

2008**Open to Public
Inspection**Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01/01, 2008, and ending 12/31, 20 08

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WAYNE REED CHRISTIAN CHILD CARE CENTER		D Employer identification number 62 : 1625142
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		5600 Granny White Pike		(615) 373-0456
		City or town, state or country, and ZIP + 4 Brentwood, TN 37027		F Group Exemption Number ▶

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 787,904**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	689,617
	2	Program service revenue including government fees and contracts	2	71,406
	3	Membership dues and assessments	3	
	4	Investment income	4	26,881
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here <input type="checkbox"/>)		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	787,904	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,230
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	437,489
	13	Professional fees and other payments to independent contractors	13	7,850
	14	Occupancy, rent, utilities, and maintenance	14	41,740
	15	Printing, publications, postage, and shipping	15	12,260
	16	Other expenses (describe ▶ See Statement 1)	16	372,274
17	Total expenses. Add lines 10 through 16	17	872,843	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-84,939
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,791,569
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,706,630

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,126,215	22 1,038,583
23 Land and buildings	581,438	23 590,407
24 Other assets (describe ▶ See Statement 2)	97,362	24 92,974
25 Total assets	1,805,015	25 1,721,964
26 Total liabilities (describe ▶ See Statement 3)	13,446	26 15,334
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,791,569	27 1,706,630

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Child Care Programs: Provided affordable day care to over 75 low-income families (75 Families served)		
	(Grants \$ 5534,323) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	\$485,113
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	485,113

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ TN		
42a The books are in care of ▶ Wayne A Reed CPA Telephone no. ▶ (615) 373-0456		
Located at ▶ 5600 Granny White Pike, Brentwood, TN 37027 ZIP + 4 ▶ 37027		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		✓
47		✓
48		✓
49a		✓
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

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

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

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

Sign Here

Signature of officer: _____ Date: _____

Wayne Reed, Accountant

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed ☐

Preparer's Identifying Number (See instructions): _____

EIN: _____

Phone no.: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

WAYNE REED CHRISTIAN CHILD CARE CENTER

Employer identification number

62 1625142

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	535,314	702,702	785,142	835,676	689,617	3,548,451
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,777	37,886	53,497	54,990	71,406	283,556
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	601,091	740,588	838,639	890,666	761,023	3,832,007
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	126,675	240,443	20,444	218,884	154,212	760,658
c Add lines 7a and 7b	126,675	240,443	20,444	218,884	154,212	760,658
8 Public support (Subtract line 7c from line 6.)						3,071,349

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	601,091	740,588	838,639	890,666	761,023	3,832,007
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,080	9,421	14,874	18,931	26,881	72,187
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	2,080	9,421	14,874	18,931	26,881	72,187
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
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						3,904,194
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	78.67 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.85 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1 %

- 19a 33⅓% support tests—2008. 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 ▶ ☒
- b 33⅓% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dotted lines.

Statement 1 : Other Expenses Schedule

Statement 2 : Other Assets

Statement 3 : Liabilities Schedule

Statement 4 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1

Form: 990-EZ

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Line Number: Part I Line 16

Other Expenses Schedule 2

WAYNE REED CHRISTIAN CHILD CARE CENTER

62-1625142

Other Expenses Schedule

Description	Amount
License & fees	\$1,621
Depreciation	\$28,510
Legal & professional	\$17,933
Dues & subscriptions	\$1,228
Telephone	\$3,546
Insurance	\$11,663
Food, educational & day care supplies	\$57,051
Seminars & education	\$3,989
Promotion & advertising	\$19,032
Loss on investment portfolio	\$227,701
Total:	\$372,274

Other Assets

Description	BOY Amount	EOY Amount
Accounts receivable	\$61,375	\$60,413
Promises to give	\$29,982	\$25,924
Prepaid expenses	\$6,005	\$6,637
Total:	\$97,362	\$92,974

Statement 3

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Line Number: Part II Line 26

Other Liabilities Schedule 3

WAYNE REED CHRISTIAN CHILD CARE CENTER

62-1625142

Liabilities Schedule

Description	BOY	EOY
	Amount	Amount
Accounts payable	\$10,629	\$4,403
Accrued liabilities	\$2,817	\$10,931
Total:	\$13,446	\$15,334

