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990

Department of the Treasury Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

2011 2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning and e	nding						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres	LIFE LEARNING CENTER							
F	Name change			20-3	454261				
Ē	Initial		Room/suite						
Ē	Termin	,		· ·	431-0100				
Γ	Ameno		G Gross receipts \$	450659.					
	Applica			H(a) Is this a group re					
F Name and address of principal officer:DR. G. EDWARD HUGHES for affiliates?									
		SAME AS C ABOVE		H(b) Are all affiliates inc					
ī	Tax-exe	mpt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)				
J	Websit	e:▶N/A		H(c) Group exemption	n number				
K		organization: X Corporation Trust Association Other	L Year o	of formation: 2005 N	State of legal domicile: KY				
P	art I	Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PREPA EMPLOYMENT.	RE AN	INDIVIDUAL	FOR STABLE				
r B	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets				
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
es 4	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	7				
ķ	6	Total number of volunteers (estimate if necessary)		6	0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990 T, line 34		7b	0.				
		RECEIVED	\ <u> </u>	Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line In)	\ <u> </u>	303628.	441177.				
Revenue	9	Program service revenue (Part VIII, line 2g)		12758.	1000.				
<u>~</u> €	10	11 100 1	}	486.	213.				
~_ ~	''	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	}	0.	8269.				
`-		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)		316872.	450659.				
<u>س</u>	1	Grants and similar amounts paid (Part IX, column (A); lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	0. 331131.	<u>0.</u> 344988.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	331131.	<u> </u>				
_ E	100	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	17 <u> </u> -						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	''•	95889.	103448.				
÷,		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		427020.	448436.				
-		Revenue less expenses Subtract line 18 from line 12		-110148.	2223.				
	3	Total de le de experiede d'abrillat inte la listin de la	Red	ginning of Current Year	End of Year				
Net Assets or Find Balances	20	Total assets (Part X, line 16)	120	147833.	152068.				
ASS	21	Total liabilities (Part X, line 26)		130713.	132725.				
ist ist ist ist ist ist ist ist ist ist	22	Net assets or fund balances Subtract line 21 from line 20		17120.	19343.				
P	art II	Signature Block							
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
true	e, co <u>rrec</u> t	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.					
,		Heavand Hoyles		5-14-	12				
Sig	ın	Signature of officer		Date					
He	re	DR. G. EDWARD HUGHES, PRESIDENT							
		Type or print name and title	······································	-					
	1	Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Pai			1. 5	7/10/2612 11 self-employe					
		Firm's name MELBROOK PLLC		Firm's EIN	27-1465056				
Use	Only	Firm's address 2500 CHAMBER CENTER DRIVE, SUITE	203						
		FT. MITCHELL, KY 41017		Phone no. 8	59-344-8844				
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

	rt III Statement of Program Service Accomplishments	20-3454261 Page 2
<u>ra</u>		[]
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission	
'	TO PREPARE AN INDIVIDUAL FOR STABLE EMPLOYMENT.	
	10 1 Mai Mai Mara I Dona 1 On O 11 Data Line Hot Maint	
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 X 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 service	es? Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	t of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported	1000
4a		
	WORK WITH INDIVIDUALS WHO DEMONSTRATE A COMMITTMENT TO	
	EMPLOYMENT AND PREPARE THEM FOR PRODUCTIVE, SUSTAINABE EDUCATION, TRAINING, AND LIFE.	LE CAREERS THROUGH
	EDUCATION, TRAINING, AND LIFE.	
4b	(Code) (Expenses \$) (Fig. 2.5) (Expenses \$	evenue \$)
		
4c	(Code) (Expenses \$) (R	evenue \$
	01 01 01	
4d		,
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 306579.	
4£	Total program service expenses ► 306579.	Form 990 (2011)
		10/11/000 (2011)

	rt ÎV	Checklis	t of Rec	uired	Sched	ules	<u> </u>		
1		e organization es," complete			tion 501(c)(3) or 49	947(a)(1)	(other tha	an a

