



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2011 calendar year, or tax year beginning JULY 1, 2011, and ending JUNE 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: WESTSIDE EARLY EDUCATION
 Number and street (or P O box, if mail is not delivered to street address): 3919 HULLCREST DRIVE
 City or town, state or country, and ZIP + 4: DES MOINES, IOWA 50310-4334

D Employer identification number: 45-2705322
E Telephone number: 515-278-1966
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website:

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

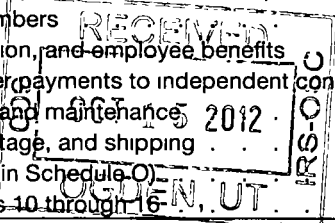
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	Benefits paid to or for members	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)
3	Membership dues and assessments	3	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	Professional fees and other payments to independent contractors	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	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	5b	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	6a			
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	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 in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16			
17	Total expenses. Add lines 10 through 16	17			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
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			
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			

SCANNED OCT 30 2012



Handwritten marks and a signature at the bottom right of the page.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	-	22 14,587.67
23 Land and buildings	-	23 -
24 Other assets (describe in Schedule O)	-	24 -
25 Total assets	-	25 -
26 Total liabilities (describe in Schedule O)	-	26 -
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-	27 14,587.67

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	TOTAL CHILDREN (ONE YEAR TO TWO YEARS OLD PROGRAM) 44		
28a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31,048.61
29	TOTAL CHILDREN (THREE YEARS OLD PROGRAM) 31		
29a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		35,865.62
30	TOTAL CHILDREN (FOUR YEARS OLD PROGRAM) 37		
30a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		54,870.45
31	Other program services (describe in Schedule O) ALL OF THE ABOVE PROGRAMS BENEFIT		
31a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29,302.27
32	Total program service expenses (add lines 28a through 31a)		32 151,086.95

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CAROLYN HINCHLIFF 3503 48TH STREET, DES MOINES IA 50312	DIRECTOR + TEACHER	24,850.00	-0-	-0-
LUCY MILLER 3204 44TH STREET, DES MOINES IA 50312	BOARD PRESIDENT	-0-	-0-	-0-
ROGER C. HUDSON 3919 HILLCREST DRIVE, DES MOINES IA 50312	TREASURER + ASSISTANT	920.00	-0-	-0-

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a - 0 -		
37b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
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 -		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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.		X
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>ROGER L. HUDSON</u> Telephone no. ▶ <u>515-278-1966</u> Located at ▶ <u>3919 HILLCREST DRIVE DE MORNES, IOWA</u> ZIP + 4 ▶ <u>5010-4334</u>		
42b	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)? If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		X
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
			<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes	No
			<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b		<input type="checkbox"/>

50 Complete this table for the organization's 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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: <u>Roger L. Hudson</u> Type or print name and title: <u>ROGER L. HUDSON TREASURER</u>	Date: <u>Oct 10, 2012</u>
------------------	--	---------------------------

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

WEST JOE EARLY EDUCATION

Employer identification number

45-2705322

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					157,671.05	157,671.05
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge					-0-	-0-
4 Total. Add lines 1 through 3					157,671.05	157,671.05
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)						36,640.00
6 Public support. Subtract line 5 from line 4.						121,031.05

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4					157,671.05	157,671.05
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-0-	-0-
9 Net income from unrelated business activities, whether or not the business is regularly carried on					-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					-0-	-0-
11 Total support. Add lines 7 through 10						157,671.05
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public
Inspection

Name of the organization

WESTSIDE EARLY EDUCATION

Employer identification number

45-2705322

OTHER EXPENSES:

SUPPLIES	\$ 2,920.20
EQUIPMENT	2,087.57
DUES LICENSES - FEES	457.77
PROGRAM EXPENSE	577.75
HOME VISITS EXPENSE	560.00
MISCELLANEOUS	1,182.76
SUMMER CAMP EXPENSES	178.69
CONTINUING EDUCATION	510.00
FOOD	64.82
TOTAL OTHER EXPENSE	<u>8,539.56</u>

