im a	990		of Organization 501(c), 527, or 4947(a)(1)	•						0. 1545-0047 0 09	
-	ent of the Treasury		lung benefit trust o	or private foundatio	on)					to Public pection	
	Revenue Service	r year, or tax year b	may have to use a copy o			t endin	· · · ·	ments.		, 20	
Check	k if Diego		ization Showers of					over Ide	entificati	•	
applic Addre	use IF	S		Dearning eni	1001		59-36				
	ess change label (change print (" <u></u>	et (or P.O. box if mail is not delive	ered to street address)	T	Room/ suite	E Telep				
	Ireturn See	2615 SE 1	5th Street			June	•		-3589)	
	inated Specif	c City or town, st	tate or country, and ZIP + 4	4	1		G Gros				
Amen	Instrue Ided return tions	Gainesvil	le FL 32641				recei			48,280	
Applic	cation pending F	Name and address	s of principal officer:		H(a)	ls this a g	group retui	n for affil	ates?	Yes X No	
					H(b)	Are all af	filiates inc	luded?			
		X 501(c)(3) ◀ (in:	sert no.) 4947(a)(1) or	527		lf "No," a	ttach a list	. (see inst	ructions)		
	osite: ► N/A	<u>-</u>					emption n				
	of organization: X	Corporation Trust	Association Other	L Year	r of form	lation.	2000	M Sta	te of legal	domicile: FL	
art	·····	- 41							. .		
			mission or most significant affordable ch		nd e	nri	chme	at m	roars	mg	
-			es, including					ame a			
3 6	the second se		990, Page 1,						~~		
* -			ation discontinued its oper-		f more	than 25	5% of its	net asse	ts.		
3 :			governing body (Part VI, II	•				3			
		-	mbers of the governing bo	-				4			
	5 Total number	of employees (Part V	/, line 2a)					5		11	
= .	6 Total number	of volunteers (estima	ate if necessary)					6			
	7a Total gross un	related business rev	enue from Part VIII, colum	n (C), line 12				7a			
	b Net unrelated	business taxable inc	ame from Form 990-T, line					7b		0	
			I _ KECEIVE	.D	Ļ	P	rlor Yea	r	Cur	rent Year	
	8 Contributions	and grants (Part VIII,	, lipe 1h)	····]g ·····	•••						
	9 Program serv	ce revenue (Part VIII	SEP . 2. 0. 701	n 8	•••					48,280	
	10 Investment in	ome (Part VIII, colur	τη (Α), lines 3, 4, and 7α).	ိ တြို	····					··	
·			9), lines 5, 6d, 8c <u>, 9c, 10c.</u> gh 11 (must equal Rart Vill		_					40.000	
										48,280	
			ployee benefits (Part IX, col							34,789	
			IX, column (A), line 11e) .								
			K, column (D), line 25) 🕨		r					·····	
1	17 Other expens	es (Part IX, column (/	A), lines 11a-11d, 11f-24f)							13,491	
' '			must equal Part IX, column							48,280	
1	19 Revenue less	expenses. Subtract	line 18 from line 12	<u></u>							
B		.				Beginni	ng of Curre		En	d of Year	
Ā							3,2		_ ,		
Ë							3,2	38			
S 2			ract line 21 from line 20	<u></u>							
art			t I have examined this return, in								
			Declaration of preparer (other th								
		ihda (1	King					I	91	23/10	
n		re of officer							Date		
-	V Sianati		\mathcal{O}	Pres	ide	nt					
		la A. King									
-	Lind	la A. King print name and title	Type or print name and title Preparer's Check If P								
-	Lind			Date				cparci a i		number (see inst	
re	Linc Type o			Date	se	neck ii elf- nployed				number (see inst	
gn ere Id	Preparer's signature	print name and title Cindy Cha			se er	elf- nployed				number (see inst	
ere	Preparer's signature Firm's name (o	rint name and title Cindy Cha yours <u>A+ Ta</u> 25650	ipman ix & Bookkeepi) W Newberry R	ng Center,	se er	elf- nployed C. E	▶∏ EIN	•			
d parte o On	Preparer's signature Firm's name (o if self-employ address, and a	print name and title Cindy Cha yours <u>A+ Ta</u> 25650 Newbe	upman 1x & Bookkeepi 0 W Newberry R erry, FL 32669	ng Center, Rd 9-4102	se er In(elf- nployed C. E	► IN EIN Phone no	► . ► (3	52)4'	72-4920	
d pare o On y the	Preparer's signature Firm's name (o if self-employ address, and 2 e IRS discuss this	vours Preturn with the prepa	ipman ix & Bookkeepi) W Newberry R	ng Center, 2d 9-4102 structions)	se er In(elf- nployed C. E	► IN EIN Phone no	► . ► (3	52)4'		