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-	_	
•	Schedule D, Part III	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<u> </u>	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 21
	complete Schedule G, Part III	19	;	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
			000 (0044

Form 990 (2011) LIFE LEARNING CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23		X
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
þ	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		<u> </u>
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		X
b	Is the organization 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	25b		X
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	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			T -
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990 (2011)

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Pai				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	긔	l	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	ļ
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return	′		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	↓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
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)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	, , ,	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 - -	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6a</u>	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	 	┼
7	Organizations that may receive deductible contributions under section 170(c).	.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	\vdash	-	X
Ь		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year Did the expression receives any finder directly or indicately to pay promise and percent contract?	┤ _ _		
e		7e	<u> </u>	+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 1 7g	┼	
g		7 <u>9</u> 7h		
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	///	†	+-
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-	†	+
-	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	75		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	T -	Γ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If IIV II have a filed a Form 700 to worsel these accuments 0 if IIII II are under an explanation in Cohodula O	441	1	1

Form 990 (2011) LIFE LEARNING CENTER 20-3454261 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		i	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		_X_
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		!	
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KY , OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection indicate how you made these available. Check all that apply			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion 🕨	·	
	DENISE GOVAN - 859-431-0100			
	315 E. 15TH ST., COVINGTON, KY 41011			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization i	nor any related	orga	anıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	ceran	dad	recto	or/trus	tee)	from	from related	other
	(describe	director						the	organizations	compensation
	hours for	ō	, s			ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		8 8	ig i		(W-2/1099-MISC)		organization and related
	in Schedule	E E	tional		ploy	ye ar	_			organizations
	O)	Individual trustee or	institutional trustee	Officer	Key employee	Highest compensated employee	For me			Organizations
(1) G. EDWARD HUGHES, PHD										
CHAIRMAN	1.00	X	-	X		<u> </u>	<u> </u>	0.	0.	0.
(2) BARBARA BAUMANN SCHAEFER, J.D	1 00	,,								
VICE CHAIRMAN	1.00	X	-	X				0.	0.	0.
(3) KENNETH L. WEBB	1.00	v						0.	0.	0
BOARD MEMBER (4) GORDON C. SNYDER	1.00	^		<u> </u>	_	\vdash	\vdash	0.		0.
TREASURER	1.00	\mathbf{x}		x				0.	0.	0.
(5) WILLIAM P. BUTLER										
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	0.
(6) MARTIN C. BUTLER, ESP.					ļ					
BOARD MEMBER	1.00	X				-	<u></u>	0.	0.	0.
(7) DAVID J. SCHOTTELKOTTE	1 00				ŀ					•
BOARD MEMBER	1.00	X				-	-	0.	0.	0.
(8) DENISE K. GOVAN	40.00	v		x				74739.	0.	5068.
DIRECTOR, COO	40.00	Δ		^		\vdash	<u> </u>	74733.	0.	3000.
(9) ANTHONY BONOMINI BOARD MEMBER	1.00	Y						0.	0.	0.
BOARD MEMBER	1.00	A							0.	<u> </u>
				-						
					<u> </u>		ļ			
						-				
	<u> </u>					_				
				\dashv						
										-
								·		- 000 (2244)

