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Form **990**

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u> _	For th	ne 2009 ca	alendar	year, o	or tax year begi	nning		, 2009, ai	nd end	ing			, 20)	
В	Check if	applicable	Please	C Nam	e of organization	Christian Learn	ing Center					D Emp	loyer ide	entification i	number
		change	use IRS label or	Doin	g Business As							20	- 1	309200	12
	Name c		print or	Numi	ber and street (or PO	box if mail is not delive	ered to street add	dress)	Room/	suite	一	E Telep	phone nu	ımber	
	Initial re		type See	1278	N Old Canton	Rd					ŀ	(601)	853-269	15
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			Instruc- tions	1 '	on, MS 39046	,					- 1	G Gross	racounta	¢ 75′	274.32
H	Amende	ed return	F Nan		address of principa	l officer							·		
، ب	Application	on pending				1 0111001				1		•		liates? Yes	
_	T		Theim											ed? ∐Yes	
<u> </u>		empt status	5 <u>V</u> 5	501(c) ()◀ (insert no)	4947(a)(1) or	<u></u> 527				If "No	," attach	nalist (s	see instructio	ins)
<u>J</u> _	Webs				- H							xemption			
		organization		oration L		tion ☐ Other ►		L Year	of form	ation		M State	of legal	domicile	
Pá	art I	Summ	ary												
	1	Briefly de	escribe	the or	rganization's m	ission or most s	significant a	ctivities							
		,			J										
Activities & Governance															
ē	'	•••••													
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'≩	5	Total nur	nber of	emple	oyees (Part V, I	line 2a) . . .				· · - AC	.0	<u> </u>			<u>6</u>
Ac	6	Total nur	nber of	i volun	iteers (estimate	if necessary)				Serving Serving		6			1
	7a	Total gro	ss unre	elated	business reven	ue from Part VII	II, column (C), line 1	12 °' è	O'MPHANOU	10 1C	7a			
	b	Net unre	lated bu	usines	s taxable incor	e if necessary) nue from Part VII ne from Form 9	90-T, line 3	4 .		ompliance or ligitation	- (. 7b			
										7 201	r Yea	ar		Current Yea	ar
	8	Contribut	tions ar	nd ora	nts (Part VIII. la	ne 1h) .			- 53	7 701	.1	-			
nge -						ne 2g)		•	1		-				
Revenue									• • •		<u> </u>				
æ	14	Other rev	ianua (Dart VI	art viii, Columnii	inac E 6d 9a	and 70) .		•	VEON. N	19		 		
	12	Total reve	nue – a	dd line	es 8 through 11	(must equal Part	VIII column	u ite; ι(Δ) line	12.10	K SOLL				750	247.32
	10	0			o unough 11	n (A), lines 3, 4, lines 5, 6d, 8c, (must equal Part rt IX, column (A	VIII, OOIGIIII	<u>. (/1), 11110</u>	12)	 				792	.47.32
	13	Grants at	na simi	iar am	ounts paid (Pa	rt IX, column (A), lines 1-3)			-			-		
ç						rt IX, column (A)							+	404	
Expenses						e benefits (Part I)				-				481	<u> 50.00</u>
ф						column (A), line									
ú	b	Total fund	draising	exper	nses (Part IX, co	lumn (D), line 25)	>	. 		2000	x 7.7		2000		
	17	Other exp	penses	(Part	IX, column (A),	lines 11a-11d,	11f-24f)							190	00.080
	18	Total exp	enses	Add I	ines 13-17 (mu	ust equal Part IX	(, column (A	A), line 2	(5)						
	19	Revenue	less exp	penses	Subtract line	18 from line 12	<u> </u>	·		<u> </u>			1	8,0	17.32
~ું.કુ										Beginning	of Cui	rrent Yea	ar	End of Yea	r
Net ASSPI	20	Total ass	ets (Pa	ert X li	ne 16)										
CA.E	21	Total liab	-												
ŹŠ	22					ct line 21 from l	 ine 20				•		+		
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Z						ve examined this retu	ırn ıncludıng a	ccompany	una sch	adulas and s	tatem	ente and	to the i	aget of my kr	ovlodgo
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He	re	y Sign	ature of o	oπicer							Date				
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ivia	y trie	ino alsci	uss inis	returr	i witti the prep	arer shown abo	ver (see in:	struction	1S) .		<u> </u>			Yes L	No_



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Our mission is to make sure every child has a nice place to educate and teach.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$)
4e	Total program service expenses ▶

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		√
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total 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 Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		4	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	_	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		٧

Pai	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		1
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		1
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," complete Schedule J	23		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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		√
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
00		28c 29		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		▼
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
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		<u> </u>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			P d
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
	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		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		√
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		/
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
I0 а	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	أكري		