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	990 (2009) Showers of Learning Christ 59-3667675	Page 2
Par		
1	Bnefly describe the organization's mission:	
	To provide quality, affordable child care and enrichment progr	
	low income families, including meals and snacks. (Same as Atta	chment
	#2; Form 990, Page 1, Part 1)	
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	s 🕅 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	s 🔀 No
	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 \$ including grants of \$) (Revenue \$))
	······································	
		· · · ·
4b	(Code) (Expenses \$including grants of \$) (Revenue \$))
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$	
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Part	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,"		v	
	complete Schedule A.	1	X	X
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			х
_	Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	5		
_	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			l
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	e		х
-	Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u> </u>		<u>^</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
•	complete Schedule D, Part III	•		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		l	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9	1	x
40	complete Schedule D, Part IV			
10		10		x
44	If "Yes," complete Schedule D, Part V			<u></u>
••		11		x
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI.			É
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			Í.
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			l .
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			ĺ
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			ŧ
•	Part X, line 16? If "Yes," complete Schedule D, Part IX.			Í
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ŧ
-	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Í
	Schedule D. Parts XI, XII, and XIII.	12	1	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		1	<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	t		l
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,		1	<u> </u>
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	<u> </u>
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		X
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Form	990 (2009) Showers of Learning Christ 59-3667675		Pa	age 4
Par	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			[
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	1		
	complete Schedule J	23		X
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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?N/A	24b		
	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? N/A	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ŧ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			<u> </u>
	Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u> </u>
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
	Schedule N, Part II	32	:	x
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? If "Yes," complete Schedule R, Part I	33		x
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		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			<u> </u>
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			<u>†</u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			+
	Note: All Form 990 filers are required to complete Schedule O	38	x	1
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Part V Statement	s Regarding Oth	ier IR	S Filings and Tax	Compliance	

If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...

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Form 990 (2009)

12b

art '	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			l
	U.S. Information Returns. Enter -0- if not applicable 1a 0			Į
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ł
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			I
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	ļ		Į
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	I
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ŧ
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule ON/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:			I
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			ŧ
	Financial Accounts.			ŧ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	1		
	solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ļ	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ł
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		1	ŧ
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?N/A	7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ł		ŧ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ŧ
	benefit contract?	7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	 	X
8				I
	Did the supporting organization, or a donor advised fund maintained by a sporisoning organization, have excess buildings at any time during the year?		1	1.
9	business holdings at any time during the year?	8		<u>↓ x</u>
a	Did the organization make any taxable distributions under section 4966?	9a		l v
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	30		╬
a	Initiation fees and capital contributions included on Part VIII, line 12,	I	1	ł
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	ŧ
11	Section 501(c)(12) organizations. Enter:	ł		I
a	Gross income from members or shareholders			ł
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ŧ
5	against amounts due or received from them)			ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1 x
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Form 990 (2009)

Showers of Learning Christ 59-3667675

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a			
b	Enter the number of voting members that are independent 1b	1		
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	x	
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		Х
4	Did the organization make any significant changes to its organizational documents since the phor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	x
ъ	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-	·	Ļ,

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written confiict of interest policy? If "No," go to line 13	12a		Х
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give N/A			
	rise to conflicts?	12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		x
b	Other officers or key employees of the organization?	15b		X
	If "Yes" to line 15a or 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			
	with a taxable entity during the year?	16a		x
ь	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 N/A			
	the organization's exempt status with respect to such arrangements?	16b	-	
Sect	on C. Disclosure	·		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(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 interest 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 records of the organization: ► See attachment #1

Form 990 (2009) Showers of Learning Christ 59-3667675

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees. See instructions for definition of "key employee."

• 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.