	T VII Section A. Officers, Directors, Tr (A)	ustees, Key Er (B)	npic	oyee		<u>nd I</u> C)	nıgn	est	(D)	ees (continued) (E)			(F)	
	Name and title	Average			Pos	ition			Reportable	(⊑) Reportable	ı.	Fs	(r) timate	ď
		hours per	box	not c	ss pe	rson	is bot	h an	compensation	compensation			nount	_
		week	\vdash	cer an	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(describe	Individual trustee or director						the organization	organization			pensa	
		related	90.0	ag gg			Sated		(W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anızatı	
		organizations	truste	Institutional trustee		ake	Highest compensated employee		(** 27 *********************************			_	d relate	
		ın Schedule	wdua	tution	ē	Key employee	hesto	Former				orga	anızatı	ons
		0)	르	<u> </u>	Officer	ŝ	₹5	ĕ		· · ·				
							1	┢						
			 	1	<u> </u>	 	1							
							Ì							
			ļ	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>						
	-		-	-	-	┢	\vdash	├						
					ļ									
								├-	 					
			<u> </u>		<u> </u>	$oxed{oxed}$	_							
	Cub Ashal		<u> </u>			<u> </u>	_		74739.		_	<u> </u>	50	<u> </u>
	Sub-total Total from continuation sheets to Part \	/II Continu A							74/39.		0.		50	68. 0.
	Total (add lines 1b and 1c)	ni, Section A							74739.	_	0.		50	68.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r		,000 of reportab		·		<u> </u>
	compensation from the organization									· · · · · · · · · · · · · · · · · · ·				0
													Yes	No
3	Did the organization list any former office	•		e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on		_		٠,
4	line 1a? If "Yes," complete Schedule J for					 .		-1 -4	har aannanation from	*b		3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4		X
5	Did any person listed on line 1a receive or			-						idual for services		1	_	
	rendered to the organization? If "Yes," cor	=				-					•	5		X
Sec	tion B. Independent Contractors													_
1	Complete this table for your five highest complete the first complete this table for your five highest complete the first complete the f										npens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>ithir</u>		year				
	(A) Name and busines:	s address	NT/	ONI				İ	(B) Description of s	ervices	c	O) Ompe		n
			14	OTAT			-					-		
										İ				
											_			
								_						
														
2	Total number of independent contractors	including but n	ot li	mıte	d to	tho	se li	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	zation >			_	(0						<u>-</u>	

Page **9**

1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 8 Noncash contributions included in lines 1a-1f b Total. Add lines 1a-1f Business Code 6 11600 1000. 1000. 8 MISCELLANEOUS 6 11600 1000. 1000. 8 John String ovents 6 11600 1000. 1000. 1 All other program service revenue g Total. Add lines 2a-2f 1 a Federated campaigns 1 b Membership dues 1 b Loc 1 d	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code	
2 a MISCELLANEOUS 611600 1000. 1000. b	
b c d d d d d d d d d d d d d d d d d d	
g Total. Add lines 2a-2f Investment income (including dividends, interest, and	
g Total. Add lines 2a-2f Investment income (including dividends, interest, and	
g Total. Add lines 2a-2f Investment income (including dividends, interest, and	
g Total. Add lines 2a-2f Investment income (including dividends, interest, and	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and	
3 Investment income (including dividends, interest, and	· -
	
other similar amounts) 213.	213.
4 Income from investment of tax-exempt bond proceeds	2334
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents	
b Less rental expenses	
c Rental income or (loss)	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory	
b Less cost or other basis	
and sales expenses	
c Gain or (loss)	
d Net gain or (loss)	
Concerns the standard	
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	
contributions reported on line 1c) See	
Part IV, line 18 a 8269.	
b Less direct expenses b 0.	
c Net income or (loss) from fundraising events 8269.	8269.
9 a Gross income from gaming activities See	<u></u>
Part IV, line 19	
b Less direct expenses b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
11 a	
b	
c	
d All other revenue	
e Total, Add lines 11a-11d	
12 Total revenue. See instructions. \(\)	8482.

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).

	Check if Schedule O contains a respons	se to any question in thi			
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	74720	E0701	14040	
_	trustees, and key employees	74739.	59791.	14948.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	222436.	138502.	61212.	22722.
8	Pension plan accruals and contributions (include	222430.	130302.	01212.	22122.
٥	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	21954.	15570.	6262.	122.
10	Payroll taxes	25859.	17581.	6443.	1835.
11	Fees for services (non-employees).				
а	Management				
b	Legal	315.		315.	
С	Accounting	10882.	3192.	7690.	
. d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3114.	2697.	375.	42.
13	Office expenses	8162.	6143.	1656.	363.
14	Information technology	2786.	1335.	1451.	
15	Royalties	20200	24160	6040	
16	Occupancy	30200.	24160. 373.	6040.	046
17	Travel	1534.	3/3.	215.	946.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	1255.	655.	500.	100.
19	Interest	2166.	055.	2166.	
20 21	Payments to affiliates	2100.		2100.	
22	Depreciation, depletion, and amortization	20935.	18004.	2931.	
23	Insurance	20,30,1	200011	2,32.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TRAINEE EXPENSES	16393.	15317.	1009.	67.
b	INSURANCE	3450.	3259.	191.	<u> </u>
c	DUES & SUBSCRIPTIONS	1534.	02071	1534.	
ď	MISCELLANEOUS	722.		722.	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	448436.	306579.	115660.	26197.
26	Joint costs Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2011)

