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990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2008, and ending For the 2008 calendar year, or tax year beginning 10/1 9/30 20 09 D Employer identification number C Name of organization VAN'S KIDDIE CARE, INC B Check if applicable ISA IRS Doing Business As 72 1052976 ☐ Address change label or pant or Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite ☐ Name change type See ☐ Initial return P. O. BOX 11305 (337) 367-5683 Specific City or town, state or country, and ZIP + 4 ☐ Termination **NEW IBERIA, LA 70560-1305** tions 2,588,571 G Gross receipts \$ Amended return F Name and address of principal officer. Application pending H(a) Is this a group return for affiliates? Yes Keith Boeles, 207 W. Thompson St., New Iberia, LA H(b) Are all affiliates included? ☐Yes Tax-exempt status 501(c) ( If "No," attach a list (see instructions) Website: ► NA H(c) Group exemption number > Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1985 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES MEALS AND A SAFE ENVIRONMENT FOR OVER 1,000 CHILDREN IN Governance APPROXIMATELY 400 HOMES DURING THE YEAR 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . . Activities & 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 8 5 Total number of employees (Part V, line 2a), . . . . 6 Total number of volunteers (estimate if necessary) 146,552 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a b Net unrelated business taxable income from Form 990-T, line 34 45,402 **Current Year** 4,598 2,176 Contributions and grants (Part VIII, line 1h) 2,314,938 2,440,242 Other revenue (Party III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue—add lines 8 through 11 (must equal flart VIII, column (A), line 12) 72,163 45,402 2,391,699 2.487.820 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,982,653 2,102,233 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 237,149 242,493 16a Professional fundraising fees (Part IX, column (A) line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 143,101 97,726 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 2,362,903 2,442,452 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 28,796 45,368 5 End of Year Beginning of Year 214,926 308,659 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 161,613 209,977 Net assets or fund balances. Subtract line 21 from line 20 53.313 98,682 Part II Signature Block 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 beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Here Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed 🕨 🗸 Paid 434-98-6376 Preparer's Firm's name (or yours Roslyn Allen, CPA FIN Use Only if self-employed) P. O. Box 66494 Baton Rouge, La. 70896 ▶ (225) 767-6431 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) / Yes No

Form 990 (2008)

Pai	Statement of Program Service Accomplishments (see instructions)
1	Bnefly describe the organization's mission:  Provided assistance to approximately 400 providers who served more than 1,000 nutritional meals to low income
	children in a safe environment.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,442,452 including grants of \$) (Revenue \$ 2,487,820 )
	Provided assistance to approximately 400 providers who served more than 1,000 nutritional meals to low income
	children in a safe environment.
	······
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, ( = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
4¢	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 2,442,452 (Must equal Part IX, Line 25, column (B).)
70	i de program de vide expended y w

