  | nd line 10   |  | 129 270  |
|                           | 11                                | Net income summary. Comb<br>Gaming. Complete if the  | oine line 3, column (d), a<br>e organization answer  | nd line 10ed Yes to Form 99  | 90, Part IV, line 19, or   | reported more  |
|                           | 11                                | Net income summary. Comb<br>Gaming. Complete if the  | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10<br>ed Yes to Form 99  |  | reported more  |
| Revenue                   | 11                                | Net income summary. Comb<br>Gaming. Complete if the<br>than \$15,000 on Form 9   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99  | 90, Part IV, line 19, or   | reported more  |
|                           | 11                                | Net income summary. Comb<br>Gaming. Complete if the  | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99  | 90, Part IV, line 19, or   | reported more  |
| Revenue                   | 11                                | Net income summary. Comb<br>Gaming. Complete if the<br>than \$15,000 on Form 9   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99  | 90, Part IV, line 19, or   | reported more  |
| Revenue                   | 11<br>(1)(1)<br>1                 | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99 (b) Pull tabs/instant  | 90, Part IV, line 19, or   | reported more  |
| Revenue                   | 11                                | Net income summary. Comb<br>Gaming. Complete if the<br>than \$15,000 on Form 9<br>Gross revenue  | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99 (b) Pull tabs/instant  | 90, Part IV, line 19, or   | reported more  |
| Expenses Revenue          | 11<br>(1)(1)<br>1                 | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99 (b) Pull tabs/instant  | 90, Part IV, line 19, or   | reported more  |
| Revenue                   | 11<br>(1)(1)<br>1                 | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99 (b) Pull tabs/instant  | 90, Part IV, line 19, or   | reported more  |
| ect Expenses Revenue      | 11<br>(1)(1)<br>1                 | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue.  Cash prizes.  Noncash prizes.  Rent/facility costs   | oine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.                       | nd line 10ed Yes to Form 99 (b) Pull tabs/instant  | 90, Part IV, line 19, or   | reported more  |
| ect Expenses Revenue      | 1 2 3 4                           | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes   | eine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.<br>(a) Bingo          | nd line 10   | 90, Part IV, line 19, or   | reported more  |
| ect Expenses Revenue      | 1 2 3 4                           | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue.  Cash prizes.  Noncash prizes.  Rent/facility costs   | eine line 3, column (d), a<br>e organization answer<br>90-EZ, line 6a.<br>(a) Bingo          | nd line 10   | 90, Part IV, line 19, or   | reported more  |
| ect Expenses Revenue      | 11<br>1 2<br>3 4<br>5 6           | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  | Tyes %   | red Yes to Form 99  (b) Pull tabs/instant bings/progressive bings  Yes %  No   | 90, Part IV, line 19, or (c) Other gaming  Yes %   | reported more  |
| ect Expenses Revenue      | 11<br>11<br>1<br>2<br>3<br>4<br>5 | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  | Tyes %   | red Yes to Form 99  (b) Pull tabs/instant bings/progressive bings  Yes %  No   | 90, Part IV, line 19, or (c) Other gaming  Yes %   | reported more  |
| ect Expenses Revenue      | 11<br>1 2<br>3 4<br>5 6           | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add   | Yes %  Yes %  No   | The direction of the second of | (c) Other gaming  (c) Yes %  No  | reported more  |
| ect Expenses Revenue      | 11<br>1 2<br>3 4<br>5 6           | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  | Yes %  Yes %  No   | The direction of the second of | 90, Part IV, line 19, or (c) Other gaming  Yes %   | reported more  |
| ect Expenses Revenue      | 11 1 2 3 4 5 6 7 8                | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad Net gaming income summare  | Yes % No  No Combine line 1, column (d), as e organization answer 90-EZ, line 6a.  (a) Bingo | Yes %  Yes %  Yes %  Yes %  And line 7   | (c) Other gaming  Yes %  No  | reported more  Id) Total gaming (add col. (a) through col. (c))  |
| Direct Expenses Revenue   | 11 1 2 3 4 5 6 7 8 Er             | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad  Net gaming income summar  | Yes % No  Id lines 2 through 5 in cour   | Tyes % No No and line 7  | (c) Other gaming  Yes %  No  | reported more  (d) Total gaming (add coll (a) through coll (c))  |
| ω Direct Expenses Revenue | 11 1 2 3 4 5 6 7 8 Er i is        | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad Net gaming income summare the state(s) in which the or the organization licensed to op                 | Yes % No  Id lines 2 through 5 in columganization operates gaming activities                 | Yes % No No and line 7 No activities: In each of these states  | (c) Other gaming  Yes % No   | reported more  d) Total gaming (add coll (a) through coll (c))   |
| ω ω Revenue               | 11 1 2 3 4 5 6 7 8 Er i is        | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad Net gaming income summare the state(s) in which the or the organization licensed to op                 | Yes % No  Id lines 2 through 5 in cour   | Yes % No No and line 7 No activities: In each of these states  | (c) Other gaming  Yes % No   | reported more  d) Total gaming (add coll (a) through coll (c))   |
| ω ω Revenue               | 11 1 2 3 4 5 6 7 8 Er 1 Is o If   | Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Ad Net gaming income summar her the state(s) in which the or the organization licensed to op No. explain: | Yes % No Id lines 2 through 5 in column ganization operates gaming activities                | Tyes % No Pulm (d) No No and line 7 No activities: In each of these states   | 90, Part IV, line 19, or  (c) Other gaming  Yes % No   | reported more  d) Total gaming (add coll (a) through coll (c))  Yes [] No  |

