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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)

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

2009

OMB No 1545-1150

Open to Public Inspection

AF	or the 2	zous caienda	r year, c	or tax year beginning U6-U1 , 2009, and ending	9		31 , 20 10	
Вс	heck if ap	plicable		C Name of organization	D	Employer lo	ientification r	number
Α	ddress ch	nange	Please use IRS	CHILDS HOPE LEARNING CENTER		45-027	8474	
N	ame char	nge	label or	Number and street (or P O box, if mail is not delivered to street address) Room/su	ute E	Telephone r	number	
. In	ıtıal retun	n	print or type.					
тт	eminated	1	See Specific	2921 NORTH 19TH STREET		(701) 2	23-3242	
A	mended r	return	instruc	City or town, state or country, and ZIP + 4	F	Group Exem	nption	
Α	pplication	pending	tons.	BISMARCK, ND 58503-5310		Number >	•	
	Sect	tion 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	G Accou	nting Method	X Cash	Accrual
			a cos	npleted Schedule A (Form 990 or 990-EZ).	Other	(specify) 🕨		
					H Check	. ▶ [i if th	e organization	n is not
I V	/ebsite:	: >			require	ed to attach S	Schedule B (F	orm 990,
J T	ах-өхөг	mpt status (c	heck on	ly one) - (X; 501(c) (3) ◀ (insert no)	990-E	Z, or 990-PF)	1	
K C	heck 🕨	lf the or	rganızat	ion is not a section 509(a)(3) supporting organization and its gross receipt	s are norm	ally not more	than \$25,000) A
F	orm 990	0-EZ or Form	990 ret	urn is not required, but if the organization chooses to file a return, be sure	to file a cor	mplete return	ı	
L A	dd lines	s 5b, 6b, and	7b, to li	ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 instea	d of Form	990-EZ ▶	\$	190,377
Pa	říl u	Revenu	e, Exp	penses, and Changes in Net Assets or Fund Balances	(See the	instructions for	or Part I)	
	1	Contribution	s, gifts,	grants, and similar amounts received • • • • • • • • • • • • • • • • • • •	• • • • •	1		92,486
	2	Program ser	vice rev	renue including government fees and contracts				97,562
	3	Membership	dues a	nd assessments	• • • • •	3		
	4	Investment I	ncome		• • • • •	• • • 4		329
	5a	Gross amou	nt from	sale of assets other than inventory • • • • • • • • 5a			ž.	
	b	Less cost of	r other b	pasis and sales expenses · · · · · · · · · · · · 5b			**	
R	C	Gain or (loss	s) from s	sale of assets other than inventory (Subtract line 5b from line 5a) • • • •	• • • • •	• • • 5c		
e v	6	Special events	and activi	ues (complete applicable parts of Schedule G) If any amount is from gaming, check here	e ▶ [¯		á	
е	а	Gross reven	ue (not	including \$ of contributions		7 TE		
n u		reported on	line 1)	6a				
е	b	Less direct	expense	es other than fundraising expenses · · · · · · · · 6b			Š	
	C	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a) • • • •		· · · 6c		
	7a	Gross sales	of inver	ntory, less returns and allowances			Ž.	
	b	Less cost of	f goods	sold 7b			Ž	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		· · · 7c		
	8	Other reven	ue (des	cribe) 8		
	9	Total revenu	ue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	••••	- 🕨 9		190,377
	10	Grants and	sımılar a	imounts paid (attach schedule)		10		
E	11	Benefits paid	d to or f	or members · · · · · · · · · · · · · · · · · · ·	• • • • •	• • • 11		
x	12	Salaries, oth	ner com	pensation, and employee benefits 🕟 🐠 🖟 🖟 🔭 🚾 🗀 😁		• • • 12		164,203
p e	13	Professiona	l fees a	nd other payments to independent contractors ilities, and maintenance s, postage, and shipping	• • • • •	13	<u> </u>	1,050
n S	14	Occupancy,	rent, ut	ilities, and maintenance		, 14		14,368
0	15	Printing, pub	olication	s, postage, and shipping · · · · · · · · · · · · · · · · · · ·		15		1,228
S	16			scribe ▶ STM130		y 16		19,439
	17			dd lines 10 through 16 · · · · · · · · · · · · · · · · · ·				200,288
	18	Excess or (c	deficit) fo	or the year (Subtract line 17 from line 9) · · · · · · · · · · · · · · · · · ·				(9,911)
A Ns ee t t	19			palances at beginning of year (from line 27, column (A)) (must agree with				
e s				eported on prior year's return)				185,084
τ į	20	Other chang	jes in ne	et assets or fund balances (attach explanation)	···STA	1104 20		(70)
S	21	Net assets of	or fund b	palances at end of year Combine lines 18 through 20 · · · · · · · ·		· > 21		175,103
Pa	rt II	Balance	e She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file F	orm 990 ın	stead of Forn	n 990-EZ	
				(See the instructions for Part II)	(A) Beginn	ning of year	(B) End	of year
22	Cash	i, savings, an	d invest	ments - · · · · · · · · · · · · · · · · · ·		33,782	22	28,389
23	Land	and building	s • • •			134,298		130,374
24		r assets (des				17,298		16,684
25	Total	l assets • •				185,378		175,447
26		l liabilities (de				294		344
27	Net a	ssets or fund	d balan	ces (line 27 of column (B) must agree with line 21)		185,084	27	175,103

