

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)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width:55%;"> C Name of organization Wayne Reed Christian Child Care, Inc. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5600 Granny White Pike City or town, state or country, and ZIP + 4 Brentwood, TN 37027 </td> <td style="width:30%;"> D Employer identification number 62-1625142 E Telephone number 615-377-3028 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Wayne Reed Christian Child Care, Inc. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5600 Granny White Pike City or town, state or country, and ZIP + 4 Brentwood, TN 37027	D Employer identification number 62-1625142 E Telephone number 615-377-3028 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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G Website: ▶				
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check here ▶ <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.				
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 599,641				

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		312,205		
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c		223,109	
	d	Total (add lines 1a through 1c) (cash \$ 535,314 noncash \$)				535,314
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				65,777
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments				2,080
	5	Dividends and interest from securities				
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)				0
Expenses	7	Other investment income (describe ▶)				
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)				0
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0
Net Assets	11	Other revenue (from Part VII, line 103)				0
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				603,171
	13	Program services (from line 44, column (B))				483,174
	14	Management and general (from line 44, column (C))				53,305
	15	Fundraising (from line 44, column (D))				13,443
	16	Payments to affiliates (attach schedule)				
	17	Total expenses (add lines 16 and 44, column (A))				549,922
	18	Excess or (deficit) for the year (subtract line 17 from line 12)				53,249
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))				928,170
	20	Other changes in net assets or fund balances (attach explanation)				
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				981,419 ✓

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23	471	471		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26	308,095	292,690	15,405	
27	Pension plan contributions	27	3,840	2,880	960	
28	Other employee benefits	28	20,706	15,530	5,176	
29	Payroll taxes	29	25,376	24,107	1,269	
30	Professional fundraising fees	30				
31	Accounting fees	31	11,150	8,363	2,787	
32	Legal fees	32				
33	Supplies	33	53,333	53,333		
34	Telephone	34	4,414	3,311	1,103	
35	Postage and shipping	35				
36	Occupancy	36	51,502	38,626	12,876	
37	Equipment rental and maintenance	37	2,800	2,100	700	
38	Printing and publications	38	13,907	348	116	
39	Travel	39				
40	Conferences, conventions, and meetings	40	2,676	2,676		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	29,379	22,034	7,345	
43	Other expenses not covered above (itemize): a <u>Promo</u>	43a	2,340	1,755	585	
b	<u>License & fees</u>	43b	2,349	1,762	587	
c	<u>Insurance</u>	43c	9,796	7,347	2,449	
d	<u>Contract labor</u>	43d	7,788	5,841	1,947	
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	549,922	483,174	53,305	13,443

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? to provide affordable day care

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	Provided affordable day care to over 75 families	
	(Grants and allocations \$ 219,579)	483,174
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	483,174

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	147,448	45	69,128
	46 Savings and temporary cash investments	48,483	46	164,909
	47a Accounts receivable 47a 106,581			
	b Less: allowance for doubtful accounts 47b 0	70,954	47c	106,581
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	10,525	53	11,497
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis 55a 814,936			
	b Less: accumulated depreciation (attach schedule) 55b 178,808	650,760	55c	636,128
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis 57a				
b Less: accumulated depreciation (attach schedule) 57b		57c	0	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	928,170	59	988,243	
Liabilities	60 Accounts payable and accrued expenses	0	60	6,824
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	0	66	6,824	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	888,170	67	941,419
	68 Temporarily restricted	40,000	68	40,000
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	928,170	73	981,419
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	928,170	74	988,243

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

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

a	Total expenses and losses per audited financial statements . . . ▶	a	549,922
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 . \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	549,922
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	549,922

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► ☐ Yes ☐ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a	81b	X
b	Did the organization file Form 1120-POL for this year?		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members. 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
90a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b	14	
91	The books are in care of ▶ Wayne A. Reed Telephone no. ▶ 615-377-3028 Located at ▶ 5600 Granny White Pike Brentwood, TN ZIP + 4 ▶ 37027		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	Day care tuition					65,777
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		0	65,777
105	Total (add line 104, columns (B), (D), and (E))					65,777

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

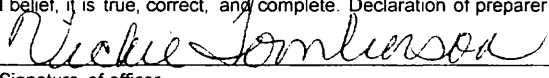
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		06-22-05 Date	
Paid Preparer's Use Only	Vickie Tomlinson Type or print name and title.		Treasurer	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

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

Name of the organization

Wayne Reed Christian Child Care Center, Inc.