|             | Due G (Form 990 or 990-EZ) 2012   |  |                         |              |
|-------------|---|--|-------------------------|--------------|
| 11<br>12    | Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gamine?   | ∏ Y€   |                         | Page .<br>No |
| 13          | formed to administer charitable gaming?  Indicate the percentage of gaming activity operated in.  | □ Ye   | :s 🗌                    | No           |
| a<br>b      | 13a   |  | يرو دور المساعد المساعد | %            |
| 14          | Enter the name and address of the person who prepares the organization's gaming/special events books and records:   | THE STATE OF THE S | -1                      | %            |
|             | Name »  |  |                         |              |
|             | Address a   |  |                         |              |
| 15 <b>a</b> | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |  |                         |              |
|             | If Yes, enter the amount of gaming revenue received by the organization * \$ and the amount of gaming revenue retained by the third party * \$  If Yes, enter name and address of the third party:  | Ye   | S .                     | No           |
|             | Name =  |  |                         |              |
|             | Address ÷   |  |                         |              |
| 16          | Gaming manager information:   |  |                         |              |
|             | Name =  |  |                         |              |
|             | Gaming manager compensation = S   |  |                         |              |
|             | Description of services provided a  |  |                         |              |
|             | □ Director/officer □ Employee □ Independent contractor  |  |                         |              |
| а           | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required to a state of the | Yes  | 177 1                   | No           |
|             | spent in the organization's own exempt activities during the tax year.  |  | (i <b>1</b>             | 10           |
| Part I      | Supplemental Information. Complete this part to provide the explanations required by Part I, lir columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).  | ne 2b,<br>plete t  | his                     |              |
|             |   |  |                         |              |
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|             |   |  |                         |              |

SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury internal Revenue Service Name of the organization

Complete if the organization answered. Yes: to Form 990, Part IV, line 21 or 22. Attach to Form 990.

