Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

© 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.*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning October 1 **, 2008, and ending** September 30 **, 20** 09

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Greater East Syracuse Day Care Center, Inc

Number and street (or P.O. box, if mail is not delivered to street address): 3212 James St. Room/suite

City or town, state or country, and ZIP + 4: Syracuse, NY 13206-3044

D Employer identification number 16 : 1007087

E Telephone number (315) 463-8118

F Group Exemption Number © N/A

c ***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) ©

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

I Website: © N/A

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 © $ 595,521

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

Revenue	1	Contributions, gifts, grants, and similar amounts received. SEE ATT. #1		1	1,500
	2	Program service revenue including government fees and contracts		2	583,428
	3	Membership dues and assessments		3	
	4	Investment income SEE. ATT #4.		4	2,161
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here © ☐			
	a	Gross revenue (not including $ 0.00 of contributions reported on line 1)	6a 7,740		
	b	Less: direct expenses other than fundraising expenses	6b 3,178		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,562
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe © **Book Sale**)		8	692
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ©		9	592,343
Expenses	10	Grants and similar amounts paid (attach schedule) SEE ATT. #1		10	1,774
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	516,669
	13	Professional fees and other payments to independent contractors		13	5,000
	14	Occupancy, rent, utilities, and maintenance		14	32,893
	15	Printing, publications, postage, and shipping		15	3,396
	16	Other expenses (describe © **See Attachment #3**)		16	40,818
	17	**Total expenses.** Add lines 10 through 16 ©		17	600,550
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(8,207)
	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	110,304
	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	102,097

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 SEE ATT. # 4 (INVESTMENTS)	110,337	22	107,862
23	Land and buildings	9,357	23	5,324
24	Other assets (describe ©)	-	24	-
25	**Total assets**	119,694	25	113,186
26	**Total liabilities** (describe © ACCRUED PAYROLL, SECURITY DEPOSITS)	9,390	26	11,089
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	110,304	27	102,097

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No. 10642I Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose? **Child Care - Day Care for Working Parents**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 **Full Day Care Services and with an After School Program with educational programs. We have Full Da We have serviced over 100 children during the year, providing high quality care.** (Grants $ **$1,774**) If this amount includes foreign grants, check here ▢	28a	**$600,550**
29 (Grants $) If this amount includes foreign grants, check here ▢	29a	
30 (Grants $) If this amount includes foreign grants, check here ▢	30a	
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▢	31a	
32 **Total program service expenses** (add lines 28a through 31a)	32	600,550

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #2.				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. © 37a 0.00			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 © 0.00 ; section 4912 © 0.00 ; section 4955 © 0.00			
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		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 © 0.00 (N/A)			
d	Enter amount of tax on line 40c reimbursed by the organization © 0.00 (N/A)			
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		✓

41 List the states with which a copy of this return is filed. © NONE

42a The books are in care of © Edward W. Kimbrell Jr. (Treasurer) Telephone no. © (315) 463-8118

Located at © 3212 James St., Syracuse, NY 13206 ZIP + 4 © 13206-3044

			Yes	No
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: © ____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: © ____	42c		✓

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

			Yes	No
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		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization(s) a section 527 organization?	49b		✓

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ©				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ©		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

© Edward W. Kimbrell Jr — Signature of officer — Date: February 13, 2010

© EDWARD W. KIMBRELL JR (TREASURER) — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ©	Date	Check if self-employed © ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ©		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)

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

Name of the organization: Greater East Syracuse Day Care Center, Inc.

Employer identification number: 16 1007087

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 33⅓ % 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 33⅓ % 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).** (see instructions)

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?

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

h Provide the following information about the organizations the organization supports. N/A

(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 U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
NONE									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
N/A (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 **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . © ☐

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % 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.")	2300	2375	2400	2290	1500	10,865
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	523,524	569,001	607,736	627,869	583,428	2,911,558
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	525,824	571,376	610,136	630,159	584,928	2,922,423
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)	525,824	571,376	610,136	630,159	584,928	2,922,423

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	525,824	571,376	610,136	630,159	584,928	2,922,423
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2262	2113	3477	2738	2161	12,751
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	-	-	-	-	-
c Add lines 10a and 10b	2262	2113	3477	2738	2161	12,751
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.)	101	1615	9463	7577	5254	24,010
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	528,187	575,104	623,076	640,474	592,343	2,959,184

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	98.75 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.50 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	.43 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	.49 %

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ⊙ ☑

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 ⊙ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Greater East Syracuse
Day Care Center, Inc.
3212 James St.
Syracuse, NY 13206

PART III, LINE 12 IS INCOME FROM FUND RAISING AND BOOK SALES. SEE LINES 6c AND 8 ON FORM 990-EZ (2008) AS TYPICAL FOR ALL ENTRIES.

