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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

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

06-01, 2009, and ending

05-31, 2010

B Check if applicable:

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CHILDS HOPE LEARNING CENTER

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

2921 NORTH 19TH STREET

City or town, state or country, and ZIP + 4

BISMARCK, ND 58503-5310

D Employer identification number

45-0278474

E Telephone number

(701) 223-3242

F Group Exemption Number ►

- 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: ►

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 ► \$ 190,377

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

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	92,486
	2	Program service revenue including government fees and contracts	2	97,562
	3	Membership dues and assessments	3	
	4	Investment income	4	329
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	190,377	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	164,203
	13	Professional fees and other payments to independent contractors	13	1,050
	14	Occupancy, rent, utilities, and maintenance	14	14,368
	15	Printing, publications, postage, and shipping	15	1,228
	16	Other expenses (describe ► STM130)	16	19,439
	17	Total expenses. Add lines 10 through 16	17	200,288
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(9,911)
	19	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)	19	185,084
	20	Other changes in net assets or fund balances (attach explanation) STM104	20	(70)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	175,103

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
22 Cash, savings, and investments	33,782	28,389
23 Land and buildings	134,298	130,374
24 Other assets (describe ► STM131)	17,298	16,684
25 Total assets	185,378	175,447
26 Total liabilities (describe ► STM132)	294	344
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,084	175,103

Part III:	Statement of Program Service Accomplishments (See the instructions for Part III)
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Expenses

What is the organization's primary exempt purpose? **EARLY CHILDHOOD DEVELOPMENT**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 CHLC PROVIDES AN EARLY CHILDHOOD DEVELOPMENT EDUCATIONAL ENVIRONMENT FOR YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR NON-HANDICAPPED SIBLINGS IN AN INTEGRATED SETTING.

(Grants \$) If this amount includes foreign grants, check here	28a	165,380
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29

(Grants \$) If this amount includes foreign grants, check here ►

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ▶

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32	Total program service expenses (add lines 28a through 31a)	32	165,380
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	NONE
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	ND	
42 a	The organization's books are in care of	KIMM SCHMITT	Telephone no
	Located at	7601 DOGWOOD DRIVE BISMARCK, ND	ZIP + 4
			701-258-5397
			58504
b	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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**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
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	
49 a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
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"

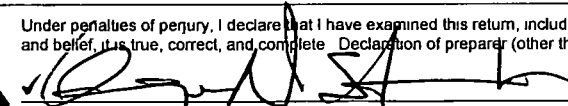
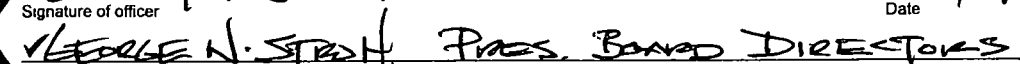
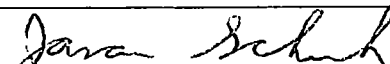
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		

d Total number of other independent contractors each receiving over \$100,000

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 <u>09/01/10</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	Date <u>08-07-2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying No. (See inst.)
	JASON SCHUK PC 215 Airport Road Bismarck, ND 58504	EIN	Phone no <u>701-258-1201</u>	

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

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

Schools

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

Employer identification number

CHILDS HOPE LEARNING CENTER

45-0278474

1 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?

	YES	NO
1	X	

2 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?

2	X	
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3 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 describe. If "No," please explain. If you need more space, use Schedule O (Form 990)

3	X	
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4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a	X	
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b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b	N/A	
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c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c	X	
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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)

4d	X	
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5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a		X
-----------	--	----------

b Admissions policies?

5b		X
-----------	--	----------

c Employment of faculty or administrative staff?

5c		X
-----------	--	----------

d Scholarships or other financial assistance?

5d	N/A	
-----------	------------	--

e Educational policies?

5e		X
-----------	--	----------

f Use of facilities?

5f		X
-----------	--	----------

g Athletic programs?

5g	N/A	
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h Other extracurricular activities?

5h	N/A	
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If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a		X
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b Has the organization's right to such aid ever been revoked or suspended?

6b		X
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If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)

7 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 (Form 990)

7	X	
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Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
FOOD SUPPLIES	7,538
VEHICLE EXPENSE	943
TELEPHONE	1,175
LICENSES	110
FUNDRAISING SUPPLIES	749
BOARD INSURANCE	1,547
SUPPLIES	2,938
CONTINUING EDUCATION	1,035
MISCELLANEOUS EXPENSE	2,789
DEPRECIATION-EQUIPMENT	615
Total	19,439

Form 990EZ, Part II, Line 24 Other Assets Schedule 3

Description	Beginning of Year	End of Year
EQUIPMENT-NET DEPRECIATION	17,298	16,684
Total	17,298	16,684

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
ACCOUNT PAYABLE	294	344
Total	294	344

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

<u>Description</u>	<u>Amount</u>
UNREALIZED LOSS ON INVESTMENT	<u>(70)</u>
Total	<u><u>(70)</u></u>

Child's Hope Learning Center, Inc.

