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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization LIFE LESSONS INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 21102 PROMONTORY CIRCLE <hr/> City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78258	<b>D</b> Employer identification number 27-0048770 <hr/> <b>E</b> Telephone number <hr/> <b>F</b> Group Exemption Number ▶
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**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I Website:** HTTP://LIFELESSONSINC.ORG/

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

**J Tax-Exempt status** (check only one) —  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 33,547

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	33,547
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	33,547
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	1,459
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	323
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	127
	<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>	40,822
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	42,731
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-9,184
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	10,636
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	1,452

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	11,343	<b>22</b>	1,823
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe ▶ _____)		<b>24</b>	
<b>25 Total assets</b> . . . . .	11,343	<b>25</b>	1,823
<b>26 Total liabilities</b> (describe ▶ _____)	707	<b>26</b>	371
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	10,636	<b>27</b>	1,452





**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

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

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

**50(f)** Total number of other employees paid over \$100,000 . . . . .

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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

Signature of officer: \*\*\*\*\* Date: 2010-11-12

DAN CARTER, PRESIDENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: LARRY E WINTER CPA Date: 2010-11-12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WINTER & SCOGGINS CPAS PC, PO BOX 2644, DALTON, GA 307222644

Preparer's identifying number (See instructions): EIN: Phone no: (706) 278-2834

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



**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 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

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**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 qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,908	29,465	50,671	32,724	33,547	165,315
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	18,908	29,465	50,671	32,724	33,547	165,315
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						165,315

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	18,908	29,465	50,671	32,724	33,547	165,315
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	18,908	29,465	50,671	32,724	33,547	165,315
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	100.000 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	100.000 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-0048770  
**Name:** LIFE LESSONS INC

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DANIEL W CARTER  21102 PROMONTORY CIRCLE SAN ANTONIO, TX 78258	PRESIDENT 0	0		
JANICE M CARTER  21102 PROMONTORY CIRCLE SAN ANTONIO, TX 78258	SECRETARY 0	1,000		
JOE KIRBY  820 HAIG MILL ROAD DALTON, GA 30720	DIRECTOR 0	0		
BECKY KIRBY  820 HAIG MILL ROAD DALTON, GA 30720	DIRECTOR 0	0		
GERALD EMBRY  4006 MILLSTONE CIRCLE ROCKY FACE, GA 30740	DIRECTOR 0	0		
AVA EMBRY  4006 MILLSTONE CIRCLE ROCKY FACE, GA 30740	DIRECTOR 0	0		
GENE TAYLOR  15 REDBUD DRIVE OAKLAND, TN 38060	DIRECTOR 0	0		
EMILY TAYLOR  15 REDBUD DRIVE OAKLAND, TN 38060	DIRECTOR 0	0		
BRIAN CARTER  1901 RED BUD CT ADRMORE, OK 73401	DIRECTOR 0	0		
STEPHEN CARTER  306 ASHLEY CREST DRIVE COLUMBIA, SC 29229	DIRECTOR 0	0		

# TY 2009 Compensation Explanation

**Name:** LIFE LESSONS INC

**EIN:** 27-0048770

Person Name	Explanation
DANIEL W CARTER	
JANICE M CARTER	
JOE KIRBY	
BECKY KIRBY	
GERALD EMBRY	
AVA EMBRY	
GENE TAYLOR	
EMILY TAYLOR	
BRIAN CARTER	
STEPHEN CARTER	

**TY 2009 Other Expenses Schedule****Name:** LIFE LESSONS INC**EIN:** 27-0048770

<b>Description</b>	<b>Amount</b>
EXPENSES	
OFFICE SUPPLIES	579
FILING FEES	30
INSURANCE	350
MISSION TRIPS	39,730
SUPPLIES & BOOKS	133

## TY 2009 Other Liabilities Schedule

**Name:** LIFE LESSONS INC

**EIN:** 27-0048770

Description	Beginning of Year Amount	End of Year Amount
CITI CRED CARD LIABILITY	401	218
PAYROLL TAX LIABILITY	306	153
	707	371