(A) Name and Title					C)	at apply)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	ITD NUR USEC IEC UC IEC R L R	TRUSTEE UT-ONAL		K E E M Y P L O Y E E	H COMPLOY COMPLOYEE GHENNSE TED	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
Linda A. King President Kelli L. Word	40.00	x		х				0	0	0
Secretary Willie L. King Vice President	40.00	- - -		X v	х			4,501	0	0
Edward B. Harris Treasurer				x x				0	0 0	0
	- - -									
JVA 09 99078 TWF 33399	Copyright I	orms (Sof	tware C	Dnly) - 2	2009 TV	/		L	ı	Form 990 (2009)

Check this box if the organization did not compensate any current officer, director, or trustee.

Form	990	(2009)

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Showers of Learning Christ 59-3667675

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Part VII Section A (A) Name and title	A. Officers, Directors (B) Average hours per week	Positi ITDIN DURS ISEII VTCII IETT DEOUU RGOU AOII LRON	(ion (chec T O F F S I T C E E F F F F F F F F F F F F F F F F F F	C)			Compensated Ei (D) Reportable compensation from the organization (W-2/1099-MISC)	mployees (continued (E) Reportable compensation from related organizations (W-2/1099-MISC)	Est am comp fro orga	(F) imated ount of other bensati im the inizatio	f					
	Average hours per	I T D I N R I N D U R S I S E T I I E C U U C R I L N N N N N N N	ion (chec T O R F S I T C E E V E R	k all tha E M Y P L O Y E	EMPLOYEE COMPENSATE	FORME	Reportable compensation from the organization	Reportable compensation from related organizations	Est am comp fro orga	imated ount of other oensation m the inizatio	f					
Name and title	hours per	I T D I N R I N D U R S I S E T I I E C U U C R I L N N N N N N N	T OFFICER	E MPLOYE	EMPLOYEE COMPENSATE	FORME	compensation from the organization	compensation from related organizations	am comp fro orga	ount of other pensation m the unization	f					
	per	N R I N D U R S I S E T T V T C I I E T T D E O U U O I L R N			OMPLOYEE GHEST E	O R M E	from the organization	from related organizations	comp comp fro orga	other bensation m the inizatio						
		I SE T V T C I I E T T D E O U U R T A R I L R N			GHEOYES TESTE	R M E	the organization	organizations	comp fro orga	ensati m the inizatio	on					
				Ε Ε	E NYE ST SEE T E	E	organization	_	fro orga	m the inizatio	011					
				Ε Ε	AE T E		-	(** 23 1000 11100)	orga	nizatio						
			4 1		E		('n					
		1 N	4 1		Ō				and related							
			·													
		1 1														
				ļ												
					E											
				Ì												
										·						
1b Total	<u>,,</u>	· · · · · · · · · · ·	• • • <u>• • • • •</u>	<u>.</u>	· · · · · · · ·		4501	·	0							
		but not lim	nited to th	ose list	ed abov	e) wh	o received more than	n \$100,000 in reporta	ble con	npensa	tion					
from the organizat	tion 🕨															
										Yes	No					
							r highest compensat				İ					
									3	ļ	X					
			-				other compensation				ł					
	-	-					nplete Schedule J for				ŧ					
									4	ļ	X					
							elated organization fo									
		r II "Yes," C	omplete	Schedu	ue J for	sucn	person	<u></u>	5	L	<u>X</u>					
Section B. Independent					ont		that reaches -	then #400.000 - f								
•		est compen	Isaled Inc	epend	ent contr	actors	s that received more	inan \$100,000 of								
compensation from	m the organization.					· · ·		<u> </u>								
	(A)						(B)			C)	-					
<u> </u>	Name and business	s audress				 	Description of s	JIVICES	Comp	ensatio	<u>n</u>					
<u> </u>						<u> </u>										
						<u> </u>										
D Tatal mumber of I			_				<u> </u>									
		toro (in-lu-			ad to 46 -			und more the								
\$100,000 in comp JVA 09 99078	•		-	ot limite	ed to tho	se list	ed above) who rece	ved more than								