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>\</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	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	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		NA
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>\</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<b>√</b>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		NA
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		NA NA
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		NA V
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		\ <u>\</u>
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>/</b>	_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23	·	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Part IV	Checklist	of Required	<b>Schedules</b>	(continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		NIA
	gaming (gambling) winnings to prize winners?	10		NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  8			
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return 2a   8   8   8   16   17   18   18   19   19   19   19   19   19	2b	1	<u> </u>
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		Ť	
	Instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	✓	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		1
_	account)?	4a		<b> </b>
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c	ļ	NA
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e.		NA
_	gifts were not tax deductible?	6b		11/21
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_	├	<b>-</b> ,
	benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		NA
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	79	$\vdash$	17.4
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		NA
0	required?			<u> </u>
8	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring			<u> </u>
	organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	ļ	<b> </b>	<del>  </del>
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<b>/</b>
10	Section 501(c)(7) organizations. Enter:		1	
a	illitiation lees and capital contributions included on Fart VIII, line 12			
	aross receipts, included on Form 556, Fart Vin, line 72, for public 456 of 646 facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>✓</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	<b>✓</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		<b>√</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	<b>/</b>	
b	Each committee with authority to act on behalf of the governing body?	8b		NA
	Does the organization have local chapters, branches, or affiliates?	9a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			NA
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		INA
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10	1	
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	<del> </del>	•	
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		1
Sec	tion B. Policies			
			Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
•	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓_	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			•
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b	✓	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u> </u>
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		ŅΑ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Louisiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► Keith Bowles, 207 West Thompson St. New Iberia, La. 70560 (337) 367-5683	rds of	the	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)		(C)				(D)	(E)	(F)	
Name and Title	Average		Position (check all that apply)				Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
James Dauphine					Г					
1500 S Gibbs Ln., New Iberia, La. 70560		✓						_		
Vanessa Bowles 207 W. Thompson St., New Iberia, La. 70562	40	1			1	1		70,898		
Keith Bowless 207 W. Thompson St. New Iberia, La. 70562	40	✓			1	1		40,160		
Tyrone Johnson							[			
975 Hwy 318, Jeanerette, La. 70544		✓					L_			
Clayton King										
313 Walton Street, New Iberia, La. 70560		✓			ļ		_			
Dr. Andrew Jackson										
1805 Genest Rd. Jeanerette, La. 70544		✓		_	ļ	ļ	L.			

Part VII Section A. Officers, Directors, Tr	ustees, Key Employees, and High					d Hig	hest	Compensate	continued)			
(A)	(B)			•	C)			(D)	(É)		(F)	
Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relation organizations (W-2/1099-MISC)	com fi orç an	stimate mount other ipensal rom the ganizate d relat anizate	of tion e ion ed
						:						
									-			
												**
					ļ —···							
	-											
	•											
	-											
1b Total			<del>'</del>				<b>&gt;</b>	111,058				
2 Total number of individuals (including the							ր \$1	00,000 in repo	rtable compen	sation	from	the
organization ► NA											Yes	No
3 Did the organization list any former office		+				amal	a	a ar biabaat a	- managed		163	110
3 Did the organization list any former office employee on line 1a? If "Yes," complete S								e, or ingliest c	ompensateu	3		1
4 For any individual listed on line 1a, is the the organization and related organizations												
ındıvıdual										4		✓
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes." com	compolete	oen: Sch	satio edu	on 1 le J	rom :	any uch	unrelated org	anization for	5		1
Section B. Independent Contractors								,				<u> </u>
<ol> <li>Complete this table for your five highest of compensation from the organization.</li> </ol>	ompensate	d ind	ере	nde	nt c	contra	cto	rs that receive	d more than \$1	00,000	) of	
(A) Name and business ad	dress							(B) Description of s	ervices	(Compe		า
NA							<u> </u>					
							-		<del></del>			
2 Total number of independent contractors		those	ın	1) w	ho	recei	l ved	more than \$10	00,000 in			

