

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

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

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 2008 calendar year, or tax year beginning **JULY 1**, 2008, and ending **JUNE 30**, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization **HANCOCK COUNTY SUNSHINE CHILD**
 Doing Business As **DEVELOPMENT CENTER, INCORPORATED**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 710
 City or town, state or county, and ZIP + 4
SNEEDVILLE, TENNESSEE 37869-0710

D Employer identification number
62 1363456

E Telephone number
(423) 733-2274

F Name and address of principal officer: **DELORES COLLINGSWORTH**
P.O. BOX 530, SNEEDVILLE, TENNESSEE 37869

G Gross receipts \$ **60,799.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **▶**

K Type of organization: Corporation Trust Association Other **▶**

L Year of formation: **1989**

M State of legal domicile: **TN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO PROVIDE DAYCARE TO LOW INCOME FAMILIES IN HANCOCK COUNTY, SNEEDVILLE, TENNESSEE WHO QUALIFY UNDER THE STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES GUIDELINES.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3	5
4	0
5	8
6	1
7a	0
7b	0

	Previous Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)		50,650.	
9 Program service revenue (Part VIII, line 2g)		1,200.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,949.	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		60,799.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
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)		39,045.	
16a Professional fundraising fees (Part IX, column (A), line 11a)		0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		21,754.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,799.	
19 Revenue less expenses. Subtract line 18 from line 12		0	
		Beginning of Year	End of Year
20 Total assets (Part X, line 16)			0
21 Total liabilities (Part X, line 26)			0
22 Net assets or fund balances. Subtract line 21 from line 20.			0

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: *DeLore Collingsworth*
 Signature of officer _____ Date _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Scott F. Collins* Date: *5/25/10*
 Check if self-employed Preparer's identifying number (see instructions): **P00266032**

Firm's name (or yours if self-employed), address, and ZIP + 4: **SCOTT F. COLLINS**
P.O. BOX 277, SNEEDVILLE, TN 37869 EIN: _____ Phone no. (423) **851-2570**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2008)

SCANNED AUG 03 2009

RECEIVED
MAY 26 2010
EOCU
IRS OGDEN, UTAH

61

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PROVIDE DAY CARE FOR FAMILIES WHO QUALIFY UNDER POVERTY GUIDELINES OF THE TENNESSEE DEPARTMENT OF HUMAN SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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? Yes 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 \$)

THE DAY CARE PROGRAM STOPPED PROVIDING SERVICES BEFORE THE END OF FY ENDING JUNE 30, 2009. THE DIRECTOR OF THE PROGRAM FAILED TO FILED PROPER DOCUMENTATION TO THE VARIOUS GOVERNMENT AGENCIES WHO PROVIDE FUNDS TO BUY FOOD FOR THE CHILDREN, AND TO PAY THE NECESSARY MONTHLY EXPENSES SUCH AS THE LABOR COSTS AND UTILITIES TO KEEP THE CENTER OPEN.

THE BOARD OF DIRECTORS AT THE CENTER MADE A MOTION THAT WAS DULY SECONDED TO STOP THE SERVICES AT THE CENTER, AND SELL ALL THE ASSETS THAT THE CENTER OWNED INCLUDING FOOD, AND MISCELLANEOUS PERSONALTY, ALL TOTALING \$2,405.00 TO PAY EXISTING INDEBTEDNESS. THE CENTER'S LAST DAY OF OPERATION WAS 7/11/2008. THE REAL PROPERTY IS OWNED BY HANCOCK COUNTY, TENNESSEE.

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 ▶ \$ (Must equal Part IX, Line 25, column (B).)

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," 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? If "Yes," complete Schedule C, Part II	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 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? 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 more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	✓
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c 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? If "Yes," complete Schedule L, Part I	25a	✓
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		✓
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		✓
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	✓	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	✓	
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		✓
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		✓
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		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		✓
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		✓

Part 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		
1a	0		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	8		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		✓
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		✓
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		✓
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		✓
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		✓
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		✓
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	0	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	0	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	0	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		✓
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2008)

Page 6

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body and management. Columns include question number, 'Yes', and 'No' checkboxes. Includes sub-questions 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 15a, 15b, 16a, 16b.

Section B. Policies

Table with 12 rows of questions regarding organizational policies. Columns include question number, 'Yes', and 'No' checkboxes. Includes sub-questions 12a, 12b, 12c, 15a, 15b, 16a, 16b.

Section C. Disclosure

- List of disclosure questions 17 through 20. Question 17 mentions TENNESSEE. Question 18 includes checkboxes for website availability. Question 19 asks about public availability of documents. Question 20 asks for name, address, and phone number of record keeper.