| WAYNERS | EN CHBISMA | MICHIED. | CADE CE |  |
|---------|------------|----------|---------|--|

| Part I General Information                                       | on Grants and  | d Assistance   |  |  |   |  |
|--|--|--|--|--|---|--|
| <ol> <li>Does the organization mainta</li> </ol>                 | in records to sub  | stantiate the amo  | unt of the grants o                        | r assistance, the  | grantees' eligibility                                       | for the grants of  |
| the selection chiteria asea to t                                 | awaro ine granis   | or assistance?   |  |  |   | · · · · · · · · · · · · · · · · · · ·  |
| 2 Describe in Part IV the organic<br>Part II Grants and Other As | zation's procedu   | res for monitoring   | the use of grant fu                        | inds in the United   | States.   |  |
| Part II Grants and Other As<br>Part IV, line 21, for an          | y recipient that   | received more t  | i Organizations<br>han \$5,000. Part       | in the United S<br>Il can be duplic  | tates. Complete ated if additional                          | if the organiz   |
| 1 (a) Name and address of organization<br>or government          | (b) EIN  | (c) IRC section<br>if applicable   | (d) Amount of cash<br>grant                |  | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Descri<br>non-cash a   |
| (1)  |  |  |  | VVVVV AND In the form of the state of the st | **************************************                      | the facilities of the global gap ages and not dead to be considered to the constraint of the constrain |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice see the Instructions for Form 990

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| art III Grants and Other Assistance Part III can be duplicated if add                                | itional space is needed  | l.   | -1   |  |
|--|--------------------------|--|--|--|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant   | (d) Amount of<br>non-cash assistance   | (e) Method of valuation (bo<br>FMV, appraisal, other)  |
| 1 None   | 0                        |  | 0 0  | n/a  |
| 2  |                          |  |  |  |
| 3  |                          |  |  | TANA FAN ALSAN A SAN | 4  |                          |  | to the state of th |  |
| 5  |                          | Ministrative and productive and a square square as great a property of the control of the contro |  |  |
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| art IV Supplemental Information. Co<br>information.  |                          |  | on required in Part I  | , line 2, Part III, colum  |
| Supplemental Information. Co<br>information.   |                          |  | on required in Part I  | , line 2, Part III, colum  |
| art IV Supplemental Information. Co information.   |                          |  | on required in Part I  | , line 2, Part III, colum  |
| rt IV Supplemental Information. Co information.  |                          |  | on required in Part I  | , line 2, Part III, colum  |
| Supplemental Information. Co<br>information.   |                          |  | on required in Part I  | line 2, Part III, colum  |
| Supplemental Information. Co<br>information.   |                          |  | on required in Part I  | line 2, Part III, colum  |
| art IV Supplemental Information. Co<br>information.  |                          |  | on required in Part I  | line 2, Part III, colum  |
| 7 art IV Supplemental Information. Coinformation. chedule I, Part I, Line 2 - The grant funds are mo |                          |  | on required in Part I  | line 2, Part III, colum  |
| art IV Supplemental Information. Co<br>information.  |                          |  | on required in Part I  | line 2, Part III, colum  |
| Supplemental Information. Co<br>information.   |                          |  | on required in Part I  | line 2, Part III, colum  |
| art IV Supplemental Information. Co<br>information.  |                          |  | on required in Part I  | line 2, Part III, colum  |