art V	/III	Statement of Re	venue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					rotal revenue	exempt function revenue	business revenue	excluded from to under sections 512, 513, or 51
<u>इ</u>	1a	Federated campaigns	. 1a					
, []	b	Membership dues	1b					
声	С	Fundraising events .	<u>1c</u>					
ā	d	Related organizations	1d	<del> </del>				
sin	е	Government grants (contri	ibutions).					
and other similar amounts		All other contributions, gifts, g and similar amounts not inclu	ded above 1f	2,176				
and		Noncash contributions include <b>Total</b> . Add lines <u>1a-1f</u>		•	2,176			
9				Business Code				
ğ   2	2a	Childcare assistance	in meals	624100	2,440,242	2,440,242		
Program Service Revenue	b							
흥	С							
န်	d							
E	e						<u> </u>	ļ
<u>ق</u> ا		All other program servi			0.440.040			
-	_	Total. Add lines 2a-2f		1	2,440,242			
3		Investment income (inc	-	s, interest, and	-0-			
		other similar amounts)			-0-			
- 1		Income from investment of Royalties		d proceeds	-0-			
- 1,		noyalles	(i) Real	(II) Personal				
	e_	Cross Bonto	() 11041	(.,, / 5.55.1.2.		į		
1		Gross Rents Less: rental expenses			ŀ	ł		
		Rental income or (loss)						
		Net rental income or (lo	DSS) , , , ,	•	-0-			<u> </u>
١,		Gross amount from sales of	(i) Securities	(ii) Other				
<b>'</b>		assets other than inventory				İ		
		Less, cost or other basis						
		and sales expenses .						
İ		Gain or (loss)						
				<u>.</u> ▶	-0-	1		
ء ا ٯ	Ra	Gross income from	fundraising		ĺ			l
듩 )		events (not including \$						
<u> </u>		of contributions reported	d on line 1c).					
Other Revenu		See Part IV, line 18	a					
를		Less: direct expenses						
9	C	Net income or (loss) fro	om fundraising e	events ►	-0-			
9	9a	Gross income from garr	nng activities.					
		See Part IV, line 19	а					
		Less: direct expenses,			45.400		45.400	
		Net income or (loss) from	-	vities ▶	45,402		45,402	
10		Gross sales of inve						
		returns and allowances						
		Less: cost of goods so Net income or (loss) from			-0-		<del></del>	ļ
-		Miscellaneous Rev		Business Code				
4.	1a			<del>   </del>				
	ıd	***************************************					<del>-</del>	
	71	All other revenue						··
		Total. Add lines 11a-1		<b>. b</b>	-0-	<del></del>		<b> </b>
4,		Total Revenue. Add lin						
114	_	9c, 10c, and 11e	103 111, 2y, 3, 4	, o, ou, ru, oc,	2,487,820	2,440,242	45,402	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	·			
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,102,233.19	2,102,233.19		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	111,058.00	70,898	40,160	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,795.75	106,795.75		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,928.02	3,885.73	4,042.29	
10	Payroll taxes	16,710.95	16,710.95	,	
11	Fees for services (non-employees).	, ,	,		
	Management				
	Legal				
	Accounting	6,631.86	5,968.67	663.19	
d					
	Professional fundraising services. See Part IV, line 17				
f	<del>-</del>				
g	Other				
12	Advertising and promotion				
13	Office expenses	26,809.15	25,057.79	1,751.36	
14	Information technology	<u>.</u>			
15	Royalties				
16	Occupancy	26,040.00	26,040.00		
17	Travel	12,043.63	12,043.63		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.000.00	6 000 00		
19	Conferences, conventions, and meetings .	6,920.29	6,228.29	692.00	
20	Interest				
21	Payments to affiliates	8,154.63	7,339.17	815.46	
22	Depreciation, depletion, and amortization.	0,154.03	1,335.17	013.46	
23	Insurance			<del></del>	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	44 400 40	40.040.70		
а	Schedule Attached	11,126.40	10,013.76	1,112.64	<del></del>
b					
C					
d					
e	All of				
f 25	All other expenses	2,442,451.87	2,393,214.93	49,236.94	
25 26	Joint Costs. Check here ► ☐ if following	Z, <del>111</del> Z,401.0/	2,033,214.33	43,230.34	
	SOP 98-2. Complete this line only if the I				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation	-0-	-0-	-0-	-0-