Form 990 (2008)

Page 9

Part 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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,200.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	50,194.				
	g Noncash contributions included in lines 1a-1f: \$		7,000.				
	h Total. Add lines 1a-1f		58,394.				
Program Service Revenue	2a LIQUIDATION SALE	Business Code	2,405.				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,405.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0				
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross Rents	(i) Real	0	0			
		(ii) Personal	0	0			
		b Less: rental expenses	0	0			
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	0	0			
		(ii) Other	0	0			
		b Less: cost or other basis and sales expenses	0	0			
		c Gain or (loss)	0	0			
	d Net gain or (loss)		0				
	8a Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18	a	0	0			
		b Less: direct expenses	b	0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	a	0	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	0	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d All other revenue	0	0				
	e Total. Add lines 11a-11d		0				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			60,799.				

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).

Do not include amounts reported on lines 6b, 7b, 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 4956(f)(1)) and persons described in section 4958(c)(3)(E)				
7 Other salaries and wages	39,045.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,185.			
11 Fees for services (non-employees):				
a Management				
b Legal	325.			
c Accounting	220.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	5,517.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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	1,330.			
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.)				
a UTILITIES	1,497.			
b BANK CHARGES	166.			
c GROCERIES	6,457.			
d MAINTENANCE	548.			
e GENERAL LABOR EXPENSE	860.			
f All other expenses GENERAL EXPENSE	649.			
25 Total functional expenses. Add lines 1 through 24f	60,799.			
26 Joint Costs. Check here <input type="checkbox"/> 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 solicitation				

Form 990 (2008)

Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,405.	8	2,405.
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost basis 10a 0			
	b Less accumulated depreciation. Complete Part VI of Schedule D 10b 0	0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,405.	16	2,405.	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	0	33	0	
34 Total liabilities and net assets/fund balances	2,405.	34	SOLD-2,405.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
b Were the organization's financial statements audited by an independent accountant?		✓
c 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?		
3a 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?		✓
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HANCOCK COUNTY SUNSHINE CHILD DEVELOPMENT CENTER, INCORPORATED

62

1363456

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(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 organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 b Type II c Type III-Functionally Integrated d Type III-Other
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 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
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

Part II 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.)

Section A. Public Support

Calendar 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.")	25,258.	26,226.	15,920.	4,300.	0	109,640.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	7,200.	7,200.	7,200.	7,200.	3,125.	31,925.
4 Total. Add lines 1 through 3	32,458.	33,426.	23,120.	11,500.	3,125.	103,629.
5 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)						0
6 Public support. Subtract line 5 from line 4.						103,629.

Section B. Total Support

Calendar 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	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	0
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 <input checked="" type="checkbox"/>						

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 from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2008. 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 <input type="checkbox"/>		
b 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 box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 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))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 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

OMB No. 1545-0047

2009

Open to Public Inspection

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
 ▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

HANCOCK COUNTY SUNSHINE CHILD DEVELOPMENT CENTER, INCORPORATED

Employer identification number
62-1363456

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient address attached	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Eight (8) seater high chair table for toddlers	08/2008	300.00	comparables	83-0501569	Sneedville Baptist Church	tax exempt
	Food	7/12/2008	150.00	comparables	74-3089166	Hancock Manor Nursing Home	n/a
	EXHIBIT A	04/2009		comparables	62-0985124	Hancock County TN Government	Government
	EXHIBIT B	10/2008		comparables	78-0223652	Overhome Missions Clothing Ctr.	tax exempt
	EXHIBIT C	04/2009		comparables	62-0985124	Hancock County Health Dept.	Government
	EXHIBIT D	05/2009		comparables	01-0937105	Shepherds Corner	tax exempt
	EXHIBIT E	09/2008		comparables	62-6000536	Cialborne Co. Board of Education	Government
	EXHIBIT F	09/2008		comparables	62-6000644	Hancock Co. Board of Education	Government

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?		✓
b	Become an employee of, or independent contractor for, a successor or transferee organization?		✓
c	Become a direct or indirect owner of a successor or transferee organization?		✓
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		✓
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶		✓

Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
b If "Yes," provide the date of the letter
5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
b If "Yes," did the organization provide such notice?
6 Did the organization discharge or pay all liabilities in accordance with state laws?
7a Did the organization have any tax-exempt bonds outstanding during the year?
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Table with 2 columns: Question, Yes/No. Rows 3, 4a, 5a, 5b, 6, 7a, 7b.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

Table with 6 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity.