Form 990 (2011)
Part X Balance Sheet

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23242.	1	46990.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3	<u> </u>	
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, dir			_		
		employees, and highest compensated employee					
		of Schedule L			2000.	5	
	6	Receivables from other disqualified persons (as			 		
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	and contributing			
		employers and sponsoring organizations of sect					
_		employees' beneficiary organizations (see instru)		6		
Assets	7	Notes and loans receivable, net		****	7		
	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges			4823.	9	6915.
	10a	Land, buildings, and equipment cost or other		Ι			
		basis Complete Part VI of Schedule D	10a	39023.			
	b	Less accumulated depreciation	10b	32574.	10768.	10c	6449.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
:	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		107000.	14	91714.	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	147833.	16	152068.		
	17	Accounts payable and accrued expenses		23259.	17	23105.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	<u> </u>
Liabilities	22	Payables to current and former officers, director	s, trus	tees, key employees,			
jab		highest compensated employees, and disqualific	ed per	sons. Complete Part II			
		of Schedule L			107454.	22	109620.
1	23	Secured mortgages and notes payable to unrela		· · ·		23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa				1	
i		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		-	120512	25	120505
	26	Total liabilities. Add lines 17 through 25		्रिंग्	130713.	26	132725.
		Organizations that follow SFAS 117, check he	ere 🟲	and complete			
Ses		lines 27 through 29, and lines 33 and 34.			16275		10001
au	27	Unrestricted net assets		_	<u> 16375.</u>	27	18801.
Ва	28	Temporarily restricted net assets		-	<u>745.</u>	28	542.
pu	29	Permanently restricted net assets		. — . H		29	
F		Organizations that do not follow SFAS 117, cl	neck r	ere 🕨 🔛 and			
s or		complete lines 30 through 34.				_	
set	30	Capital stock or trust principal, or current funds		-4.6	<u> </u>	30	<u> </u>
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31	<u> </u>
Net	32	Retained earnings, endowment, accumulated in	come,	or other funds	17120	32	10242
	33	Total net assets or fund balances		-	17120.		19343.
	34	Total liabilities and net assets/fund balances			147833.	34	152068.

Form **990** (2011)

orm	990 (2011) LIFE LEARNING CENTER	20-34542	61	Pag	_{1e} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		. 1	A 1	- 0 6	- 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	44		<u>36.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>23.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 171</u>	<u> 20.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		<u> 193</u>	<u>43.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		}		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	L	2b	<u>X</u>	
С	If "Yes" to line 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?	L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.	- 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t	Ì		
	separate basis, consolidated basis, or both		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				}
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?	_	За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			orm	9 90 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