Greater East Syracuse
Day Care Center, Inc.
3212 James St.
Syracuse, NY 13206

FORM 990EZ, 2008
Att. #1
ID #16-1007087

Part 1, Line 1
Direct Public Support Breakdown:

Contribution , Gifts, and Grants.....$1,500. Total described below:

1 - The Contribution from the E[illegible], $1,500 is a regular gift from the (Fund and is for unrestricted use, although it has generally been used to support needy parents in paying for a portion of their child's care.

PART I Lines 6, 6a and 6b:

Special Fund Raising events and activities.....$4,562.

Fundraising events included Catolog Sales, Candy Sales, Spagetti Dinner, Parents Night Out, Cheese Cake Sales, Gertrude Hawk Candies, etc.. Funds from fundraising are used to subsidize tuition for some parents and also for program supplies and equipment purchases.

PART 1 Line 10

Grants and Allocations.....$1,774.

Grants & Allocations are from our Parent Scholarship Fund established by fund-raisers and donations. These allocations are used to subsidize tuition for some of our more needy parents.

GREATER EAST SYRACUSE DAY CARE CENTER, INC

FORM 990EZ 2008 ATT. #2 PAGE 1
Y/E 9/30/2009
ID# 16-1007087

Name and Address	TITLE AND HOURS	COMPENSATION (ANNUAL)	CONTRIBUTIONS (ANNUAL)	EXPENSES (ANNUAL)
Teresa Sobolewski 5744 Boulia Drive Clay, NY 13041	Executive Director 40 hrs/wk,52 wks	$55,713.84	$0.00	$0.00
Heather Luchsinger 301 E. Roswell Ave Nedrow, NY 13120	Site Supervisor 40 hrs/wk, 52 wks	$39,770.64	$0.00	$0.00
Kathy Finn 378 Lillian Ave Syracuse, NY 13206	Site Supervisor 40 hrs/wk, 52 wks	$30,292.08	$0.00	$0.00
Richard Olmstead 231 Shotwell Park Syracuse, NY 13206	President 1hr/wk	$0.00	$0.00	$0.00
Kimberly Coyne 201 Glenvelw Parkway Syracuse, NY 13219	Vice-President 1hr/wk	$0.00	$0.00	$0.00
Edward W. Kimbrell Jr 7641 Commander Circle Liverpool, NY 13090	Treasurer 20hr/wk	$0.00	$0.00	$2,400.00
Rhonda Sass 206 Rigi Ave. Syracuse, NY 13206	Secretary 1hr/wk	$0.00	$0.00	$0.00
Andrea Melfi 4147 Orion Path Liverpool, NY 13090	Board Member 1 hr/month	$0.00	$0.00	$0.00

Greater East Syracuse
Day Care Center, Inc.
3212 James St.
Syracuse, NY 13206

ATT #2, Pg 1

GREATER EAST SYRACUSE DAY CARE CENTER, INC

FORM 990EZ 2008 ATT. #2 PAGE 2
Y/E 9/30/2009
ID# 16-1007087

Name and Address	TITLE AND HOURS	COMPENSATION (ANNUAL)	CONTRIBUTIONS (ANNUAL)	EXPENSES (ANNUAL)
Jennifer Benedetto 223 Eldorado St Syracuse, NY 13206	Board Member 1hr/month	$0.00	$0.00	$0.00
Kristen Nash 404 Melrose avenue Syracuse, NY 13206	Board Member 1 hr/month	$0.00	$0.00	$0.00
Meghan Vitale 128 Forest Hill Drive Syracuse, NY 13206	Board Member 1hr/month	$0.00	$0.00	$0.00
Paul Bailey 124 Vanida Lane Fayetteville, NY 13066	Board Member 1 hr/week	$0.00	$0.00	$0.00
Lisa Capra 335 Ridgewood Drive Syracuse, NY 13206	Board Member 1hr/month	$0.00	$0.00	$0.00

