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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)

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning , 2008, 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"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:10%">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization WEESE PROVIDERS INC</td> <td>D Employer identification number 58-2069357</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td>E Telephone number 225-492-2492</td> </tr> <tr> <td colspan="2">8253 LA HIGHWAY 418</td> <td rowspan="2">F Group Exemption Number . . . ►</td> </tr> <tr> <td colspan="2">City or town, state or county, and ZIP + 4 BATCHELOR, LA 70715</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WEESE PROVIDERS INC		D Employer identification number 58-2069357	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number 225-492-2492	8253 LA HIGHWAY 418		F Group Exemption Number . . . ►	City or town, state or county, and ZIP + 4 BATCHELOR, LA 70715	
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► J Organization type (check only one)- <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 K Check <input type="checkbox"/> 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 \$100,000 or more, file Form 990 instead of Form 990-EZ ►\$ 548258	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 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 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 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 8 Other revenue (describe ► _____) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 547828 2 3 4 5c 6c 7c 8 430 9 548258
Expenses	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► _____) 17 Total expenses. Add lines 10 through 16	10 437948 11 12 91763 13 3700 14 15 957 16 15470 17 549838
Net Assets	18 Excess or (deficit) for the year. (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	18 -1580 19 -20916 20 21 -22496

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 year
22 Cash, savings, and investments	4090	22 2602
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	4090	25 2602
26 Total liabilities (describe ► _____)	25006	26 25099
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-20916	27 -22497

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2008)

P 11

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Form 990-EZ (2008)

Form 990-EZ (2008)

Page **3****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	X
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	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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	X
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	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	X
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	X
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 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ <u>ELOISE WELLS</u> Telephone no ▶ <u>(225) 492-2492</u> Located at ▶ <u>8253 LA HWY 418</u> ZIP + 4 ▶ <u>70715</u>		
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	X
	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	X
	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 ▶ <input type="checkbox"/> 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	X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

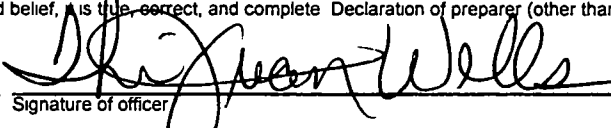
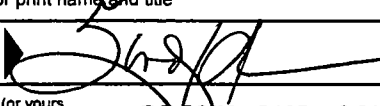
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & 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 ▶		

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		Date <u>5/11/10</u>	
	THI JUAN WELLS EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	05/03/10		P00504010 EIN ▶ Phone no ▶ (225) 262-5527
BROWN AND COMPANY		P O BOX 78384 BATON ROUGE, LA 70837-8384		

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

SUPPORTING STATEMENTS FOR ORGANIZATION

WEESE PROVIDERS INC

58-2069357

8253 LA HIGHWAY 418

BATCHELOR, LA 70715

**** SCHEDULE of Part I - Grants and Similiar Amounts Paid

<u>Activity</u>	<u>Grantee Name/ Relationship</u>	<u>Grantee Address</u>	<u>Amount</u>
	VARIOUS CHILD CAREGIVERS		437948

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
TRAVEL - MONITORING	8,083
WORKSHOPS AND SEMINARS	625
TELEPHONE	2,661
OFFICE SUPPLIES	2,403
EQUIPMENT MAINTENANCE	1,205
COMPUTER EXPENSE	312
MISCELLANEOUS	21
ADVERTISING	103
MISCELLANEOUS BANK CHARGES	57
Total Part I - Other Expenses:	15,470

**** SCHEDULE of Part I - Other Revenue

<u>Description</u>	<u>Amount</u>
LWCC	430
Total Part I - Other Revenue:	430

**** SCHEDULE of Part II - Other Liabilities

<u>Description</u>	<u>Beginning</u>	<u>Ending</u>
CURRENT LIABILITIES	25,006	25,099
Total Part I - Other Liabilities:	25,006	25,099