			LIFE LE	ARNING CENTE	ER					2(0-3454261
Part	1	Reason	for Public Char	ity Status (All organiz	zations mu:	st complet	te this part	t.) See inst	tructions.		
he or	ganı	zation is not a	private foundation	because it is: (For lines:	1 through 1	11, check	only one b	ox)			
1 🛓	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
3 L		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	X	An organizate	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in
_	_	section 170(b)(1)(A)(vi). (Comple	ete Part II)							
8 _	_	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 .		An organizati	on that normally red	ceives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	ıp fees, ar	nd gross receipts from
		activities rela	ted to its exempt fu	nctions · subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment
		income and t	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	after June 30, 1975
_	_	See section	509(a)(2). (Complete	e Part III)							
10	4	_	=	perated exclusively to te					=		
11 🗆		•		perated exclusively for the		•				•	
			· · ·	ations described in secti				2) See se e	ction 509(a)(3). Che	eck the box that
			· · · ·	organization and compl		_				. —	1
г	_	a Type		= :	с 🗀 Тур			-		d	Type III - Other
e∟			· · · · · · · · · · · · · · · · · · ·	at the organization is not			•	•			
			-	than one or more publicl		_				9(a)(1) or :	section 509(a)(2)
f		-		tten determination from	the IHS tha	atitisa iy	pe I, Type	ii, or Type	e III		
			rganization, check to					-444-11		0	
g		•		organization accepted ai			•		•		V N-
		• •	•	lirectly controls, either a	ione or tog	ether with	persons	Jeschbeu	m (II) and ((III) below,	
		_		upported organization?)						11g(i)
			•	n described in (i) above? a person described in (i) (2					11g(ii)
			· ·	about the supported or							11g(iii)
h		Flovide the I	ollowing information	about the supported of	gariizationi	(3).					
				(iii) Type of	(iv) le the c	rganization	(v) Did vo	u notify the	(vi) Is	sthe	
(I) N		of supported	(ii) EIN	organization	P /	sted in your	, , ,	tion in col.	organizati	on in col.	(vii) Amount of
	orya	nization		(described on lines 1-9 above or IRC section	governing documen				(i) organiz U.S	5.7	support
				(see instructions))	Yes	No	Yes	No	Yes	No	
				, , , , , , , , , , , , , , , , , , , ,	 				<u> </u>		
								1			
		· · · · · · · · · · · · · · · · · · ·			<u> </u>						
					1]				
					ļ		ļ	ļ			
					ļ			-			
Catal											

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			·					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not				İ				
	include any "unusual grants ")	211537.	329090.	334945.	316386.	450659.	1642617.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to			ļ			1		
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	211537.	329090.	334945.	316386.	450659.	1642617.		
5									
•	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the			1					
	amount shown on line 11,								
	column (f)		1						
6	Public support. Subtract line 5 from line 4						1642617.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	211537.	329090.	334945.	316386.	450659.	1642617.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties			ļ					
	and income from similar sources			274.	486.	213.	973.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain]					
	or loss from the sale of capital			1					
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						1643590.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	_		
_	organization, check this box and stor		··-						
	ction C. Computation of Publ								
	Public support percentage for 2011 (I		•	olumn (f))	!	14	99.94 %		
	Public support percentage from 2010					15	<u>99.24 %</u>		
16a	33 1/3% support test - 2011. If the o	-		line 13, and line 1	4 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies		-				$\triangleright [X]$		
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition					
17a	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac		•	•	,	t IV how the orgar	nization		
	meets the "facts-and-circumstances"			· ·	-		▶∟_		
b	10% -facts-and-circumstances test	-							
	more, and if the organization meets th				•		•		
	organization meets the "facts-and-circ						▶∟		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed bel	ow, please com	plete Part II)				
Section A. Public Support						
alendar year (or fiscal year beginning in) 🟲 📙	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 bus-						
iness under section 513		_				
Tax revenues levied for the organ- ization'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						
5 Total. Add lines 1 through 5				· <u>-</u>	<u> </u>	
a 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					-	
Public support (Subtract line 7c from line 6) ection B. Total Support		1	<u> </u>			· · · · · · · · · · · · · · · · · · ·
lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 6						
Da 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						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support (Add lines 9, 10c, 11, and 12)		_			<u> </u>	
First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here				- <u>-</u> .		
ection C. Computation of Public	Support Pe	rcentage			-	
Public support percentage for 2011 (lin	e 8, column (f) d	livided by line 13, o	olumn (f))		15	
Public support percentage from 2010 S					16	
ection D. Computation of Invest	ment Incom	e Percentage				
Investment income percentage for 201	1 (line 10c, colui	mn (f) divided by lit	ne 13, column (f))		17	
Investment income percentage from 20)10 Schedule A,	Part III, line 17			18	
a 33 1/3% support tests - 2011. If the o	rganization did i	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	▶Ū
b 33 1/3% support tests - 2010. If the o						and
line 18 is not more than 33 1/3%, chec	k this box and s	t op here. The orga	ınızatıon qualifies	as a publicly supp	orted organization	►□
O Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	_▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification