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	. ,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	i	✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	_	✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:		i	
а	The governing body?	8a		√
	Each committee with authority to act on behalf of the governing body?	8b		√
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		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
100	Done the expensation have local chapters branches or efficience?	10a		<u>√</u>
	Does the organization have local chapters, branches, or affiliates?	.00		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		ſ
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	105		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		1
44.6	form?			Ť
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		7
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405		1
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1
12		13		`
13	Does the organization have a written whistleblower policy?	14		-
14	Does the organization have a written document retention and destruction policy?			Ť
15	Did the process for determining compensation of the following persons include a review and approval by	ý	;	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		
	The organization's CEO, Executive Director, or top management official	15b	-+	*
D	Other officers or key employees of the organization	130		
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		√
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4Ch		
<u></u>		16b	ļ	<u>√</u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	c)(3)s o	nly)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	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 reco	rds of	the	
	organization: ▶			

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

☐ Check this box if the organization did not co	mpensate	any o	curr	ent	offic	cer, d	irec	tor, or trustee.	,	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	on (k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										_

Pa	Section A. Officers, Directors, Tru		Emp	loy			a Higi	nesi	•	· · · · · · · · · · · · · · · · · · ·	T
	(A) Name and title	(B) Average	Positi	on (c		C) k all	that ap	olv)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
											!
<u>1b</u>	Total		<u> </u>		<u>. </u>	<u> </u>		•			
2	Total number of individuals (including but in reportable compensation from the organization from the organization).		to the	ose	liste	ed a	above)) wł	no received mo	ore than \$100,0	00 in
											Yes No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i>							oyee	e, or highest c	•	3
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	100?	If "	'Yes,"	cor	nplete Schedu	le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	oen:	satio	on 1	from a	anv	unrelated org		5
Se	ction B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt o	contra	ictoi	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	fress							(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (in more than \$100,000 in compensation from					l to	those	liste	ed above) who	received	

Par	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	1a	Federated campaigns	1a		ļ			
<u> </u>		Membership dues	1b		ļ			
fts, an	c	Fundraising events	1c					
ig ig		Related organizations	1d					
Sir	е	Government grants (contributions).	1e					
ă ţi	f	All other contributions, gifts, grants,						
달동		and ominal announce not moraded above	1f					
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines 1a- Total. Add lines 1a-1f		· · · · · •				
	i i	100010010010010	· · ·	Business Code				
èu	2a		-	· : : : : : : : : : : : : : : : : : : :				<u> </u>
Program Service Revenue	b							
<u>8</u>	C		[
e <u>r</u>	d							
E	e							
gra	f	All other program service revenue						
P.	g	Total. Add lines 2a-2f		, . •				
	3	Investment income (including diviother similar amounts) Income from investment of tax-exempt	ot bond	proceeds				
	5	Royalties	. ,					ļ
		(i) Real Gross Rents		(II) Personal			I	
		Less: rental expenses			ı			
	C	Rental income or (loss) Net rental income or (loss)		•				
		() 0		(II) Other				-
		assets other than inventory	25	(ii) Other				
		Less cost or other basis and sales expenses .						
		Gain or (loss) L						
ā]	Net gain or (loss)	Г	<u> ▶</u>				
evenue	Oa	events (not including \$						
ě		See Part IV, line 18	· a	·-·				
Other Re		Less: direct expenses Net income or (loss) from fundrais		/ents ▶	i			
_		·	Ī					
		Gross income from gaming activities See Part IV, line 19	. a				}	
		Less: direct expenses Net income or (loss) from gaming		tios	<u> </u>		<u></u> .	
		• • • •	Г	ties ►				
	ıva	Gross sales of inventory, le returns and allowances					1	
	Ь	Less: cost of goods sold						
		Net income or (loss) from sales of ii		ry >				
		Miscellaneous Revenue		Business Code				
	11a							
	i .							
	С	••••						
	d	All other revenue	[-			
	е	Total. Add lines 11a-11d		🕨				
	12	Total revenue. See instructions.		🕨				

Part IX Statement of Functional Expenses

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).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
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									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<u></u>								
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):		İ							
а	Management									
b	Legal									
С	Accounting				· ·					
d	Lobbying									
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy			_						
17	Travel				<u> </u>					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
	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)									
а										
b										
C										
d										
е										
_	All other expenses									
<u> 25</u>	Total functional expenses. Add lines 1 through 24f									
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solutation.									

