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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

Form 990-EZ

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 JUL 1, 2008 and ending JUN 30, 2009

| | | |
|---|---|--|
| 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 | C Name of organization THE DAY CARE CENTER DBA HOMESTAR | D Employer identification number 84-1044128 |
| | Number and street (or P O box, if mail is not delivered to street address) 1370 FOREST PARK CIRCLE | Room/suite E Telephone number 303-499-8181 |
| | City or town, state or country, and ZIP + 4 LAFAYETTE, CO 80026 | 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: WWW.HOMESTARCENTER.ORG

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

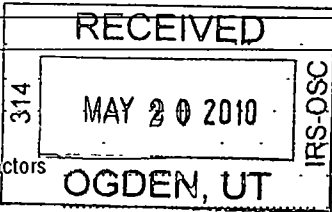
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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 \$ 721,301.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

| Revenue | | Expenses | | Net Assets | |
|---------|--|----------|----------|------------|---|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) |
| 3 | Membership dues and assessments | 3 | | 20 | Other changes in net assets or fund balances (attach explanation) |
| 4 | Investment income | 4 | | 21 | Net assets or fund balances at end of year (Combine lines 18 through 20) |
| 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| b | Less cost or other basis and sales expenses | 5b | | | |
| 5c | 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 | | | |
| 6c | 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 | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe _____) | 8 | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 721,301. | | |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | | | |
| 11 | Benefits paid to or for members | 11 | | | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 451,047. | | |
| 13 | Professional fees and other payments to independent contractors | 13 | 27,139. | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 65,131. | | |
| 15 | Printing, publications, postage, and shipping | 15 | 4,799. | | |
| 16 | Other expenses (describe _____) | 16 | 114,129. | | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 662,245. | | |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 59,056. | | |
| 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 | 132,939. | | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | | |
| 21 | Net assets or fund balances at end of year (Combine lines 18 through 20) | 21 | 191,995. | | |



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 | 127,815. | 214,283. |
| 23 | Land and buildings | 2,353. | 4,323. |
| 24 | Other assets (describe SEE STATEMENT 2) | 32,771. | 27,102. |
| 25 | Total assets | 162,939. | 245,708. |
| 26 | Total liabilities (describe SEE STATEMENT 3) | 30,000. | 53,713. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 132,939. | 191,995. |

13 of

THE DAY CARE CENTER

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 | | 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 | | X | |
| 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? | | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N | | X | |
| 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 | 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 | 50,000. | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 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 | X | |
| 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 | X | |
| 41 | List the states with which a copy of this return is filed | NONE | | |
| 42a | The books are in care of | NANCY MONSON Telephone no | | |
| | Located at | 1370 FOREST PARK CIRCLE, LAFAYETTE, CO ZIP + 4 | | |
| | | 303-499-8181 80026 | | |
| 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 and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | N/A | |
| 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 of the organization 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.

- | | | Yes | No |
|---|-----|-----|----|
| 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| 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 ▶ | | |

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: *Nancy Monson* Date: *Director 5/17/10*
 Type or print name and title: *Nancy Monson*

Paid Preparer's Use Only
 Preparer's signature: *William R Jones Jr.* Date: *2/26/10*
 Check if self-employed:
 Preparer's Identifying Number (See instr):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DOTY LYLE & JONES LLC**
4999 PEARL EAST CR, STE 300
BOULDER, CO 80301
 EIN:
 Phone no.: **(303) 440-0399**

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

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 ▶

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 ▶
- b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

Section A. Public Support

| Calendar year (or fiscal 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 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 - 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

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 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

2008
Open to Public
Inspection

Name of the organization **THE DAY CARE CENTER
DBA HOMESTAR** Employer identification number
84-1044128

- 1** 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?
- 2** 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?
- 3** 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
PUBLISH IN THE DAILY CAMERA

| | YES | NO |
|-----------|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | X | |
| 4a | X | |
| 4b | X | |
| 4c | X | |
| 4d | X | |
| 5a | | X |
| 5b | | X |
| 5c | | X |
| 5d | | X |
| 5e | | X |
| 5f | | X |
| 5g | | X |
| 5h | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.

- 7** 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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008
Open To Public
Inspection

Name of the organization **THE DAY CARE CENTER
DBA HOMESTAR** Employer identification number
84-1044128

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| NANCY MONSON - PA | X | | 30,000. | 50,000. | | X | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | ▶ \$ | 50,000. | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|--------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| BAD DEBT | | 577. | |
| BANK CHARGES | | 113. | |
| CAMPING TRIP | | 1,486. | |
| SUPPLIES / CURRICULUM MATERIAL | | 22,894. | |
| PAYROLL TAXES | | 36,234. | |
| TELEPHONE | | 3,252. | |
| DEPRECIATION | | 1,804. | |
| DUES AND SUBSCRIPTIONS | | 467. | |
| EVENTS | | 1,002. | |
| FIELD TRIPS | | 1,957. | |
| MEALS FOR CHILDREN | | 20,746. | |
| GRANT EXPENSE | | 3,782. | |
| INSURANCE | | 11,089. | |
| LICENSES | | 846. | |
| MISC | | 2,422. | |
| OTHER TAXES | | 1,089. | |
| STAFF DEVELOPMENT | | 4,369. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 114,129. | |

| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| DEPOSITS | 1,229. | 1,229. | |
| ACCOUNTS RECEIVABLE | 31,542. | 25,873. | |
| TOTAL TO FORM 990-EZ, LINE 24 | 32,771. | 27,102. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| LOANS FROM OFFICERS | 30,000. | 50,000. | |
| OTHER | 0. | 3,713. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 30,000. | 53,713. | |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

DAY CARE CENTER AND EDUCATIONAL SERVICES

GENERAL EXPLANATION OVERFLOW

General Explanation Attachment

Name of the organization THE DAY CARE CENTER
DBA HOMESTAR

Employer identification number
84-1044128

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: NANCY MONSON

(A) PURPOSE OF LOAN: PAY FOR OPERATING EXPENSES