Рa	rt X	Balance Sneet		,			
			<b>(A)</b> Beginning of year		(E End o	3) f year	
	1	Cash—non-interest-bearing	25,212	1		71	,402
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key	·				
	3	employees, or other related parties. Complete Part II of Schedule L .	165,794	5		210	,420
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		_	···········		
		Part II of Schedule L		6		_	
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use		8			
•	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 66,975					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	23,120	10c		25	5,937
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15		800	15			900
	16	Other assets. See Part IV, line 11	214,926	16		308	,659
	17	Accounts payable and accrued expenses	143,702	17		189	,382
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	17,911	25		20	,595
	26	Total liabilities. Add lines 17 through 25	161,613	26			977
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	·				
alances	27	Unrestricted net assets	29,393	27		71	,845
Ва	28	Temporanly restricted net assets	23,920	28		26	6,837
פַ	29	Permanently restricted net assets		29			
or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ပ္သ	30	Capital stock or trust principal, or current funds	<del></del>	30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	"	31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
ē	33	Total net assets or fund balances	53,313			98	3,682
_	34	Total liabilities and net assets/fund balances	214,926				,659
Pa	rt XI	Financial Statements and Reporting					
						Yes	No
1		ounting method used to prepare the Form 990:   Cash  Cash  Cash					
2a	Wer	e the organization's financial statements compiled or reviewed by an inde	ependent accountant	?		<b>_</b>	
		e the organization's financial statements audited by an independent acco				<b>✓</b>	
С		es" to lines 2a or 2b, does the organization have a committee that assumes	•	_			l
		audit, review, or compilation of its financial statements and selection of an inc				<b>✓</b>	
За		result of a federal award, was the organization required to undergo an a					l
		Single Audit Act and OMB Circular A-133?				<b>√</b>	
b	IT "Y	'es," did the organization undergo the required audit or audits?	<u></u>	. <u>.</u> .	3b	✓	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

### **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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number VAN'S KIDDIE CARE, INC. 72 1052976 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % 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\% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (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? . . . . 11g(iii) Provide the following information about the organizations the organization supports. (vii) Amount of (IV) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section. col (i) of your (i) organized in the governing document? (see instructions)) US? support? Yes No Yes Yes NA

**Total** 

Sche	Jule A (FOITH 990 OF 990-EZ) 2006						Page ∠
Pa	Support Schedule for Org (Complete only if you chec	janizations D ked the box o	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.)	0(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support		<u></u>				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,780,605	1,996,172	2,119,805	2,319,536	2,442,418	10,658,536
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	<b>Total.</b> Add lines 1-3	1,780,605	1,996,172	2,119,805	2,319,536	2,442,418	10,658,536
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)						
<u>_6</u> _	Public support. Subtract line 5 from line 4						10,658,536
	tion B. Total Support	(-) 0004	(h) 0005	(-) 0000 I	(4) 0007	( ) 2000	(0 T-+-1
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	( <b>d)</b> 2007	(e) 2008	(f) Total
7	Amounts from line 4	ļ					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				<del></del>		
9	Net income from unrelated business activities, whether or not the business is regularly carned on				72,163	45,402	117,565
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 .						117,565
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	10,658,536
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,	-		n 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2008 (line	6, column (f) di	uded by line 11	, column (f))		14	89 %
15	Public support percentage from 2007 Sci	hedule A, Part I	V-A, line 26f			15	100 %
	33% % support test—2008. If the organiand stop here. The organization qualifies	as a publicly s	upported orgar	nization			▶ ☑
b	33% % support test—2007. If the organization quality and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	acts-and-circum	stances" test, c	heck this box a	nd stop here.	Explain in Part I	IV how the

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 ▶ □

chedule A (Form 990 or 990-EZ) 2008  Part III Support Schedule for Organ	nizations Da	escribed in S	ection 509/s	1)(2)		Page
(Complete only if you checke				·/( <i>2</i> )		
ection A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Gifts, grants, "  Gifts, grants, grant						
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						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1-5						ļ
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						
Public support (Subtract line 7c from line 6.)					., .	]
ection B. Total Support Calendar year (or fiscal year beginning in)	(a) 2004	(h) 2005	(=) 2006	(4) 0007	/-) 0000	/A Total
· · · · · · · · · · · · · · · · · · ·	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
First five years. If the Form 990 is for to organization, check this box and stop to organization.	nere		nd, third; fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
ection C. Computation of Public Sup	-				, <del></del>	
<ul> <li>Public support percentage for 2008 (line</li> <li>Public support percentage from 2007 S</li> </ul>					15	%
Public support percentage from 2007 S	chedule A, Pa	art IV-A, line 2: ercentage	7g	···	16	

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . . . 18 % 18 19a 33% % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ 331/3 % support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ Schedule A (Form 990 or 990-EZ) 2008