Form			s of Le	arn	ing Christ	59-3667	675		Page 9
Parl	Y U	Statement of Rever	nue				(3)		
		· · ·			11	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns		1a					
O E H	ь	Membership dues		1b					
NTETSR		Fundraising events		1c					1
HGS		Related organizations		1d		4			
RGI RGI BAI UNL		Government grants (contri		1e				ţ	
T ¦Ā I S R	f	All other contributions, gifts similar amounts not include		1f					
0 A A N N M S D T	g	Noncash contributions included	f in lines 1a-1f:	\$					1
5-1	h	Total. Add lines 1a-1f	<u></u>						
P					Business Code]		ŧ	ł
R O S		Early Learnin			<u> </u>	35351			
GE	Ь	Child Care Se		'ee		8624			
R R A V E	-	USDA Food Pro	gram			4305			<u> </u>
MIV CE	α								<u> </u>
EN			·····						ļ
ប	1	All other program service r			L				<u> </u>
E		Total. Add lines 2a-2f				48280		<u>.</u>	<u> </u>
	3	Investment income (includ	-	-	-				
		other similar amounts)							+
	4	Income from investment of		•					
	5	Royatties	(i) Real						
	62	Gross Rents	(1) Neai		(ii) Personal	-			
	1	Less: rental expenses				-			
		Rental income or (loss)				-		ŧ	1
		• • •			L	1			1
	1	Net rental income or (loss)			(ii) Other				<u> </u>
	7a	Gross amount from sales of assets other than	() 0000110						
	.	inventory				4			
		and sales expenses							
ο		Gain or (loss)				`			
Т		Net gain or (loss)			L `	4 - 1		ŧ	ŧ
H E		Gross income from fundral		• • • • •	· · · · · · · · · · · · · · · · · · ·			·	1
R		events (not including \$	5			1			
		of contributions reported of	on line 1c).						
R		See Part IV, line 18	•	. a		× .		· ·	ł
EV	ь	Less: direct expenses				1		1	
Ē	c	Net income or (loss) from	fundralsing ev	ents.		1	I	Ī	Ī
N		Gross income from gaming							
U		Part IV, line 19		a				1	ŧ
E	Ь	Less: direct expenses		. ь		1			ł
	c	Net income or (loss) from	gaming activit	ies		1		I	I
	10a	Gross sales of inventory, le	ess					1	
		returns and allowances		a					
	ь	Less: cost of goods sold .		b]			
	c	Net income or (loss) from	sales of inven	tory					
		Miscellaneous Re	venue		Business Code				1
	11a								
	Ь								
	c					1			
	d					ļ		L	<u> </u>
	e	Total. Add lines 11a-11d							
	12	Total revenue. See instru				48280	l	<u> </u>	<u> </u>
JVA	09	9909 TWF 33401 Co	opyright Forms (Softwar	e Only) - 2009 TW				Form 990 (2009)

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Statement of Functional Expenses

	All other organizations must complete column				
	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.		expenses	general expenses	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			·	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
	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	8401	6451	1950	
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	23288	23288		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	200	200		
10	Payroll taxes	2900	2722	178	
11	Fees for services (non-employees):		··· ·=··=q·		
a	Management				
ь	Legal				
с	Accounting	350	350		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· · · · · ·		
g	Other				
12	Advertising and promotion				
13	Office expenses	200		200	·
14	Information technology			200	
15	Royalties				······
16	Occupancy				
17	Travel	1500		1500	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization	·			
23	Insurance				
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.)				
2	Prior Year Payroll Taxes	5250	5250		
a b	Food Costs	5259	5259		ł
-		3403	3403		
C A	Program Materials & Costs	2224	2224	<u> </u>	
d	Education & Training Costs	293	293		
e	Bank Service Charges & Fees	246	16	246	
1	All other expenses	16	16		
25	Total functional expenses. Add lines 1 through 24f	48280	44206	4074	
26	Joint costs. Check here ► if following SOP 98-2.			1	
	Complete this line only if the organization reported in			1	
	column (B) joint costs from a combined educational				
	compaign and fundraioung colligitation	•		1	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Form 990 (2009) Part X E