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009) CHILDS HOPE LEARNING	CENTER		45-0	27847	4 Page 2
Part III: Statement of Program Service Accor	nplishments (See the	instructions for Part III)		Expenses
What is the organization's primary exempt purpose? EARLY C	HILDHOOD DEVELOPME	ENT	· - · · · · · · · · · · · · · · · · · ·		red for section
Describe what was achieved in carrying out the organization's ex					(3) and 501(c)(4)
manner, describe the services provided, the number of persons				, -	zations and section
each program title	bonenica, or other rolovan	it illioimation loi		for oth	i)(1) trusts, optional
28 CHLC PROVIDES AN EARLY CHILDHOOD DEVELOP	MENT EDUCATIONAL			107 001	513 /
		TD			
ENVIRONMENT FOR YOUNG CHILDREN WITH SPEC		I.K			
NON-HANDICAPPED SIBLINGS IN AN INTEGRATE		 			
<u> </u>	unt includes foreign grants	, check here • • • •	• • • • •	28a	165,380
29				1	
(Grants \$) If this amo	unt includes foreign grants	, check here · · · ·	• • • • •	29a	
30	•				
(Grants \$) If this amo	unt includes foreign grants	check here		30a	
31 Other program services (attach schedule)	<u></u>				
, -				31a	
	unt includes foreign grants			-	165 200
32 Total program service expenses (add lines 28a through 31a				32	165,380
Partify: List of Officers, Directors, Trustees, and Key Em			,		
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla		(e) Expense account and
	devoted to position	enter -0-)	deferred compensa		other allowances
GEORGE STROH	PRESIDENT				
5068 BUTTE DRIVE BISMARCK ND, 58503	1	C		q	0
ROSS ESPESETH	VICE PRES				
238 LAREDO DRIVE BISMARCK ND, 58504	1	į c		þ	0
IRIS SCHOREGGE	SECRETARY				
2921 NORTH 19TH STREET BISMARCK, 58503-531) 1	i		d	0
	PROGRAM DIR				
710 1ST AVE NW MANDAN ND, 58554	40	39,323		٦	0
710 1SI AVE NW MANDAN ND, 30334		33,323		- 1	
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		<u> </u>			

Pâi	t.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	ł		
	description of each activity	• 33	ļ	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes \cdots	- 34	ACCION T	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		孫	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	2.72.00 2.72.00	2 347	1.55 70
а	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?	• 35a	<u></u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	· 35b	ļ	ļ
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	- 36	J. 20. 14	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ► 37a NONE			T.E.B.
	Did the organization file Form 1120-POL for this year?	• 37b	urioteánt	X SAC SERVE
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	15-600		建置
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	- 38a	.81.67 4 21	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 33		4.5
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	-		
b	Gross receipts, included on line 9, for public use of club facilities			
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 , sectio			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Eig.	Liper	Tricks
	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		v
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	2-5518	34/40	X
G	organization managers or disqualified persons during the year under sections 4912,	Han.		
	4955, and 4958	7		探视
а	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		數數	
•	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			3374
A	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e	Antine LA me	X
41	List the states with which a copy of this return is filed ND			
		258-5	397	
		504		
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			MAN
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			1706
С	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 • • • • • • • • • • • • • • • • • • •			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1.5
	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	15.7	强压	"全量"
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>
	EEA	Form 99	0-EZ	(2009)

Form 990-EZ (2009)

