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

# **Public Charity Status and Public Support**

20**09** 

Department of the Treasury Internal Revenue Service

4947(a)(1) no

Attach to Form 990 or Fo

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.

Open to Public: Inspection

Name	of t	he organization							Employer	dentificat	ion number	
A BETTER DAY LEARNING CENTER, INC.							26		783207			
Par	<u>t I</u>	Reason	for Public Ch	arity Status (All org	anizatio	ns must	comple	te this p	oart) Se	e instruc	tions.	
1 2 3		panization is not a private foundation because it is. (For lines 1 through 11, check only one box)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						r the				
		hospital's na	oital's name, city, and state:									
5		section 170(	ion operated for the benefit of a college or university owned or operated by a governmental unit described in (b)(1)(A)(iv). (Complete Part II.)									
6				government or governmental unit described in section 170(b)(1)(A)(v).								
7	Ц		n organization that normally receives a substantial part of its support from a governmental unit or from the general personed in section 170(b)(1)(A)(vi). (Complete Part II.)					ublic				
8 9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives. (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)										
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out to purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a  Type I							ction her dified					
f g		509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
(i) A person who direct			who directly or relow, the gover	r indirectly controls, either alone or together with personing body of the supported organization?					ns described in (ii)		11g(i) Yes	No
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(il)	
				of a person described				• • •			11g(iii)	
		e of supported ganization	(ii) EIN	(described on lines 1-9 in col. (i) listed in your the		(v) Did you notify the organization in col. (i) of your support?		(vf) is the organization in col (i) organized in the US?		(vil) Amount of support		
					Yes	No.	Yes	No_	Yes	No.		
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Total

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2009

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Pa	Support Schedule for Org	anizations I	Described in	Sections 17	O(b)(1)(A)(iv)	and 170(b)(	1)(A)(vi)
<del></del>	(Complete only if you chection A. Public Support	ked the box	on line 5, 7,	or 8 of Part I	.}		
	lendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(=) 0007	(4) 0000	(-) 0000	(0 Table
Ca	itelioar year (or riscal 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")			<del> </del>			
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	<del></del>	ļ			<u> </u>	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 ().  Public support. Subtract line 5 from line 4.				-		
Sec	tion B. Total Support			<u> </u>	·	<u> </u>	<del></del>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 ,	Ĺ	l				ł
12	Gross receipts from related activities, etc.	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	<u>pport Perce</u>	ntage				<u>-</u>
14	Public support percentage for 2009 (line		•			14	%_
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a							
þ	33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this 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 18	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 qualifies as a publicly supported organization						

Schedule A (Form 990 or 990-EZ) 2009

Pai	Support Schedule for Orga (Complete only if you checke				)(2)		
Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any "unusual grants") 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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cá	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						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	Carned on						
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, fourtl			
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))					15 16	<del>%</del>
Sec	tion D. Computation of Investment	nt Income P	ercentage				
17 18	Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . Investment income percentage from <b>2008</b> Schedule A, Part III, line 17				17 18	% %	
19a		anization did n	ot check the b	ox on line 14, a	and line 15 is i	more than 3	3½%, and line organization ► □
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more th	nan 33% %, and
20	Private foundation If the organization						_

Schedule A (Form 990 or 990-EZ) 2009

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Although	the scholastic component of A Better Day Learning Center, Inc. is being established in order to provide the
highest q	uality preschool education for children with Developmental Disabilities, the therapeutic component has been
initiated b	y providing direct therapy to some children within the limitations of funding. This component was defined in
initial doc	umentation for the establishment of A Better Day Learning Center, Inc. Additional activities for Income have
added in t	the form of payment for therapeutic services rendered.
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#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

 Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. 2009

OMB No. 1545-0047

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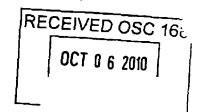
Department of the Treasury Internal Revenue Service or Form 990-EZ, Part VI, tine 48.

Attach to Form 990 or Form 990-EZ.

Employer identification number A BETTER DAY LEARNING CENTER, INC. 26 2783207 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please 3 describe. If "No." please explain. If you need more space, use Schedule O (Form 990) The racially nondiscriminatory policy is being set up to be published on public website. Registration for students has not commenced yet therefore once a begin date has been established for school registration, it will be published in local advertisements as well as registration application. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4d d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990) a. No records are kept with this information as we will not request racial information on our application as this information is not relevant to our acceptance of the child. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? . . . 5c Scholarships or other financial assistance? . 5e Educational policies? 51 Use of facilities? 5g Athletic programs? . If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). <u>6a</u> 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O.

0425830663 Aug. 30, 2010 LTR 2695C 0 R 26-2783207 200912 67 00015977

A BETTER DAY LEARNING CENTER PO BOX 228224 MIAMI FL 33222





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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

9'|27|10 Date

Title

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