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
b Become an employee of, or independent contractor for, a successor or transferee organization?
c Become a direct or indirect owner of a successor or transferee organization?
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Table with 2 columns: Question, Yes/No. Rows 2a, 2b, 2c, 2d.

EXHIBIT A

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

Hancock County, Tennessee Government

P.O. Box 347

Sneedville, TN 37869

<u>(a) Description of Asset</u>	<u>(c) Fair Market Value</u>
Shed	300.00
Refrigerator (milk storage)	50.00
Desk chairs (x3)	60.00
Desk (x2)	50.00
Picnic table	30.00
Filing cabinet	20.00
Bookshelves (x2)	20.00

EXHIBIT B

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

OVERHOME MISSIONS CLOTHING CENTER

Sneedville United Methodist Church

P.O. Box 163

Sneedville, TN 37869

<u>(a) Description of Asset</u>	<u>(c) Fair Market Value</u>
Bookshelves (x2)	60.00
Cleaning supplies	30.00
Bathroom mirror	10.00
Mops/brooms/buckets	35.00
Toddler table	30.00
Office Supplies (paper/pens/stapler)	25.00
Clocks (x2)	20.00
Toddler chairs (x4)	12.00
Insect repellent	10.00
Rubber gloves	10.00
Old paint	10.00
Extension cords (x2)	5.00
Bulletin board	5.00

EXHIBIT C

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

HANCOCK COUNTY HEALTH DEPT.

P.O. Box 267

Sneedville, TN 37869

<u>(a) Description of Asset</u>	<u>(c) Fair Market Value</u>
Cribs/mattresses (x5)	100.00
Crib Bedding	30.00
Book shelve	25.00
Misc. toys/books/puzzles	25.00
High Chair	20.00
Walker	20.00
Stroller	15.00
Bulletin board (x2)	10.00
Rocking horse	10.00
Chalkboard	10.00
Used baby/toddler clothes	10.00
Old baby bottles/cups	5.00
Clock	5.00

EXHIBIT D

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

SHEPHERDS CORNER

P.O. Box 393

Sneedville, TN 37869

<u>(a) Description of Asset</u>	<u>(c) Fair Market Value</u>
Toddler mats (x14)	70.00
Mat rack	40.00
Remaining Arts/Crafts supp.	25.00
Remaining toys/puzzles	20.00
Remaining Seasonal Decor.	15.00
Stroller	15.00
Stuffed animals	15.00
Sm. pillows/cases (x8)	16.00
Telephones (x2)/cords	15.00
Remaining cleaning supplies	10.00
Remaining crib bedding	10.00
Remaining Office supplies	10.00

EXHIBIT E

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

SPRINGDALE ELEMENTARY SCHOOL
Claiborne County Board of Education
1915 Hwy. 25E South
Tazewell, TN 37879

<u>(a) Description of Asset</u>	<u>(c) Fair Market Value</u>
(for children)	
Apple Computers (x3) (unworking)	60.00
Apple Printer (unworking)	20.00
Apple Computer Software	25.00
Extension Cords	10.00

EXHIBIT F

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

HANCOCK COUNTY ELEMENTARY SCHOOL

Hancock County Board of Education

P.O. Box 629

Sneedville, TN 37869

(a) Description of Asset (c) Fair Market Value

Misc. Arts/Crafts material	50.00
(paints/glue/tissue paper/yarn, etc.)	
School Aged teaching material	25.00
Preschool teaching material	25.00
Puzzles	25.00
Seasonal decorations	20.00
Bulletin Board decorations	20.00
Bulletin Boards (x3)	9.00

Hancock County Sunshine Child Development Center, Inc.

EIN: 62-1363456

(attachment to FORM 990, Schedule N, Part 1)

SNEEDVILLE BAPTIST CHURCH

P.O. Box 757
Sneedville, TN 37869

HANCOCK MANOR NURSING HOME

1423 Main Street
Sneedville, TN 37869

HANCOCK COUNTY TN GOVERNMENT

P.O. Box 347
Sneedville, TN 37869

OVERHOME MISSIONS CLOTHING CENTER

Sneedville United Methodist Church
P.O. Box 163
Sneedville, TN 37869

HANCOCK COUNTY HEALTH DEPARTMENT

P.O. Box 267
Sneedville, TN 37869

SHEPHERDS CORNER

P.O. Box 393
Sneedville, TN 37869

CLAIBORNE COUNTY BOARD OF EDUCATION

Springdale Elementary School
1915 Hwy. 25E South
Tazewell, TN 37879

HANCOCK COUNTY BOARD OF EDUCATION

Hancock County Elementary School
P.O. Box 629
Sneedville, TN 37869