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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)

OMB No. 1545-0047

2010

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.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BANNER DAY LEARNING CORP Doing Business As		D Employer identification number 27-2985731
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8177 GLADES RD 217		E Telephone number 561-477-6996
	City or town, state or country, and ZIP + 4 BOCA RATON, FL 33434		G Gross receipts \$ 205,431.
	F Name and address of principal officer: ERIC CARLTON 8177 GLADES RD, SUITE 217, BOCA RATON, FL 3		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number

FEIN should be 27-2987531

In correct

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BANNERSCHOOLS.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION OPERATES ALTERNATIVE HIGH SCHOOL IN THE CITY OF MILWAUKEE FOR STUDENTS WHO	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)
	4	Number of independent voting members of the governing body (Part VI, line 1b)
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6	Total number of volunteers (estimate if necessary)
	7a	Total unrelated business revenue from Part VIII, column (C), line 12
	b	Net unrelated business taxable income from Form 990-T, line 34
Revenue	8	Contributions and grants (Part VIII, line 1h)
	9	Program service revenue (Part VIII, line 2g)
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4)
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a		Professional fundraising fees (Part IX, column (A), line 11e)
b		Total fundraising expenses (Part IX, column (D), line 25)
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
19		Revenue less expenses. Subtract line 18 from line 12
Net Assets or Fund Balances		20
	21	Total liabilities (Part X, line 26)
	22	Net assets or fund balances. Subtract line 21 from line 20

	Prior Year	Current Year
8		0.
9		205,296.
10		135.
11		0.
12		205,431.
13		0.
14		0.
15		354,556.
16a		0.
b		0.
17		100,625.
18		455,181.
19		<249,750.>
	Beginning of Current Year	End of Year
20		78,482.
21		0.
22		78,482.

Part II Signature Block

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.

Sign Here	Signature of officer		Date	
	ERIC CARLTON Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN
	RYAN L. SKLAR, CPA			
	Firm's name	Firm's EIN		
	RYAN L. SKLAR, CPA			
	Firm's address	Phone no.		
	P.O. BOX 752 BROOKLANDVILLE, MD 21022	410-504-9143		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

See Schedule O for Organization Mission Statement Continuation

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