Greater East Syracuse
Day Care Center, Inc.
3212 James St.
Syracuse, NY 13206

ATT #2, Pg 2

GREATER EAST SYRACUSE DAY CARE CENTER, INC
FORM 990 YEAR ENDING 9/30/08
ID# 16-1007087

ATT. #3

Greater East Syracuse
Day Care Center, Inc.
3212 James St.
Syracuse, NY 13206

PART II , LINE 43 OTHER EXPENSES	A TOTAL
STAFF RECOGNITION	$830.64
STAFF DEVELOPMENT	$998.00
EQUIPMENT	$2,503.85
FOOD EXPENSE	$9,669.27
NON-FOOD SUPPLIES	$2,794.61
FOOD EQUIPMENT	$252.38
MAINTENANCE EXPENSES	$2,590.47
FIRE ALARM MAINTENANCE EXPENSES	$802.13
LIABILITY INSURANCE	$3,769.00
BANK SERVICE CHARGES	$194.00
ADVERTISING	$1,091.00
DUES & SUBSCRIPTIONS	$384.95
BOOK ORDERS FOR KIDS	$819.00
PROGRAM SUPPLIES-GENERAL	$8,308.11
PAYROLL SERVICE	$5,810.73
TOTAL OTHER EXPENSES	$40,818.14
USE>>>	$40,818

Merrill Lynch

EMA Fiscal Statement

ATTACHMENT #4 990EZ 2008

Total Account Value As Of 09/30/09 **$67,814.06**

GREATER EAST SYRACUSE DAY CARE
CENTER INVESTMENT ACCOUNT
3212 JAMES ST
SYRACUSE NY 13206-3044

Your Financial Advisor:
THE BARTER GROUP
FA # 6766
(866) 424-1627

Your Merrill Lynch Office:
205 S SALINA ST SUITE 300
SYRACUSE NY 13202

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MERRILL (1-800-637-7455)

ACTIVITY SUMMARY

	Fiscal Year Value 09/09
Credits	
Sales	5,000.00
Income	2,161.31
Funds Received	10,000.00
Electronic Tfrs	0.00
Other Credits	0.00
Total Credits	17,161.31
Debits	
Purchases	21,237.95
Withdrawals	0.00
Electronic Tfrs	0.00
Fees	80.15
Checks	10,000.00
Visa Transactions	0.00
Interest Charged	0.00
Other Debits	0.00
Total Debits	31,318.10
Net Activity	**(14,156.79)**

ANNUAL PORTFOLIO SUMMARY

	Fiscal Year Value 09/30/09	Current Portfolio Cost Basis	Unrealized Gains/(Losses)
Cash/Money/Accounts	17,099.14	17,099.14	0.00
CD's/Equivalents	9,956.38	10,000.00	(43.00)
Government Securities	0.00	0.00	0.00
Corporate Bonds	40,285.10	40,759.89	(475.00)
Municipal Bonds	0.00	0.00	0.00
Equities	0.00	0.00	0.00
Mut Funds/CEF/UIT	0.00	0.00	0.00
Options	0.00	0.00	0.00
Other	0.00	0.00	0.00
Long Market Value	**67,340.62**	**67,859.03**	**(518.00)**
Short Market Value	0.00	0.00	0.00
Debit Balance	0 00	0.00	0.00
Estimated Accrued Int	473.44	0.00	0.00
Net Portfolio Value	**67,814.06**	**67,859.03**	**(518.00)**

INCOME SUMMARY

	CurrentYear (09/09)
Interest	2,024.43
Dividends	136.88
Total	**2,161.31**
Accrued Interest Earned	0 00
Accrued Interest Paid	272.87

PLEASE NOTE:

- This fiscal year end statement is for information purposes and should be used in conjunction with your monthly statements. This statement does not reflect any pending trades or dividend reclassifications. Please consult your tax advisor regarding any tax planning and reporting requirements.