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on

| Department of the Treasury<br>Internal Revenue Service | form 990 or 990-EZ or to provide any   | ses to specific questions on additional information | Open to Pub                             |
|--|--|---|---|
| Name of the organization                               | * Attach to Form 990 or  | 990-EZ  | Inspection                              |
|  |  | Employer ide  | ntification number                      |
| WAYNE REED CHRISTIAN CHI                               | ILD CARE CENTER  | į.  | 62-1625142                              |
| Form 990, Part VI, Section B, L                        | ine 11b - The 990 was reviewed by the finance co   | ommittee before it was filed.                       | 70.0142                                 |
|  |  | ***************************************             | *****************                       |
| Form 000 D. Alla                                       |  |   | *******************                     |
| Form 990, Part VI, Section B, Li                       | ine 15 - The Board decides on the compensation   | of the director, which is the only ke               | V amninuae The                          |
| director recommends the comp                           | pensation of other employees to the Board.   |   | y employee, title                       |
|  |  |   |   |
|  | ******   |   |   |
| Form 990, Part VI, Section C, LI                       | ine 19 - The financial statements and audits are n   | nade available upon request.                        |   |
|  |  |   | ***                                     |
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| Schedule O, Statement 1              | WAYNE REED CHRISTIAN CHILD CARE CENTER |
|--------------------------------------|--|
| Form: 990                            | 62-1625142                             |
| Page 1                               |  |
| Line Number                          |  |
| Reasonab                             | le Cause Explanations                  |
| Explanation                          |  |
| Audit was received until mid-October |  |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-F7, or Form 990, pc

OMB No. 1545-0047

2012

| Marina of the second   |  |  |                                 |
|--|--|--|---------------------------------|
| Name of the organization   |  | Employer identificati  | on number                       |
|  | N CHILD CARE CENTER  | 62-1625 <sup>-</sup>   | 142                             |
| Organization type (che   | ck one).   |  |                                 |
| Filers of:   | Section:   |  |                                 |
| Form 990 or 990-EZ   | [4] 501(c)( 3 ) (enter number) organization  |  |                                 |
|  | 4947(a)(1) nonexempt charitable trust not treated as a   | private foundation   |                                 |
|  | 527 political organization   |  |                                 |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |                                 |
|  | [] 4947(a)(1) nonexempt charitable trust treated as a priva  | ate foundation   |                                 |
|  | 501(c)(3) taxable private foundation   |  |                                 |
| eneral Rule  | (c)(7), (8), or (10) organization can check boxes for both the Gene  |  |                                 |
| ieneral Rule  For an organizat   | tion filing Form 990, 990-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II.   |  |                                 |
| ieneral Rule  For an organizat   | ion filing Form 990, 990-FZ or 990-PE that received, during the  |  |                                 |
| For an organizat property) from a pecial Rules  For a section 50 under sections 5  | ion filing Form 990, 990-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II.  1(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 9 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contribute \$5,000 or (2) 2% of the amount on (i) Form 990. But 1(ii) line to   | year, \$5,000 or more (in money  | or                              |
| For an organizat property) from a pecial Rules  For a section 50 under sections 5 the greater of (1) Complete Parts I  For a section 501 during the year, the or educational purious property or educational purious property in the property of the property  | fion filing Form 990, 990-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II.  1(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 909(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 11 and II.  (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received contributions of more than \$1,000 for use exclusively for religing poses, or the prevention of cruelty to children or animals. Comp   | year, \$5,000 or more (in money support test of the regulations or, during the year, a contribution, or (ii) Form 990-EZ, line 1, lived from any one contributor, ious, charitable, scientific, literallete Parts I, II, and III.  | or<br>S<br>n of                 |
| For a section 50 during the year, to reducational put for a section 50 during the year, to reducation for a section 50 during the year, to reducation for an exclusion applies to this organore during the year, for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for an exclusion for the former exclusion for the | fion filing Form 990, 990-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II.  1(c)(3) organization filing Form 990 or 990-EZ that met the 331/39 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 11 and II.  (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received contributions of more than \$1,000 for use exclusively for religious, or the prevention of cruelty to children or animals. Comparization filing Form 990 or 990-EZ that received in the state of t | year, \$5,000 or more (in money year, \$5,000 or more (in money of support test of the regulations or, during the year, a contribution, or (ii) Form 990-EZ, line 1.  Inved from any one contributor, ious, charitable, scientific, literal lete Parts I, II, and III.  Inside the parts I, II, and III.  In the parts unless the General Reports unless the General Reports, contributions of \$5,000 co | or  n of  ry,  did  he  ufe  or |