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Patricia Horton 11B Lindsley Avenue Nashville, TN 37210	Staff 40	\$51,000	\$3,520	\$0
Josh Bowling 5600 Granny White Pike Brentwood, TN 37027	Treasurer 5	\$0	\$0	\$0
Chris McGimsey 5600 Granny White Pike Brentwood, TN 37027	President 5	\$0	\$0	\$0
Bill Lassiter 5600 Granny White Pike Brentwood, TN 37027	Secretary 5	\$0	\$0	\$0
Total:		\$51,000	\$3,520	\$0



The Urban
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Electronically File your Form 990 and State Registration Forms

Authentication Successful

WAYNE REED CHRISTIAN CHILD CARE CENTER

62-1625142

2008 IRS Form 990 EZ

1/1/2008 - 12/31/2008

This filing has been authenticated.

Thank you.

As soon as we receive and process your signature form, we will transmit your return to the IRS. Transmittal to the IRS should happen within 1 business day of the receipt of your signature form.

Once the IRS has received your return, they will notify us, within one business day, whether the return was accepted or rejected. If the return was rejected, you will be notified, via email, so that you can make the appropriate corrections.

You can check the status of your return at any time at the 990 Online Return Status page (Click below).

Please print this page for your records.

[Return to Control Panel](#)

Questions or problems regarding this web site should be directed to [Tech Support](#)

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Last modified: August 7, 2009.

Form 8453-EO Department of the Treasury Internal Revenue Service	Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2008, or tax year beginning <u>01/01</u> , 2008, and ending <u>12/31</u> , 20 <u>08</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	OMB No 1545-1879 <div style="font-size: 2em; font-weight: bold;">2008</div>
Name of exempt organization WAYNE REED CHRISTIAN CHILD CARE CENTER		Employer identification number <div style="display: flex; justify-content: space-between;"> 62 1625142 </div>

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>787,904</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here	 Signature of officer	<u>07/09/09</u> Date	Wayne Reed, Accountant Title
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN EIN : _____ Phone no. () _____
----------------------	---	---------------	--	---	---

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN EIN : _____ Phone no. () _____
--------------------------------	--	---------------	---	--

Organization: WAYNE REED CHRISTIAN CHILD CARE CENTER EIN: 62-1625142 Tax Year: 2008

Schedule A, Part III
Support Schedule for Organizations Described in IRS 509(a)(2)

Section A - Public Support

		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008
1	For each year (or fiscal year beginning in)					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "usual grants.")	535,314	702,702	785,142	835,676	689,617
2	Gross receipts from admissions, merchandise sold or services performed, or facilities rented in any activity that is related to the organization's tax-exempt purpose	65,777	37,886	53,497	54,990	71,406
3	Gross receipts from activities that are not an unrelated trade or business under Section 513	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0
5	Value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0
6	Total public support	601,091	740,588	838,639	890,666	761,023
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0
7b	Amounts included on lines 1, 2, and 3 received from other than a disqualified person that exceeds the greater of \$1,000 or 1% of the value of the 13 for the year ending 12/31/08	126,675	240,443	20,444	218,884	154,212
7c	Amounts on lines 7a and 7b	126,675	240,443	20,444	218,884	154,212
8	Public support (line 6 minus line 7c)					

Section C - Total Support

9	Amount from line 6	601,091	740,588	838,639	890,666	761,023
10a	Amount from line 7c	2,080	9,421	14,874	18,931	26,812



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Authenticate (electronically sign) Filing - Step 2

WAYNE REED CHRISTIAN CHILD CARE CENTER

62-1625142

2008 IRS Form 990 EZ

1/1/2008 - 12/31/2008

If you are ready to sign this filing, please read the declarations below and then click the **Sign Filing** button.

NOTE: The following declarations are required by the IRS and/or any state(s) in which you have elected to file

IRS Declaration: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (For additional information, please see [General Instruction W](#).)

General Declaration: It is my intent to sign this document using my Login ID as a digital signature. I understand that pursuant to any state or federal law applicable to electronic transactions or digital signatures, that my electronic signature has the same legal effect as a physical signature including, but not limited to, penalties provided by law for false swearing to a governmental authority in an official matter.