**Westside Early Education Cash Flow Activity
Twelve Months Ending June 30, 2012**

Program	Beginning Balance	Receipts	Disbursements	Ending Balance
ALL PROGRAMS	\$ -	\$ 49,959.12	\$ 29,302.27	\$ 20,656.85
WEE PLAY	\$ -	\$ 32,977.50	\$ 31,048.61	\$ 1,928.89
THREE YEAR OLDS	\$ -	\$ 28,625.00	\$ 35,865.62	\$ (7,240.62)
FOUR YEAR OLDS	\$ -	\$ 54,113.00	\$ 54,870.45	\$ (757.45)
TOTALS ON CASH BASIS	<u>\$ -</u>	<u>\$ 165,674.62</u>	<u>\$ 151,086.95</u>	<u>\$ 14,587.67</u>

WESTSIDE EARLY EDUCATION

Statement of Operations ALL PROGRAMS Twelve Months Ending June 30, 2012

	Current Month	Year-to Date
Income		
Donations	\$ 6,075.00	\$ 34,317.00
Lunch Bunch Fees	\$ -	\$ 822.00
Summer Camp Fees	\$ 45.00	\$ 1,575.00
Swim Fees	\$ 37.00	\$ 239.50
Orchard Place Grant	\$ 5,000.00	\$ 5,000.00
Fundraising	\$ 181.00	\$ 8,003.57
Other Income	\$ 1.08	\$ 2.05
Total Income	\$ 11,339.08	\$ 49,959.12
Expenditures		
Summer Camp Wages	\$ -	\$ 1,050.00
Program Assistance	\$ -	\$ 4,111.88
Social Security	\$ -	\$ 390.37
Summer Camp Expense	\$ 58.69	\$ 178.69
Lunch Bunch Expense	\$ -	\$ 395.00
Supplies	\$ 199.63	\$ 1,926.51
Dues-License-Fees	\$ -	\$ 457.77
Legal Services	\$ -	\$ 5,870.00
Rent	\$ 1,000.00	\$ 1,000.00
Insurance	\$ -	\$ 2,737.00
Telephone	\$ 45.97	\$ 544.63
Equipment	\$ -	\$ 1,407.76
Repairs and Maintenance (Sink& Custodial)	\$ 109.08	\$ 4,658.08
Playground Maintenance	\$ -	\$ 1,465.00
Program Expense	\$ -	\$ 47.00
Fundraisers Expense	\$ -	\$ 2,327.97
Miscellaneous	\$ 200.00	\$ 734.61
Total Expenditures	\$ 1,613.37	\$ 29,302.27
Income Over (Under) Expenditures		\$ 20,656.85
Fund Balance - Beginning of Year		\$ -
Fund Balance -June 30,2012		\$ 20,656.85

WESTSIDE EARLY EDUCATION

**Statement of Operations WEE PLAY PROGRAM
Twelve Months Ending June 30, 2012**

	Annual Budget	Current Month	Year-to Date	%YTD of Budget
Income				
Tuition	\$ 32,670.00	\$ 55.00	\$ 31,727.50	97.1%
Registration Fees	\$ -	\$ -	\$ 1,250.00	
Scholarships	\$ -	\$ -	\$ -	
Other Income	\$ -	\$ -	\$ -	
Total Income	\$ 32,670.00	\$ 55.00	\$ 32,977.50	100.9%
Expenditures				
Salaries	\$ 24,100.00	\$ -	\$ 26,279.40	109.0%
Social Security	\$ 1,890.00	\$ -	\$ 2,090.89	110.6%
Substitute Pay	\$ 300.00	\$ -	\$ 762.50	254.2%
Director's Expense	\$ 718.00		\$ 718.00	100.0%
Accounting Services	\$ 300.00	\$ -	\$ 306.00	102.0%
Supplies	\$ 135.00	\$ -	\$ 195.99	145.2%
Equipment	\$ 300.00	\$ -	\$ 359.70	119.9%
Miscellaneous	\$ -	\$ -	\$ 121.00	
Continuing Education	\$ 600.00	\$ -	\$ 180.00	30.0%
Food	\$ 100.00	\$ -	\$ 35.13	35.1%
Total Expenditures	\$ 28,443.00	\$ -	\$ 31,048.61	109.2%
Income Over (Under) Expenditures	\$ 4,227.00		\$ 1,928.89	
Fund Balance - Beginning of Year			\$ -	
Fund Balance - June 30, 2012			\$ 1,928.89	