Рa	rt X	Balance Sheet		
			(A) Beginning of year	(B) End of year
	1	Cash—non-interest-bearing	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, directors, trustees, key		
		employees, and highest compensated employees. Complete Part II of		
		Schedule L	5	
	6	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
		Part II of Schedule L	6	
Assets	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10a	Land, buildings, and equipment: cost or 10a		
		other basis. Complete Part VI of Schedule D	Mark the state of the state of	
	b	Less: accumulated depreciation 10b	100	
	11	Investments—publicly traded securities	11	-
	12	Investments—other securities. See Part IV, line 11	12	
	13	Investments—program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15 16	Other assets. See Part IV, line 11	15	
		Total assets. Add lines 1 through 15 (must equal line 34)	16	
	17	Accounts payable and accrued expenses	17	
	18	Grants payable		
	19	Deferred revenue	20	
S	20	Tax-exempt bond liabilities	21	
iţie	21 22	Escrow or custodial account liability Complete Part IV of Schedule D	The state has here and the state of the stat	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
Ë		persons. Complete Part II of Schedule L	22	Taka Tana dan kelulun dan di Kalamatan Salam br>Salam Salam Sa
	23	Secured mortgages and notes payable to unrelated third parties .	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	,
	25	Other liabilities. Complete Part X of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	26	
ces		Organizations that follow SFAS 117, check here ▶ ☐ and		
2		complete lines 27 through 29, and lines 33 and 34.	27	
<u>e</u>	27	Unrestricted net assets	28	
8	28	Temporarily restricted net assets	29	
Ë	29	Permanently restricted net assets		
or Fund Balan		and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
χ	32	Retained earnings, endowment, accumulated income, or other funds	32	
Š	33	Total net assets or fund balances	33	
	34	Total liabilities and net assets/fund balances	34	<u> </u>

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other 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		
b	Were the organization's financial statements audited by an independent accountant?	2b		
С	If "Yes" to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			1
d	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			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Chr	ista	in Learning (Center						;		
Pa	t I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) S	ee instruc	ctions.
The	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			spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical re	dical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the al's name, city, and state:								
5		An organizat	ation operated for the benefit of a college or university owned or operated by a governmental unit described in '0(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 organizat	rganization that normally receives a substantial part of its support from a governmental unit or from the general public cribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	П			d in section 170(b)(1)		Complete	Part II)				
9	$\overline{\Box}$		-			-		m contrib	outions in	nembersh	in fees, and gross
•	_	An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety.	See sec	tion 509	(a)(4).	
11		An organiza	tion organized a	and operated exclusiv	ely for tl	he benefi	t of, to p	oerform t	he funct	ions of, o	r to carry out the
				blicly supported orgai							
				at describes the type		-				es 11e thr	ough 11h.
	_	a 🗆 Type				e III-Fun					Type III-Other
е	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			zation received, check this box	a written determinati	ion from	the IRS	that it is	а Туре	I, Type II	I, or Type	III supporting
g	0. 4 47 0000 1 11										
									Yes No		
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganızatıo	n? .				11g(i)
				erson described in (i) a							11g(ii)
				of a person described							11g(iii)
<u>h</u>		Provide the	following informa	ation about the suppo	orted orga	anızatıonı	(s)				
(i)	Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))			(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	
										1	
Tota	ıt				į						

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.)							
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						ļ
5 6	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) Public support. Subtract line 5 from line 4.						
			:i			نــــــا	
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_		(a) 2000	(6) 2000	(0) 2001	(4) 2000	(6) 2000	(i) rotar
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 .			l			
12	Gross receipts from related activities, etc					12	
13 Sec	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						
	• •	-		1 l (f)\			%
14	Public support percentage for 2009 (line		•	, ,,,		15	% %
15 10-	Public support percentage from 2008 Sci						
168	331/3 % support test—2009. If the organiand stop here. The organization qualifies						CK this dox ▶ □
		· · · · · · · · · · · · · · · · · · ·					
Ø	331/3 % support test—2008. If the organization qua						
179	10%-facts-and-circumstances test—20			_			
174	more, and if the organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2008 Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. Bly supported or	Explain in Part ganization	IV how the

•							
	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checke				ı)(2) 		
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
	line 6.)					L	<u> </u>
	tion B. Total Support	4.) 0005	11.0000	(-) 0007	(-B. 0000	(1) 0000	(6 T-+-)
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourt			
500	tion C. Computation of Public Su	poort Porce	ntago				• •

Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . 15 % 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 %_ Section D. Computation of Investment Income Percentage % **17** Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

scnedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this I Part III, line 12	part to provide the . Provide any othe	ne explanations required er additional information.	by Part II, line 10;
		•••••			
		•••••			
			·		
	•••••				
		••••••			
	•••••				
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	•••••				
		•••••			