ATT #4
990EZ 2008
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PLEASE SEE REVERSE SIDE

GREATER EAST SYRACUSE DAY CARE CENTER

DEPRECIATION SCHEDULE YEAR 2009

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990EZ 2008
(2 PAGES)

ASSET DESCRIPTION	DEPREC. SCHEDULE S/L (STRAIGHT LINE)	PURCHASE DATE	ASSETS VALUE	FORECASTED DEPRECIATION 9/30/07 (1 YR)	FORECASTED ACCUMULATED DEPRECIATION AT 9/30/07	DEPRECIATED VALUE AT 9/30/07	FORECASTED DEPRECIATION 9/30/08 (1 YR)	FORECASTED ACCUMULATED DEPRECIATION AT 9/30/08
EQUIPMENT:								
BUTLER FENCE FOR PLAYGROUND	10YR	4/1/99	2,475.00	$247.50	$2,103.75	371.25	$247.50	$2,351.25
OFFICE FURNITURE - HONEY TREE	7YR	6/1/03	3,549.31	$507.04	$2,154.92	1,394.39	$507.04	$2,661.96
OFFICE FURNITURE & REFRIG - LA	7YR	6/1/03	1,524.90	$217.85	$925.85	599.05	$217.85	$1,143.70
NYS SAFETY ENHANCEMENTS PART I -FIRE ALARMS	7YR	4/30/04	3,180.69	$454.38	$1,552.47	1,628.22	$454.38	$2,006.85
NYS SAFETY ENHANCEMENTS PT. II INF. DOORS	7YR	7/31/04	3,885.00	$555.00	$1,757.50	2,127.50	$555.00	$2,312.50
HOBART PORCH RENOVATIONS -YEAR 2003	7YR	8/1/04	4,104.90	$586.44	$1,857.06	2,247.84	$586.44	$2,443.50
HOBART PORCH RENOVATIONS- YEAR 2004	7YR	10/1/04	6,888.78	$984.11	$2,952.33	3,936.45	$984.11	$3,936.44
COMPUTER FOR OFFICE-HONEY TREE	4YR	10/1/04	869.00	$217.25	$651.75	217.25	$217.25	$869.00
COPIERS FOR OFFICES-HT & LA	4YR	4/5/05	2,489.00	$622.25	$1,503.80	985.20	$622.25	$2,126.05
COMPUTER FOR OFFICE - LA	3YR	9/1/05	868.00	$289.34	$602.79	265.21	$265.21	$868.00
SLIDING DOOR REPLACEMENT	3yr	1/31/06	460.00	$153.33	$255.55	204.45	$155.33	$410.88
BABY BUGGY CART	3YR	3/31/06	1,152.53	$384.18	$576.30	576.23	$384.18	$960.48
TOTALS			31,447.11	5,218.67	16,894.07	14,553.04	$5,196.54	$22,090.61
							$433.05 Per Month	
	Ed Kimbrell 10/16/08							

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GREATER EAST SYRACUSE DAY CARE CENTER

DEPRECIATION SCHEDULE YEAR 2009

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ASSET DESCRIPTION	DEPRECIATED VALUE AT 9/30/08	FORECASTED DEPRECIATION 9/30/09 (1 YR)	FORECASTED ACCUMULATED DEPRECIATION AT 9/30/09	DEPRECIATED VALUE 9/30/09
EQUIPMENT:				
BUTLER FENCE FOR PLAYGROUND	$123.75	$123.75	$2,475.00	$0.00
OFFICE FURNITURE - HONEY TREE	$887.35	$507.04	$3,169.00	$380.31
OFFICE FURNITURE & REFRIG - LA	$381.20	$217.85	$1,361.55	$163.35
NYS SAFETY ENHANCEMENTS PART I -FIRE ALARMS	$1,173.84	$454.38	$2,461.23	$719.46
NYS SAFETY ENHANCEMENTS PT. II INF. DOORS	$1,572.50	$555.00	$2,867.50	$1,017.50
HOBART PORCH RENOVATIONS -YEAR 2003	$1,661.40	$586.44	$3,029.94	$1,074.96
HOBART PORCH RENOVATIONS- YEAR 2004	$2,952.34	$984.11	$4,920.55	$1,968.23
COMPUTER FOR OFFICE-HONEY TREE	$0.00	$0.00	$869.00	$0.00
COPIERS FOR OFFICES-HT & LA	$362.95	$362.95	$2,489.00	$0.00
COMPUTER FOR OFFICE - LA	$0.00	$0.00	$868.00	$0.00
SLIDING DOOR REPLACEMENT	$49.12	$49.12	$460.00	$0.00
BABY BUGGY CART	$192.05	$192.05	$1,152.53	$0.00
TOTALS	$9,356.50	$4,032.69	$26,123.30	$5,323.81
		$336.06 per month		

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