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Balance Sheet

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Shc	wers o	f Le	arning	Christ	59-3	3667	'67	′5
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				(A)		(B)
				Beginning of year		End of year
	1	Cash non-interest bearing		1,933	1	
	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, direct				
		employees, and highest compensated employees.	Complete Part II of			
		Schedule L	-	:	5	
	6	Receivables from other disgualified persons (as de				,
		4958(f)(1)) and persons described in section 4958				
A S		Part II of Schedule L	• • • •	,	6	
ŝ	7	Notes and loans receivable, net			7	
S E	8	Inventories for sale or use		-	8	
T S	q	Prepaid expenses and deferred charges		· ·	9	
~	10 2	Land, buildings, and equipment: cost or other	•••••••••••			
	Ivu		10a			1
	ь	Less: accumulated depreciation		1 205		
				1,305	10c	
	11	······			11	
	12	Investments other securities. See Part IV, line 1			12	
	13	Investments program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		3,238	16	0
	17	Accounts payable and accrued expenses			17	
	18			18		
L 1	19			19		
À					20	
B		Escrow or custodial account liability. Complete Pa			21	
	22	Payables to current and former officers, directors,				
		employees, highest compensated employees, and	•			
Ţ		persons. Complete Part II of Schedule L			22	
E		Secured mortgages and notes payable to unrelate			23	
s					24	
1		Other liabilities. Complete Part X of Schedule D		3,238	25	
	26	Total Ilabilities. Add lines 17 through 25		3,238	26	0
		Organizations that follow SFAS 117, check here	and			
E		complete lines 27 through 29, and lines 33 and	34.			
FU	27	Unrestricted net assets			27	
N	28				28	· · · · · · · · · · · · · · · · · · ·
D	29	Permanently restricted net assets			29	
B		Organizations that do not follow SFAS 117, che				
A L		and complete lines 30 through 34.				
A	30	Capital stock or trust principal, or current funds			30	
N C		Paid-in or capital surplus, or land, building, or equ			31	
E		Retained earnings, endowment, accumulated inco		· · · · · · · · · · · · · · · · · · ·	32	
S		Total net assets or fund balances		0	33	0
		Total liabilities and net assets/fund balances		3,238	34	
A		99011 TWF 33403 Copyright Forms (Software On				Form 990 (20

	t XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990:	[163	<u> </u>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		l x
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?N/A	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
J	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			Į
a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	Ī
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			\vdash
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		
A	09 99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW	Form	990	(200

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SCHEDULE A (Form 990 or 990-EZ)

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Public Charity Status and Public Support

(Form 9	990 or 990-EZ)									2000	\
		Complete	f the organization is a 4947(a)(1) not				on or a s	ection		2009	
	ent of the Treasury levenue Service	► Atta	ach to Form 990 or Fo			ee separa	te instru	ctions.	0	pen to Put Inspectio	
Name o	of the organization	on						Employer i	dentifica	tion numbe	er
Show	ers of L	earning Chr	istian Chil	d Car	re, In	с.	E E	59-366	7675		
Part	I Reason	for Public Chari	ty Status (All organ	izations m	ust comple	ete this par	rt.) See in	structions			
The org			cause it is: (For lines 1								
1	A church, conve	ention of churches, or	association of churche	es describ	ed in sect	ion 170(b)	(1)(A)(I).				
2	- ·		(1)(A)(II). (Attach Sche								
3	A hospital or a	cooperative hospital s	ervice organization des	scribed in	section 1	70(b)(1)(A))(HI).				
4	A medical resea	arch organization oper	ated in conjunction wit	th a hospr	tal describ	ed in sect	ion 170(b)(1)(A)(III).	Enter the	hospital's r	name,
_	city, and state:										
5		operated for the bene . (Complete Part II.)	efit of a college or univ	ersity own	ed or ope	rated by a	governm	ental unit d	escribed i	n section	
6	A federal, state	or local government	or governmental unit d	escnbed i	in section	170(b)(1)(A)(v).				
7 X		that normally receives (1)(A)(vi). (Complete F	s a substantial part of i Part II.)	ts support	t from a go	vernmenta	d unit or f	rom the ge	neral pub	lic describe	id in
8	A community tr	ust described in section	on 170(b)(1)(A)(vi). (C	omplete P	art II.)						
9 X			s: (1) more than 33 1/3			m contribu	itions, me	mbership fo	es, and g	gross	
			empt functionssubj							ts	
			e and unrelated busine) from busi	nesses		
	acquired by the	e organization after Jui	ne 30, 1975. See secti o	on 509(a)((2). (Comp	lete Part III	l.)				
10	An organization	organized and opera	ted exclusively to test f	or public	safety. See	e section 5	509(a)(4).				
11 [ted exclusively for the		-			-			
			ported organizations of							on	
	509(a)(3). Cheo	k the box that describ	es the type of support	ing organi	ization and	complete	lines 11e	through 11	h		
_	a Type I	в 🗌 Туре		••	unctionally	-		<u> </u>	ype III-O	ther	
e			organization is not co								
	persons other t 509(a)(1) or sec		jers and other than on	e or more	publicly si	upported o	organizatio	ons descnb	ed in sec	lion	
f			determination from the						J 		
g	Since August 1 following perso	· ·	ization accepted any g	jift or cont	tribution fro	om any of t	the				
	(I) A person w	ho directly or indirectly	controls, either alone	or togeth	er with per	sons desc	ribed ın (i	it)		Ye	s No
			iy of the supported org	-	-			•		11g(l)	X
	(II) A family me	mber of a person des	cribed in (I) above?						1	1g(il)	X
			on described in (i) or (i							1g(lii)	X
h	Provide the folk	owing information abo	ut the supported organ	nization(s)	•						
/h			/////					(vi) I	s the		
••	ne of supported ganization	(II) EIN	(III) Type of organization					organizatio		(vII) Amo	
01	gamzauvn		(described on lines 1-9 above or IRC section		isted in your document?	1	n in col. (1) support?	organize		supp	UIL
			(see instructions))					U.S	5.7	1	
				Yes	No	Yes	No	Yes	No	1	