Employer identification number

62-1625142

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
none		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** X
- e** Transfer of any part of its income or assets? **2e** X

- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** X

- b** Do you have a section 403(b) annuity plan for your employees? **3b** X

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** X

- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	552,360	428,827	246,147	217,368	1,444,702
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	60,568	66,702	199,896	163,129	490,295
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	573	595	3,188	5,482	9,838
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	613,501	496,124	449,231	385,979	1,944,835
24 Line 23 minus line 17	552,933	429,422	249,335	222,850	1,454,540
25 Enter 1% of line 23	6,135	4,961	4,492	3,860	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) <u>116,050</u> (2002) <u>116,030</u> (2001) <u>78,664</u> (2000) <u>28,500</u> b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) <u>0</u> (2002) <u>0</u> (2001) <u>0</u> (2000) <u>0</u> c Add: Amounts from column (e) for lines: 15 <u>1,444,702</u> 16 <u>0</u> 17 <u>490,295</u> 20 <u>0</u> 21 <u>0</u> ▶					27c <u>1,934,997</u>
d Add: Line 27a total <u>339,244</u> and line 27b total <u>0</u> ▶					27d <u>339,244</u>
e Public support (line 27c total minus line 27d total) ▶					27e <u>1,595,753</u>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f <u>1,944,835</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g <u>82.05</u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h <u>0.51</u> %

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

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 11 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			N/A
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? _____

a Transfers from the reporting organization to a noncharitable exempt organization of:

Yes	No
-----	----

(i) Cash.....

51a(i)		
--------	--	--

(ii) Other assets.

a(ii)		
-------	--	--

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

b(i)		
------	--	--

(ii) Purchases of assets from a noncharitable exempt organization

b(ii)		
-------	--	--

(iii) Rental of facilities, equipment, or other assets.

b(iii)		
--------	--	--

(iv) Reimbursement arrangements

b(iv)		
-------	--	--

(v) Loans or loan guarantees

$b(v)$		
--------	--	--

(vi) Performance of services or membership or fundraising solicitations

b(vi)		
-------	--	--

Sharing of facilities, equipment, mailing lists, other assets, or paid employees

C		
---	--	--

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule:

[illegible]

WAYNE REED CHRISTIAN CHILD CARE CENTER
DECEMBER 31, 2004
FIXED ASSETS

<u>Description</u>	<u>In-service Date</u>	<u>Rate & Method</u>	<u>12/31/01 Balance</u>	<u>Additions</u>	<u>Sales</u>	<u>12/31/02 Balance</u>	<u>2003 Additions</u>	<u>2003 Sales</u>	<u>12/31/03 Balance</u>	<u>2004 Additions</u>	<u>2004 Sales</u>	<u>12/31/04 Balance</u>
Building-11B Lindsley Ave	10/98	SL.....40	<u>684,066</u>			<u>684,066</u>			<u>684,066</u>			<u>684,066</u>
HVAC	08/03	SL.....7					2,600		<u>2,600</u>			<u>2,600</u>
Office Equipment												
Computers	10/98	SL.....5	1,666			1,666			1,666			1,666
Security System	10/98	SL.....5	881			881			881			881
Misc Equipment	10/98	SL.....5	469			469			469			469
Telephone Equipment	10/98	SL.....5	<u>1,843</u>			<u>1,843</u>			<u>1,843</u>			<u>1,843</u>
Office Equipment	10/98	SL.....5	<u>4,859</u>			<u>4,859</u>			<u>4,859</u>			<u>4,859</u>
Kitchen Equipment	10/98	SL.....5	14,305			14,305			14,305			14,305
Range	03/04	SL.....5							0	3,090		3,090
Dishwasher	08/04	SL.....5							0	<u>4,472</u>		<u>4,472</u>
Kitchen Equipment Total									14,305	7,562	0	21,867
Kitchen Cabinets	09/02	SL.....10		2,731		<u>2,731</u>			<u>2,731</u>			<u>2,731</u>
Computers	06/99	SL.....3	5,717			5,717			5,717			5,717
Computers	09/03	SL.....3				0	<u>3,333</u>		<u>3,333</u>			<u>3,333</u>
						5,717	3,333	0	9,050	0	0	9,050
Playground Equipment	10/98	SL.....15	<u>26,787</u>			<u>26,787</u>			<u>26,787</u>			<u>26,787</u>
Playground Resurface	09/01	SL.....15	<u>26,697</u>			<u>26,697</u>			<u>26,697</u>			<u>26,697</u>
Vehicles												
Ford Van	01/00	SL.....5	26,093			26,093			26,093			26,093
Donated Auto	12/02	SL.....5	0	<u>3,000</u>		<u>3,000</u>			<u>3,000</u>			<u>3,000</u>
Total Vehicles			<u>26,093</u>	<u>3,000</u>	0	<u>29,093</u>	0	0	<u>29,093</u>	0	0	<u>29,093</u>
Surveillance Equipment	09/04	SL.....7								<u>7,186</u>	0	<u>7,186</u>
Total Fixed Assets			<u>788,524</u>	0	0	<u>794,255</u>	<u>3,333</u>	0	<u>800,188</u>	<u>14,748</u>	0	<u>814,936</u>