|            | 9 (Form 990, 990-EZ, or 990-PF) (2012)<br>organization             | Emp                                     | Page 1 of 3 of Part I   |
|------------|--|---|---|
|            | REED CHRISTIAN CHILD CARE CENTER                                   |   | 62-1625142  |
| Pan I      | Contributors (see instructions). Use duplicate co                  | pies of Part I if additional space is r | needed.   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| .1         | Tom Susan Parker  107 Tyne Boulevard  Nashville, TN 37220          | \$ 5,011                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 2          | Fletcher Gail Srygley  4419 Granny White Pike  Nashville, TN 37204 | \$ 6,220                                | Person 4 Payroll  Noncash  (Complete Part II if there is a noncash contribution.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 3          | Jeff Katherine Hays  9256 Wardley Park  Brentwood, TN 37027        | \$ 6,573                                | Person [4] Payroll [7] Noncash [7] (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 4          | Carrie Park Wilson Trust PO Box 150502                             | \$ 7,000                                | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)          |
| (a)<br>No. | Nashville, TN 37215  (b)  Name, address, and ZIP + 4               | (c)<br>Total contributions              | (d) Type of contribution  |
| 5          | Hays Advisory  301 Seven Springs Road  Brentwood, TN 37027         | \$ 9,000                                | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 6          | Ried Merri Collins  130 Shenendoah Trail  Franklin, TN 37069       | \$ 9,900                                | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)          |

| Sched      | ule B (Form 990, 990-EZ or 990-PF) (2012)<br>of organization |   | Page 2 of 3 of Part   |
|------------|--|---|---|
|            | NE REED CHRISTIAN CHILD CARE CENTER                          | E                                       | mployer identification number   |
| Par        |  | copies of Part I if additional space is | 62-1625142<br>s needed.   |
| (a)<br>No  | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 7          | ACU Foundation  ACU Campus  Abilene, TX 79699                | \$ 10,000                               | Person Payroll Noncash Complete Part II if there is a noncash contribution )              |
| (a)<br>No. | Name, address, and ZIP + 4                                   | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 8          | J R Roper  1636 Westgate Circle  Brentwood, TN 37027         | \$ 10,000                               | Person [4] Payroll [] Noncash [] (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 9          | Lisa Gregory  127 Eagles Gien Drive  Franklin, TN 37067      | \$ 15,120                               | Person Payroll Concash Complete Part II of there is a noncash contribution )              |
| (a)<br>No. | (b) Name, address, and ZIP + 4  Jerry Sandra Collins         | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 10         | 2136 Timberwood  Nashville, TN 37215                         | S 16,015                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)             |
| (a)<br>No. | (b) Name, address, and ZIP + 4 Bill Susan Lassiter           | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| (a)        | 210 Burnt Leaf Road<br>Nashville, TN 37027                   | S 17,850                                | Person [1] Payroll [2] Noncash [2] (Complete Part II if there is a noncash contribution.) |
| No.        | (b) Name, address, and ZIP + 4 Memorial Foundation           | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 12         | 100 Bluegrass Commons  | \$ 20,000                               | Person 1 Payroll Noncash  |
| ·          | Hendersonville, TN 37075                                     |   | (Complete Part II if there is a noncash contribution.)                                    |

Schedule B (Form 990-990-EZ, or 990-PF) (2012)