Schedule A (F	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions	10; s)

#### · SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

VAN'S KIDDIE CARE, INC. 1052976 72 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . 1 Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>** ..... Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Р	aa	е	2

Par	Organizations Maintainii	ng Collections	of Art, H	istori	cal Treasures,	or Ot	her Similar Ass	sets (co	<u>ontinu</u>	ued)_
3	Using the organization's acquisition, collection items (check all that apply		ther reco	rds, c	heck any of the f	ollow	ng that are a sig	nıfıcant	use	of its
а	Public exhibition		d	Ш	Loan or exchan	ge pr	ograms			
b	Scholarly research		е		Other					
C	Preservation for future generati	ons								
4	Provide a description of the organization Part XIV.	ation's collections	s and exp	lain h	ow they further th	he org	ganızatıon's exen	npt pur	pose	in
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations o ained as p	f art, I art of	historical treasures the organization's	s, or o	ther similar ction?	□ Ye	es [	] No
Pai	Escrow and Custodial A IV, line 9, or reported an a					swere	ed "Yes" to Forr	n 990,	Part	
1a	Is the organization an agent, trustee included on Form 990, Part X?					s or o	other assets not	□ Ye	es 🗀	] No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follo	wing table:		l	a und		
	5					1c	Am	ount		
C	Beginning balance					1d				
d	Additions during the year									
e	Distributions during the year					1e 1f				
f 2a	Ending balance						1	□ Y¢	es [	No
_ <u>b</u>	If "Yes," explain the arrangement in	Part XIV.								
Pai	t V Endowment Funds. Cor	mplete if the org	ganizatıo	n ans	swered "Yes" to	Forr	m 990, Part IV,	line 10	) <u>.                                    </u>	
		(a) Current year	(b) Prid	or year	(c) Two years b	ack (	d) Three years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ı					<u> </u>		
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of	f the year end ba	lance held	d as.						
а	Board designated or quasi-endowm		%							
þ	Permanent endowment ▶									
C	Term endowment ► %									
3а	Are there endowment funds not in the	possession of the	ne organiz	ation	that are held and	admı	nistered for the	ſ	Yes	No
	organization by:							3a(i)		
	(i) unrelated organizations							3a(ii)		
Ь	(ii) related organizations		s required	 don.S	Schedule R?			3b	-	i
4	Describe in Part XIV the intended us									
Par	t VI Investments—Land, Bu					t X, In	ne 10.			
	Description of investment	(a) Cost or ot	her basis	(b)	Cost or other pasis (other)	(c) Ac	ccumulated preciation	(d) Boo	k value	)
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		66,975				41,038		<u>25</u>	,937
ее	Other									
Tota	L Add lines 1a through 1e (Column (d) r	nust equal Form 9	90, Part X,	colur	nn (B), line 10(c).)		▶		25	.937

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

20,595

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

	D (Form 990) 2009		Page 4
Part 3	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatement	s
1 To	otal revenue (Form 990, Part VIII, column (A), line 12)	1	2,487,821
2 To	otal expenses (Form 990, Part IX, column (A), line 25)	2	2,442,452
3 E	xcess or (deficit) for the year Subtract line 2 from line 1	3	45,369
4 N	et unrealized gains (losses) on investments	4	
<b>5</b> D	onated services and use of facilities	5	
<b>6</b> In	vestment expenses	6	<del></del>
	nor period adjustments	7	
8 0	ther (Describe in Part XIV.)	8	
9 T	otal adjustments (net) Add lines 4 through 8	9	-0-
	xcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	45,369
art :		T	2,487,820
	otal revenue, gains, and other support per audited financial statements	1	2,407,020
	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
	et unrealized gains on investments	-	
	orlated services and use or racinities	$\dashv$ $\mid$	
	ecoveries of prior year grants	$\dashv$	
	thor (become in that with)	2e	2,487,820
_	dd lines 2a through 2d	3	-0-
	ubtract line 2e from line 1		-0-
	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b . 4a ther (Describe in Part XIV.)	$\dashv$	
	dd lines 4a and 4b	4c	-0-
	otal revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	2,487,820
Part 2			
	otal expenses and losses per audited financial statements	1	2,442,452
	mounts included on line 1 but not on Form 990, Part IX, line 25:		
	onated services and use of facilities		
	nor year adjustments		
	ther losses		
d O	ther (Describe in Part XIV.)		
	dd lines 2a through 2d	2e	-0-
	ubtract line 2e from line 1	3	2,442,452
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b		
a In	restricti expenses not included on Form 550, Fait vin, inte 75 .		
	recentions experience from the transfer of the control of the cont		
<b>b</b> O <b>c</b> A	recentions experience from the transfer of the control of the cont	4c	-0-
<b>b</b> O	ther (Describe in Part XIV.)		