WESTSIDE EARLY EDUCATION

**Statement of Operations 3-YEAR OLDS PROGRAM
Twelve Months Ending June 30, 2012**

	Annual Budget	Current Month	Year-to Date	%YTD of Budget
Income				
Tuition	\$ 45,360.00	\$ -	\$ 26,975.00	59.5%
Registration Fees	\$ -	\$ -	\$ 1,650.00	
Scholarships	\$ -	\$ -	\$ -	
Other Income	\$ -	\$ -	\$ -	
Total Income	\$ 45,360.00	\$ -	\$ 28,625.00	63.1%
Expenditures				
Salaries	\$ 29,700.00	\$ -	\$ 29,800.50	100.3%
Social Security	\$ 2,400.00	\$ -	\$ 2,458.23	102.4%
Substitute Pay	\$ 900.00	\$ 25.00	\$ 560.00	62.2%
Director's Expense	\$ 1,282.00	\$ -	\$ 1,282.00	100.0%
Accounting Services	\$ 370.00	\$ -	\$ 307.00	83.0%
Supplies	\$ 1,000.00	\$ -	\$ 552.42	55.2%
Food	\$ -	\$ -	\$ 29.69	
Equipment	\$ 400.00	\$ -	\$ 88.78	22.2%
Miscellaneous	\$ -	\$ -	\$ 165.00	
Continuing Education	\$ 500.00	\$ -	\$ 230.00	46.0%
Program Expense	\$ 150.00	\$ -	\$ -	0.0%
Movement Class Expense	\$ 200.00	\$ -	\$ 182.00	
Home Visits	\$ 715.00	\$ -	\$ 210.00	29.4%
Total Expenditures	\$ 37,617.00	\$ 25.00	\$ 35,865.62	95.3%
Income Over (Under) Expenditures	\$ 7,743.00		\$ (7,240.62)	
Fund Balance - Beginning of Year			\$ -	
Fund (Deficit) Balance - June 30, 2012			\$ (7,240.62)	

WESTSIDE EARLY EDUCATION

Statement of Operation 4 Year-Olds Program Twelve Months Ending June 30, 2012

	Annual Budget	Current Month	Year-to Date	%YTD of Budget
Income				
Tuition students	\$ 57,600.00	\$ -	\$ 43,923.00	76.3%
Registration fees	\$ -	\$ 100.00	\$ 1,550.00	
Scholarships	\$ -	\$ -	\$ 8,640.00	
Total Income	\$ 57,600.00	\$ 100.00	\$ 54,113.00	93.9%
Expenditures				
Salaries	\$ 50,270.00	\$ -	\$ 48,542.10	96.6%
Social Security	\$ 3,850.00	\$ -	\$ 3,771.34	98.0%
Substitute Pay	\$ 500.00	\$ 200.00	\$ 812.50	162.5%
Accounting Services	\$ 250.00	\$ -	\$ 307.00	122.8%
Supplies	\$ 700.00	\$ -	\$ 245.28	35.0%
Equipment	\$ 300.00	\$ -	\$ 231.33	77.1%
Food	\$ 150.00	\$ -	\$ -	0.0%
Continuing Education	\$ 375.00	\$ -	\$ 100.00	26.7%
Miscellaneous	\$ 200.00	\$ -	\$ 162.15	81.1%
Program Expense	\$ 300.00	\$ -	\$ 222.75	74.3%
Movement Class Expense	\$ 200.00	\$ -	\$ 126.00	63.0%
Home Visits	\$ 320.00	\$ -	\$ 350.00	109.4%
Total Expenditures	\$ 57,415.00	\$ 200.00	\$ 54,870.45	95.6%
Income Over (Under) Expenditures	\$ 185.00		\$ (757.45)	
Fund Balance - Beginning of Year			\$ -	
Fund Balance - June 30, 2012			\$ (757.45)	