45-0278474
SCHEDULE 1

Other Expenses:	<u>Program Services</u>
Salary - Director	39,323
Salary - Aids	80,443
Salary - Cook	24,105
Payroll Taxes	10,923
Supplies	10,476
Licenses	<u>110</u>
 Program Services Total	 165,380
To Part III Line 28	

CHILDS HOPE LEARNING CENTER, INC
BOOK DEPRECIATION SCHEDULE
05-31-2010

ASSET NO	DESCRIPTION	DATE IN SERVICE	METHOD & RECOV PERIOD	BASIS	PRIOR DEPREC	CURRENT DEPREC.	ACCUM DEPREC
1	KITCHEN EQUIPMENT	03/26/1996	SL-5	48 00	48.00	0.00	48 00
2	TOYS & LEARNING EQUIPMENT	06/15/1995	SL-5	1,032 00	1,032 00	0 00	1,032.00
3	TELEVISION	01/02/1996	SL-5	201 00	201 00	0 00	201 00
4	PLAYGROUND EQUIPMENT	08/22/1995	NONDEPRECIABLE	14,000.00	0 00	0.00	0 00
5	DODGE VAN	02/17/1997	SL-5	22,250 00	22,250 00	0 00	22,250.00
6	1 METAL OFFICE DESK	04/30/1997	SL-5	100 00	100 00	0.00	100.00
7	3 METAL OFFICE FILES	04/30/1997	SL-5	150 00	150 00	0.00	150.00
8	3 OFFICE CHAIRS	04/30/1997	SL-5	600.00	600.00	0.00	600.00
9	OAK TABLE & 1 CHAIR	04/30/1997	SL-5	1,500.00	1,500 00	0 00	1,500 00
10	10 FOLDING CHAIRS	04/30/1997	SL-5	300 00	300 00	0 00	300 00
11	3 - 368 DELL COMPUTERS	04/30/1997	SL-5	1,500 00	1,500 00	0 00	1,500.00
12	20 SLEEPING MATS	04/30/1997	SL-5	400 00	400 00	0.00	400 00
13	2 TABLES & 10 CHAIRS	04/30/1997	SL-5	750.00	750.00	0.00	750 00
14	ENTERTAINMENT CENTER	04/30/1997	SL-5	100.00	100 00	0.00	100 00
15	BULLETIN BOARD	04/30/1997	SL-5	150 00	150 00	0.00	150 00
16	3 BOOKCASES & 1 DESK	04/30/1997	SL-5	1,200 00	1,200 00	0.00	1,200 00
17	WASHER/DRYER/DISHWASHER	01/31/1997	SL-5	1,601 00	1,601.00	0.00	1,601.00
18	STOVE/FREEZER/FRIDGE	01/31/1997	SL-5	3,574 00	3,574.00	0.00	3,574.00
19	LAND	04/30/1997	NONDEPRECIABLE	38,793.00	0 00	0.00	0 00
20	BUILDING	01/01/1997	SL-39	126,469 00	40,267 00	3,243.00	43,510 00
21	LAND IMPROVEMENTS	08/01/1997	NONDEPRECIABLE	4,800 00	0 00	0 00	0 00
22	SPRINKLER SYSTEM	08/21/1997	SL-10	1,068 00	1,068.00	0.00	1,068 00
23	FIRE ALARM	01/07/1999	SL-10	328 00	328.00	0.00	328 00
24	CRIB (2)	02/04/1999	SL-5	164 00	164.00	0.00	164 00
25	MITA COPIER	03/30/2000	SL-5	592 00	592 00	0.00	592.00
26	LG BOLSTER CHAIR	02/13/2001	SL-7	605 00	605 00	0 00	605 00
27	LAKESHORE LEARNING TOYS	02/01/2001	SL-7	371 00	371 00	0 00	371 00
28	1994 DODGE 15 PASSENGER V/	03/14/2003	SL-5	3,500 00	3,500.00	0.00	3,500 00
29	HAMMOCK SWING	04/03/2003	SL-7	223.00	197 00	26.00	223 00
30	DINOSAUR RIDE	04/03/2003	SL-7	710 00	623 00	87.00	710 00
31	CARPET (UTILITY ROOM)	07/24/2004	SL-7	4,131.00	2,852 00	590.00	3,442 00
32	STORAGE SHED	10/31/2004	SL-39	1,449 00	170.00	37.00	207.00
33	STORAGE SHED SIDING	05/01/2006	SL-39	2,112 00	167.00	54.00	221 00
34	SEE SAW	04/15/2008	SL-7	250 00	40 00	36.00	76.00
35	CONFERENCE CHAIRS	10/20/2008	SL-7	3,260 00	285 00	466 00	751.00
				<u>238,281 00</u>	<u>86,685 00</u>	<u>4,539.00</u>	<u>91,224 00</u>