45-0278474

CHILDS HOPE LEARNING CENTER

<u>PartiV</u>	Section 501(c)(3) organization 501(c)(3) organizations and section 4947				. Ali sectio	n	
	and complete the tables for lines 50 and						
46 Did	the organization engage in direct or indirect	political campaign activities on	behalf of or in opposi	tion to		Yes	No
ca	ndidates for public office? If "Yes," complete	Schedule C, Part I			· · 46		X
47 Did	the organization engage in lobbying activitie	s? If "Yes," complete Schedule	C, Part II • • • •		• • 47		X
48 Is 1	he organization a school as described in sect	ion 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule E		48	Х	
49 a Did	i the organization make any transfers to an ex	cempt non-charitable related or	ganization?		· • 49a		X
b If"	Yes," was the related organization a section 5	27 organization?		• • • • • • • • • • • • • • • • • • • •	· • 49b		
50 Co	mplete this table for the organization's five high	phest compensated employees	(other than officers, o	directors, trustees and key	1		
en	ployees) who each received more than \$100,	000 of compensation from the	organization If there	ıs 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		xpense unt and owance	
NONE							
				:			
f To	tal number of other employees paid over \$10	0.000	_L	l			
	implete this table for the organization's five his 00,000 of compensation from the organization			ch received more than			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	e of service	(c) Comper	sation	
NONE							
		·					
		····					
d To	tal number of other independent contractors	each receiving over \$100,000	▶				
	·	_					
	Under penalties of penury, I declare that I have	e examined this return, including accor	npanying schedules and sta	atements, and to the best of my k	nowiedge		
	and belief, it is true, correct, and complete D	eclaration of preparer (other than office	r) is based on all informatio	n of which preparer has any know	vledge		
Sign	11	*		1040110			
Here	Signature of officer	1 -	~ .	Date			
	Type or print name and title	H Pracs. B	was Die	ECTORS			
Paid	Preparer's Jana -	Schol	00 07 0010	Check if self-employed X	Identifying No	(See ins	st)
Paid Prepare	signature JASON S		00 07 0010	self-	Identifying No	(See ins	st)
	signature Firm's name (or yours if self-employed), JASON S 215 Alf		00 07 0010	self- employed > X	Identifying No	(See ins	st)
Prepare	signature JASON S Firm's name (or yours if self-employed), 215 Air	СНОН РС	00 07 0010	self- employed	identifying No 258-1201		st)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

-Open to Public Inspection

Employer identification number

HILD	5 HOPE LEARNIN	G CENTER						45-0	2/84/4			
Part	l Reason fo	r Public Chari	ty Status (All organiz	ations mus	t complete	this part)	See instri	uctions				
he org	janization is not a priv	ate foundation beca	ause it is (For lines 1 thro	ough 11, cl	neck only o	ne box)						
1	A church, convent	ion of churches, or a	issociation of churches d	lescribed in	section 1	70(b)(1)(A)(ı).					
2 <u>x</u>	A school describe	d in section 170(b)(1	I)(A)(II). (Attach Schedule	eE)								
3	A hospital or a coo	perative hospital se	rvice organization descri	ibed in sec	tion 170(b)	(1)(A)(iii).						
4	A medical researc	h organization opera	ated in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nam	ne,	
	city, and state											
5	An organization of	perated for the bene	fit of a college or univers	ity owned o	or operated	by a gove	ernmental	unit descri	bed in			
	section 170(b)(1)(A)(iv). (Complete Pa	rt II)									
6	A federal, state, or	local government o	r governmental unit desc	cribed in se	ction 170(b)(1)(A)(v)						
7 ==			a substantial part of its					the genera	l public			
_	described in section	on 170(b)(1)(A)(vi). (Complete Part II)		_			_				
8 -	A community trust	described in section	n 170(b)(1)(A)(vi). (Comp	olete Part II)							
9 -	An organization th	at normally receives	(1) more than 33 1/3%	of its supp	ort from co	ntributions	, member	ship fees, a	and gross			
	receipts from activ	ities related to its ex	empt functions - subject	to certain e	exceptions,	and (2) n	o more tha	an 33 1/3%	of its			
			and unrelated business									
	acquired by the or	ganization after Jun	e 30, 1975 See section	509(a)(2). (Complete	Part III)						
0	An organization or	ganized and operate	ed exclusively to test for	public safe	ty See sec	ction 509(a	a)(4).					
1 -	An organization or	ganized and operate	ed exclusively for the ber	nefit of, to p	erform the	functions	of, or to c	arry out the	•			
-	purposes of one o	r more publicly supp	orted organizations desc	cribed in se	ction 509(a	a)(1) or se	ction 509(a)(2) See	section			
	509(a)(3). Check ti	ne box that describe	s the type of supporting	organizatio	n and com	plete lines	11e throu	gh 11h				
	a Type I	b Typ	e II c	Type III	-Functiona	lly integrat	ed	ď	Type I	II-Other		
е —	_		organization is not contro	olled directl	y or indired	tly by one	or more d	squalified				
_	persons other than	n foundation manage	ers and other than one of	r more pub	licly suppo	rted organ	izations d	escribed in	section			
	509(a)(1) or section	_										
f	If the organization	received a written d	etermination from the IR	S that it is	a Type I, T	ype II, or T	ype III sur	porting				
	organization, chec											
g	Since August 17,	2006, has the organ	zation accepted any gift	or contribu	tion from a	ny of the						
	following persons?	?										
	(i) A person who	directly or indirectly	y controls, either alone o	r together v	with person	s describe	ed in (ii)				Yes	No
	and (III) below	v, the governing boo	ly of the supported organ	nization?						1100		
	(ii) A family men	ber of a person des	cribed in (i) above? • •	<i></i> .						11g(ii)		
	(iii) A 35% contro	(ii) A family member of a person described in (i) above?								11g(ai)		
h		<u>-</u>	it the supported organiza									
(1)	Name of supported	(ii) EiN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi) I	s the	(vii) Amount of		of
	organization		(described on lines 1-9	1 "	sted in your	the organ		ation in organization in co		support		
			above or IRC section (see instructions)	governing	socument/	col (i)	or your port?	(i) organiz	S?	l		
				Yes	No	Yes	No	Yes	No			
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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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Inspection Employer identification number