Wayne Reed

Name

Accountant

Title

8/9/2009

Date

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Electronically File your Form 990 and State Registration Forms

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Organization: WAYNE REED CHRISTIAN CHILD CARE CENTER EIN: 62-1625142 Tax Year: 2008

Form 990-EZ - Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (Revenues)

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Enter General Explanations for Form 990-EZ, Part I

Revenues

1	Contributions, gifts, grants, and similar amounts received	1 ?	689,617
2	Program Service Revenue	2 ?	71,406
3	Membership dues and assessments	3 ?	
4	Investment income	4 ?	26,881
5	a Gross amount from sale of assets other than inventory	5a ?	
	b Cost or other basis and sales expenses	b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c ?	0
6	Special events and activities (complete applicable parts of Schedule G). Check here if any amount is from gaming	6 ?	
	a Special events gross revenue (not including contributions reported on line 1) <i>Amount of contributions from special events reported on Line 1</i>	a	
	b Special events direct expenses	b	
	c Special events net income (or loss) Please complete the appropriate sections of Schedule G: Or, if you are not required to complete Schedule G, Please explain why.	c ?	0
		Schedule G	
		Explanation	
7	Sales of inventory	7 ?	
	a Gross sales of inventory, less returns and allowances	a	
	b Less cost of goods sold	b	
	c Gross profit (or loss) from sales of inventory	c ?	0
8	Other Revenue	8 ?	0 Enter
9	Total Revenue	9	787,904

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Organization: WAYNE REED CHRISTIAN CHILD CARE CENTER EIN: 62-1625142 Tax Year: 2008

Form 990-EZ - Part I
Revenue, Expenses, and Changes in Net Assets or Fund Balances (Expenses)

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Enter General Explanations for Form 990-EZ, Part I

Expenses

10	Grants and similar amounts paid	10	<input type="text" value="1,230"/>	Enter details for grants over \$K
11	Benefits paid to or for members	11	<input type="text"/>	
12	Salaries, other compensation, and employee benefits	12	<input type="text" value="437,489"/>	
13	Professional fees and other payments to independent contractors	13	<input type="text" value="7,850"/>	
14	Occupancy, rent, utilities, and maintenance	14	<input type="text" value="41,740"/>	
15	Advertising, publications, postage, and shipping	15	<input type="text" value="12,260"/>	
16	Other expenses - total	16	<input type="text" value="372,274"/>	Enter Details (10)
17	Total expenses	17	<input type="text" value="872,843"/>	

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Form 990-EZ - Part I
Revenue, Expenses, and Changes in Net Assets (Net Assets)

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Enter General Explanations for Form 990-EZ, Part I

Net Assets

18	Assets or (deficit) for the year (Subtract line 17 from line 9)	18	-84,939
19	Assets or fund balances at beginning of year (from line 27, column (A))	19	1,791,569
20	Changes in net assets or fund balances (attach explanation)	20	0
21	Assets or fund balances at end of year. Combine lines 18 through 20	21	1,706,630

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Organization: WAYNE REED CHRISTIAN CHILD CARE CENTER EIN: 62-1625142 Tax Year: 200

Form 990-EZ - Part II
Balance Sheet

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Enter General Explanations for Form 990-EZ, Part

	(A) Beginning of Year	(B) End of year	
22 Cash, savings, and investments	22 ? 1,126,215	1,038,583	
23 Land and buildings	23 ? 581,438	590,407	
24 Other assets	24 ? 97,362	92,974	Ent
25 Total assets	25 ? 1,805,015	1,721,964	
26 Liabilities	26 ? 13,446	15,334	Ent
27 Net assets or fund balances	27 ? 1,791,569	1,706,630	
Total Liabilities and Net Assets	1,805,015	1,721,964	

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Organization: WAYNE REED CHRISTIAN CHILD CARE CENTER EIN: 62-1625142 Tax Year: 2008

**Form 990-EZ - Part III
Primary Exempt Purpose**

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Enter General Explanations for Form 990-EZ, Part III

Enter the Organization's Primary exempt purpose:



To provide affordable day care to low-income families

NOTE: The IRS does not accept tabs, line breaks and other formatting characters in explanation fields. These are automatically removed.

28- Click to enter the Program Service Accomplishments for this organization:

28+ Enter Details (1)

32 Total Program Service Expenses

32 485,113

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