|            | (Form 990-990-EZ or 990-PF) (2012)  |                                     | Page 3 of 3 of Part I   |
|------------|---|-------------------------------------|---|
|            | organization  | En                                  | ployer identification number  |
|            | REED CHRISTIAN CHILD CARE CENTER  |                                     | 62-1625142  |
| Part I     | Contributors (see instructions). Use duplicate cop                          | ies of Part Lif additional space is | needed.   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
| 13         | Cal Turner Foundation  138 2nd Avenue North  Suite 200  Nashville, TN 37201 | S 25,000                            | Person [] Payroll [] Noncash [] (Complete Part II if there is a noncash conflibution )    |
| (a)<br>No  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
| 14         | Community Foundation 3833 Cleghorn Avenue Nashville, TN 37203               | \$ 25,000                           | Person [1] Payroil [2] Noncash [3] (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
|            |   | \$                                  | Person [] Payroll [] Noncash [] (Complete Part II if there is a noncash contribution.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
|            |   | \$                                  | Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
|            |   | s                                   | Person  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions          | (d)<br>Type of contribution   |
|            |   | \$                                  | Person [] Payroll [] Noncash [] (Complete Part II if there is a noncash contribution )    |

|                           | (Form 990, 990-EZ, or 990-PF) (2012)                     |  | Page of of Part II           |
|---------------------------|--|--|------------------------------|
|                           | rganization  | En   | ployer identification number |
| WAYNE R                   | EED CHRISTIAN CHILD CARE CENTER                          |  | 62-1625142                   |
| Part II                   | Noncash Property (see instructions). Use duplicate copie | es of Part II if additional spa                | ace is needed.               |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given               | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received         |
|                           |  | \$\$   |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given             | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received         |
| - /                       |  | ***<br>***<br>***<br>***<br>***                |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received         |
|                           |  | \$   |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given             | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received         |
|                           |  | \$   |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received         |
|                           |  | <br><br><br>\$                                 |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received         |
|                           |  | \$   |                              |

|                           | rganization  |   | Page of of Part I   |
|---------------------------|--|---|---|
|                           | EED CHRISTIAN CHILD CARE CENTER  |   | Employer identification number  |
| Part III                  | Exclusively religious, charitable, on that total more than \$1,000 for the For organizations completing Part I contributions of \$1,000 or less for the second | e <b>year.</b> Complete columns (a)<br>II, enter the total of <i>exclusively</i><br>the year. (Enter this information | to section 501(c)(7), (8), or (10) organizations through (e) and the following line entry. religious, charitable, etc., n once. See instructions.) > \$ |
| 75006                     | Use duplicate copies of Part III if ac   | lditional space is needed.  |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|                           | Total  | (e) Transfer of gift  |   |
|                           | Transferee's name, address, a  | and ZIP + 4   | Relationship of transferor to transferee  |
| (a) No.                   |  |   |   |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|                           |  |   |   |
|                           | Transferee's name, address, a  | (e) Transfer of gift<br>nd ZIP + 4  | Relationship of transferor to transferee  |
| (a) No.<br>from<br>Part i | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
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| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
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|                           | Transferee's name, address, ar   | nd ZIP + 4  | Relationship of transferor to transferee  |
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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

# 621625142b\_153652\_8453EO.pdf http://efile.form990.org/FileSys/NPData/2012/62/621625142b/62162... \*\*\* Form 990 Online Filers: Please fax completed and signed form to 866-699-3916

| Form 🕻   | 1453-E0  |  |  |  |  |  |
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|  | Revenue Service<br>exempt organization   |  |  | ···,   | Employer ident   | tification number  |
|  |  | TIAN CHILD CARE CENTER   |  |  |  | 2-1625142  |
| Part   | ······   |  | rmation (Whole Dollars Only)   |  |  | 2-1020142  |
|  |  |  | Control of the Association of th |  |  |  |
| cneck<br>leave li  | the box on line<br>ne 1b, 2b, 3b,  | e 1a, 2a, 3a, 4a, or 5a belov  | with Form 8453-EO and enter the ap<br>v and the amount on that line of the r<br>licable, blank (do not enter -0-), if you<br>n one line in Part I.   | eturn being fil  | ad with this f   | form was blook the   |
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|  | information ne   | ecessary to answer inquiries a   | Agent at 1-888-353-4537 no later than one involved in the processing of the elund resolve issues related to the payment  | ectronic paym<br>t.  | ent of taxes t   | o receive confidentia  |
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