WAYNE REED CHRISTIAN CHILD CARE CENTER
DECEMBER 31, 2004
DEPRECIATION SCHEDULE

<u>Description</u>	<u>In-service Date</u>	<u>Rate & Method</u>	<u>12/31/01 Balance</u>	<u>Additions</u>	<u>Sales</u>	<u>12/31/02 Balance</u>	<u>2003 Additions</u>	<u>2003 Sales</u>	<u>12/31/03 Balance</u>	<u>2004 Additions</u>	<u>2004 Sales</u>	<u>12/31/04 Balance</u>
Building-11B Lindsley Ave	10/98	SL.....40	<u>55,469</u>	17,101		<u>72,570</u>	17,101		<u>89,671</u>	<u>17,102</u>		<u>106,773</u>
HVAC	08/03	SL.....7				<u>0</u>	<u>185</u>		<u>185</u>	<u>279</u>		<u>464</u>
Office Equipment												
Computers	10/98	SL.....5	1,082	333		1,415	251		1,666	0		1,666
Security System	10/98	SL.....5	572	176		748	133		881	0		881
Misc Equipment	10/98	SL.....5	305	94		399	70		469	0		469
Telephone Equipment	10/98	SL.....5	<u>1,199</u>	<u>369</u>		<u>1,568</u>	<u>275</u>		<u>1,843</u>	<u>0</u>		<u>1,843</u>
Office Equipment	10/98	SL.....5	3,158	972		4,130	729		4,859	0		4,859
Kitchen Equipment	10/98	SL.....5	9,775	2,861		12,636	1,669		14,305	0		14,305
Range	03/04	SL.....5							0	515		515
Dishwasher	08/04	SL.....5							0	<u>373</u>		<u>373</u>
Kitchen Equipment Total									14,305	888	0	15,193
Kitchen Cabinets	09/02	SL.....10	0	0		0	273		273	273		546
Playground Equipment	09/98	SL.....15	5,270	1,787		7,057	1,787		8,844	1,787		10,631
Playground Resurface	09/01	SL.....15	595	1785		2,380	1,782		4,162	1,782		5,944
Computers	06/99	SL.....3	4,924	793		5,717	0		5,717	0		5,717
Computers	09/03	SL.....3				<u>0</u>	<u>370</u>		<u>370</u>	<u>1,111</u>		<u>1,481</u>
Total Computers						5,717	370	0	6,087	1,111	0	7,198
Vehicles												
Ford Van	01/00	SL.....5	10,002	5,217		15,219	5,219		20,438	5,221		25,659
Donated Auto	12/02	SL.....5	0			<u>0</u>	<u>600</u>		<u>600</u>	<u>600</u>		<u>1,200</u>
Total Vehicles						15,219	<u>5,819</u>	<u>0</u>	<u>21,038</u>	<u>5,821</u>	<u>0</u>	<u>26,859</u>
Surveillance Equipment	09/04	SL.....7							<u>0</u>	<u>342</u>		<u>342</u>
Total Depreciation			<u>89,193</u>	<u>23,514</u>	<u>0</u>	<u>119,709</u>	<u>21,286</u>	<u>0</u>	<u>149,424</u>	<u>29,385</u>	<u>0</u>	<u>178,809</u>

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Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <i>Wayne Reed Christian Child Care Center, Inc.</i>	Employer identification number <i>62-1625142</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>11-B Lindsey Avenue</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Nashville, TN 37210</i>	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► *Wayne Reed*

Telephone No. ► *(615) 377-3028* FAX No. ► *(615) 371-1828*

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until *August 15*, 20*05*, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20*04* or
 - ☐ tax year beginning, 20 . . ., and ending, 20 . . .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ *0*

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.