Schedule D (Forn	n 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
. <b></b>		
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<del>-</del>		

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

Employer identification number

VAN'S KIDDIE CARE, INC.	72 :	1052976
Part V (3b) - The organization has requested and extention for filing 990-T, and an ext	ension was gra	nted until August 15.
Part VI 10 - The 990 is completed by the CPA and returned to the in-house accountant	t for review. On	ce the in-house
accountant has reviewed the 990 it is presented to the CEO for review and approval p	prior to presenta	tion at the next
Board of Directors meeting. The in-house accountant presents the 990 to the Board	and responds to	all inquiries and
concerns, if any. If the 990 is approved it is written to the minutes of the organization	n and the 990 is	made available to
the public upon request. If it is not approved by the Board, the in-house accountant	and the CEO me	ets with the CPA to
resolve all concerns.		<b>-</b>
Part VI (12e) - All employees are required by policy to disclose annually any conflicts	that may exist.	This is discussed with
each employee annually at the time of their annual evaluation along with the diciplina	ary action that w	ill be given when
an employee fails to comply. In addition, upper management is required by the CPA	to provide writte	en representation
each year regarding the existence or nonexistence of conflicts.		
Part VI 15 (a) (b) - The salaries of the eight employees, which includes two key employ	yees, are also at	pproved by the
granting agency that provides more than 99% of the program's funds.		·
Part VI 19 - The 990 and policies of the agency are available for public inspection upo	on request.	
Part VI 2 - The Chief Operating and Financial Officer and Vice President of the Board	and employee	of the agency are
married. Both are key employees amd members of the Board of Directors.	and employee c	tile agency are
married. Both are key employees and members of the board of birectors.		
		·

2008	VAN'S KIDDIE	72-1052976		
Statement 1 Form 990, Part IX, Line 2 Specific Assistance to Indi	ividuals			
AGRICULTURE TO APPRO	X 400 HOMES			\$ 2,102,233.19 \$ 2,102,233.19
Statement 2 Form 990, Part IX, Line 24a Other Expenses	1			
BANK CHARGES FUNDRAISING INSURANCE - LWCC INSURANCE - LIABILITY MISCELLANEOUS AUDIT FEES UNIFORMS CONTRIBUTIONS	51.11 1,188.94 2,019.50 1,328.37 567.52 3,320.00 1,790.96 860.00	Program Services 1,070.05 1,817.55 1,195.53 224.77 3,320.00 1,611.86 774.00 10,013.76	Management & General 51.11 118.89 201.95 132.84 342.75 179.10 86.00 1,112.64	Fundraising
Statement 3 Form 990, Part x, Line 10b Investments - Land, Buildi			Accum	Book
Furniture and Fixtures		\$ 66,975 \$ 66,975	\$ 41,038 \$ 41,038	\$ 25,937 \$ 25,937
Statement 4 990, Part X, Line 11 Other Assets				
Rent Deposit				\$ 900.00 \$ 900.00
Statement 5 Form 990, Part X, Line 25 Other Liabilities				
ACCRUED SALARIES ACCRUED PAYROLL TAXE	ES			\$ 18,908.25 1,686 \$ 20,594.51