CH.	LLDS HOPE LEARNING CENTER	45-02/84	/4		
				YES	NO
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?		1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		Ç 49	100 P. 1	7
	brochures, catalogues, and other written communications with the public dealing with student admissions,		N	E.	ي خور د الحديد
	programs, and scholarships?		2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media		T. #	7. 5.	30
	during the period of solicitation for students, or during the registration period if it has no solicitation program,		4.400	医学.	A.E.
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please				1,50
	describe If "No," please explain If you need more space, use Schedule O (Form 990)		3	Х	
			2.54	18000	
			5 T 45	9/155.1	
				Profession of the second	
			1		100000
			- Sins	THE S	
4	Does the organization maintain the following?	· · · · · · · · · · · · · · · · · · ·	- 1840 C		TO A
а			4a	X	12 Alberta
b	Records documenting that scholarships and other financial assistance are awarded on a racially				
_	nondiscriminatory basis?		4b	N/A	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing				
_	with student admissions, programs, and scholarships?		4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	X	
_	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O		12.52	280	1000
	(Form 990)			ALE:	
	(i oin 330)			324	
			- 323		5
5	Does the organization discriminate by race in any way with respect to		- 630		
а	Students' rights or privileges?		5a		X
а	Students rights of privileges?				
b	Admissions policies?		5b		X
U	Admissions policies.		<u> </u>		<u> </u>
С	Employment of faculty or administrative staff?		5c		X
·	Employment of facolty of administrative state.				
d	Scholarships or other financial assistance?		5d	N/A	
•	Constant the Control interior additional		-		 -
_	Educational policies?		5e		x
·	Educational policies		"	 	
f	Use of facilities?		5f		x
•	Ose of facilities.		 •	 	<u> </u>
9	Athletic programs?		50	N/A	İ
9	Tuniono programo			F-,	-
h	Other extracurricular activities?		5h	N/A	
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O		1778	13,51	- f. t.
	(Form 990)				
	(Fulli 330)				
			- 1	777	- 219
_				2	77.32
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a		X
b	Has the organization's right to such aid ever been revoked or suspended?		6b	1,5.5	X
_	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			12.0	. i
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	•	يد ب	1	4
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O		أغيتنا	فشتا	تشت
	/Carre (IUI)		1 7		

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

	Beginning	
Description	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

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

Federal Supporting Stateme	ents 2009
Form 990EZ, Part I, Line 20 Other Changes in Net Assets Sche	dule
Description UNREALIZED LOSS ON INVESTMENT	<u>Amount</u> (70)
Total	(70)

Child's Hope Learning Center, Inc.

45-0278474 SCHEDULE 1

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

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

ASSET		DATE IN	METHOD &			CURRENT	
NO	DESCRIPTION		RECOV PERIOD	BASIS		DEPREC.	
1		03/26/1996		48 00	48.00	0.00	48 00
2	TOYS & LEARNING EQUIPMENT			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		NONDEPRECIABLE	14,000.00	0 00	0.00	0 00
5	DODGE VAN	02/17/1997	SL-5	•	22,250 00	0 00	22,250.00
6	1 METAL OFFICE DESK	04/30/1997		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 VA	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

238,281 00 86,685 00 4,539.00 91,224 00