	LIFE LEARNING CENT	20-3454261			
Pai			r Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, line				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds		
	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a	•			
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part			
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histori	ically important land area		
	Protection of natural habitat	Preservation of a certified	d historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last		
	day of the tax year				
			Held at the End of the Tax Year		
а	Total number of conservation easements		_2a		
þ	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax		
	year ►				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements i		└── Yes		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and	_			
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(h)(
9		ion occoments in its soupple and syname at	Yes No		
9	In Part XIV, describe how the organization reports conservational include, if applicable, the text of the footnote to the organization				
	conservation easements_	tion's infancial statements that describes the	organization's accounting for		
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets		
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art		
	historical treasures, or other similar assets held for public ext				
	the text of the footnote to its financial statements that descri		,		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ed				
	relating to these items	•	,,		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial ga	un, provide		
	the following amounts required to be reported under SFAS 1	-	••		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$		
b	Assets included in Form 990, Part X		> \$		

_		RNING CEN								Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tre	easures, c	r Other	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessio	n, and other record	ls, checl	k any of the	following that	t are a sigi	nificant u	se of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further th	ne organizatio	on's exem	pt purpo:	se in Par	XIV	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical treas	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's co	llection?				Yes	□ No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part	X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table [.]						
	-		_						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	212						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two year	s back (c) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		Ì							
	and programs				<u>.</u>					
f	Administrative expenses									
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment > _		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	red for the	organiz	ation		
	by.								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required of	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X	, line 10						
	Description of property	(a) Cost or o			or other		umulate	d	(d) Book	value
		basis (investi	ment)	basis	(other)	depr	eciation	_		
1a	Land			<u> </u>						
b	Buildings	ļ								
С	Leasehold improvements		<u>692.</u>				3230			5384.
d	Equipment	1	331.				26	56.		<u> 1065.</u>
	Other			L						
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	0(c).)					6449.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 LIFE LEARNING CENTER			<u> 20-345</u>	4261 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	·	<u>450659.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		448436.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		2223.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10 ue per R	eturn	2223.
1	Total revenue, gains, and other support per audited financial statements			1	450659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b]]	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	450659.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b]	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	450659.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	Return	
1	Total expenses and losses per audited financial statements			1	448436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C	Other losses	2c		1 1	
d	Other (Describe in Part XIV)	2d		1	^
e	Add lines 2a through 2d			2e	<u>0.</u> 448436.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1			3	440420.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIV)	4b		1	
•	Add lines 4a and 4b	40		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	448436.
	t XIV Supplemental Information				110100
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III at 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
			, , , _		

SCHEDULÈ L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization **Employer identification number** LIFE LEARNING CENTER 20-3454261 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (a) Name of interested (g) Written (b) Loan to or from (c) Original principal (d) Balance due (e) in by board or person and purpose the organization? amount default? agreement? committee? To From Yes No Yes No Yes No 107000. WILLIAM P. BUTLER X 109620 X X X 2000. WILLIAM P. BUTLER X X X X 109620 **Total** Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** LIFE LEARNING CENTER 20-3454261 FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE BOARD MEMBERS, WILLIAM BUTLER AND MARTIN BUTLER ARE BROTHERS FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT, EVERYTHING MUST BE APPROVED BY THE BOARD. FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW BY THE BOARD IS CONDUCTED BEFORE FILING THE RETURN FORM 990, PART VI, SECTION C, LINE 19: ONLY THE FINANCIAL INFORMATION AND ANNUAL REPORT ARE PROVIDED ON THE WEBSITE THE PROCESS TO OVERSEE THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITORE HAS NOT CHANGED.