						-
Total						
For Privacy Act a	and Paperwork F	eduction Act Notic	e, see the instruct	lons for	Sc	he
Form 990 or 990-	-EZ.					

dule A (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2009 Showers of Learning Christ 59-3667675

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Totai Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") 500 500 Tax revenues levied for the organization's 2 benefit and either paid to or expended on Its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 500 4 500 The portion of total contributions by each 5 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) Public support. Subtract line 5 from line 4. 6 500 Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (c) 2007 (e) 2009 (a) 2005 (b) 2006 (d) 2008 (f) Total Amounts from line 4 7 500 500 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business 9 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 10 500 Gross receipts from related activities, etc. (see instructions) 12 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 2009 (line 6, column (f) divided by line 11, column (f)) 100.00 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 100.00 15 % 16a 33 1/3 % support test -- 2009. 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 X 33 1/3 % support test -- 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this ь box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test -- 2009. 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 -- 2008. 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 gualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . 18 JVA 09 990A12 TWF 33502 Schedule A (Form 990 or 990-EZ) 2009 Copyright Forms (Software Only) - 2009 TW

Part VII	Investments Other Securities. See Forr	n 990, Part X, line 12.		
) Description of security or category	(b) Book value	(c) Method of valuat	ion:
	(including name of security)		Cost or end-of-year mark	ket value
inancial den	vatives			
	equity interests			
Other				
			1	
Padal in i		· ····	1	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	000 Deat X line 40	E	<u></u>
Part VIII	Investments Program Related. See For			
	(a) Description of investment type	(b) Book value	(c) Method of valuat	
<u> </u>			Cost or end-of-year man	ket value
			1	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. See Form 990, Part X, line 15	5	E	
<u></u>		escription		(b) Book value
				(-)
	nn (b) must equal Form 990, Part X, col. (B) line		<u></u>	
Part X	Other Liabilities. See Form 990, Part X, line	·	Future - 10/10/10/2001-11 2011-1 2011-1 2011-1	
1.	(a) Description of liability	(b) Amount		
Federal Incor	ne taxes		4	
	· _ · - · - · · · · · · · · · · · · · ·		4	
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨			

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SCHEDULE O

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

(Form 990)

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. ▶ Attach to Form 990.

OMB No 1545-0047 2009 **Open to Public** Inspection

Name of the organization

Showers of Learning Christian Child Care, Inc.

N/A

BOOKS ARE IN CARE OF

Attachment	1:	Form	990	Page	6,	Part	VI,	Sec	tion	C, Li	ine	20				
Open to Public																_
Inspection	For ca	lendar ye	ar 2009	or tax pe	rlod b	peginning			,	, and end	ding				•	
Name of Organizati	on										1	Employ	er Id	entificati	on Number	
Showers of	Lea	rning	J_Chr	istia	an (Child	Car	e, In	nc.		5	9-36	667	675		
Part VI - Line 91a																
Individual Name or Business Name:								Line	da A.	King	J					
Street Address	•••••	• • • • • • • • •						261	5 SE	15 St	ree	et				
U S. Address:																
Zıp code or Foreign Address	3264	1	_	City <u>(</u>	Gai	nesvi	lle				State	FL				
City				••••												
Province or	State .			· · · · ·												
Country		· · · · · · · · · ·								• • • • • • • •		• • • • • • •	••••		····· <u>-</u>	
Postal code			•••••	•••••	• • • • •			••••			• • • • •					
Phone Num	ber .		•••••	•••••					• • • • • • • • •			••••	(3	52)31	75-3589	
Fax Number	·	• • • • • • • • • •			• • • • •				•••••				<u>(</u> 3	52)37	75-5613	

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SC	CHEDULE OF OT	HER EXPENS	ES						
Attachment 2: Form 990 Page Open to Public	10, Line 24	- Other Exp	enses						
Inspection For calendar year 2009 or tax pe	eriod beginning	, and en	dina						
Name of Organization		Employer Identification Numbe							
Showers of Learning Christi	an Child Care		59-36676	75					
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising					
Building Repairs	16	16							
Total	16	16	<u> </u>						
1014	L		1	_L					

2009 DETAIL STATEMENTS		
Showers of Learning Christian 59-3667675		Page 1
STATEMENT #1 - ()	Beginning	Ending
Playground EquipmentOffice Equipment	500 805	500 805
TOTAL CARRIED TO	1,305	1,305
STATEMENT #2 - ()	Declaration	. 1.
Showers of Blessings Harvest Center	Beginning 3,238	Ending 326
TOTAL CARRIED TO	3,238	326

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Form 8868 (Rev.	4-2009)					Page 2
If you are film	ng for an Additional (N	lot Automatic) 3-Month Extension, complete only Pa	t II and check the	sbox		▶ 🛛
Note. Only comp	olete Part II if you have	already been granted an automatic 3-month extension	on a previously fi	led Form	8868.	_
• If you are fili	ng for an Automatic 3-	Month Extension, complete only Part I (on page 1).				
Part II A	dditional (Not Aut	tomatic) 3-Month Extension of Time. Only 1	ile the original (no	o copies n	eeded).	
	lame of Exempt Organi				r Identification	n number
	nowers of Lear	ning Christian Child Care, Inc.		59-36	67675	
File by the Nettended	lumber, street, and roo	m or suite no. If a P.O. box, see instructions.		For IRS u	se only	
due date for 2	615 SE 15th	Street				
filing the	City, town or post office.	, state, and ZIP code. For a foreign address, see inst.				
return. See	ainesville 1	FL 32641				
	eturn to be filed (File a	a separate application for each return):		-		
X Form 990]	Form 990-PF	Form 1041-A		For	m 6069
Form 990-BL		Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720		For	m 8870
Form 990-EZ	2	Form 990-T (trust other than above)	Form 5227			
STOP! Do not c	omplete Part II If you	were not already granted an automatic 3-month exte	nsion on a prev	lously file	d Form 8868.	
		e attachment #1				
Telephone N		FAX No. ►			_	
•		office or place of business in the United States, check t	his box		<u> </u>	🕨 🗍
-		e organization's four digit Group Exemption Number (G			. If this	is
	•	If it is for part of the group, check this box		and attac	h a list with the	е
	of all members the ex					
4 request a	an additional 3-month	extension of time until OCTC	BER 15 ,2	010 .		·
5 For calend	taryear2009 , or o	other tax year beginning , 20	, and ending		, 20	
		months, check reason: Initial return X Final return	eturn Chan	ge in acco	ounting period	
7 State in de	etail why you need the	extension Business Closed. Need	extra ti	me to	comple	te
			of book			
	^ v					
8a If this app	lication is for Form 990	-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative t	ax, less any			
nonrefund	lable credits. See instru	ictions.		8a	\$	0
b If this app	lication is for Form 990	-PF, 990-T, 4720, or 6069, enter any refundable credits	and estimated			
tax payme	ents made. Include anv	prior year overpayment allowed as a credit and any am	ount paid			
	with Form 8868.		•	8b	s	0
<u>. </u>		om line 8a. Include your payment with this form, or, if re	guired, deposit			
		by using EFTPS (Electronic Federal Tax Payment Syster	•	ns. 8c	\$	0
Under penalties	of perjury, I declare th	Signature and Verification at I have examined this form, including accompanying s , and complete, and that I am authorized to prepare this	chedules and stat		and to the best	of my
Signature ►		Title ▶Enrolled	Agent	C	ate 🕨	

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