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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

06-01, 2011, and ending

05-31, 2012

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

CHILDS HOPE LEARNING CENTER

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

Room/suite

2921 NORTH 19TH STREET

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

BISMARCK, ND 58503-5310

D Employer identification number

45-0278474

E Telephone number

(701) 223-3242

F Group Exemption
Number ▶G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

197,506

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

Check if the organization used Schedule O to respond to any question in this Part I

☒

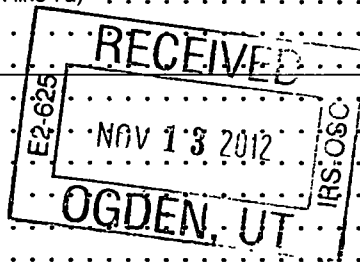
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	72,529
	2	Program service revenue including government fees and contracts	2	97,703
	3	Membership dues and assessments	3	
	4	Investment income	4	85
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 25,871 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	27,189
c	Less direct expenses from gaming and fundraising events	6c	1,102	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,087	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	196,404	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	180,634
	13	Professional fees and other payments to independent contractors	13	1,315
	14	Occupancy, rent, utilities, and maintenance	14	16,069
	15	Printing, publications, postage, and shipping	15	1,041
	16	Other expenses (describe in Schedule O)	16	19,602
	17	Total expenses. Add lines 10 through 16	17	218,661
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(22,257)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	172,824
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	150,567

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

SCANNED DEC 04 2012



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Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part III ☐

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	None
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	ND	
42 a The organization's books are in care of CATHY METZ Telephone no 701-223-3242 Located at 2921 NORTH 19TH STREET BISMARCK, ND ZIP + 4 58503-5310		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	X	
----	---	--

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>George N. Stron</i>		Date <i>11/06/12</i>		
	Type or print name and title <i>GEORGE N. STRON, PRES. BOARD OF DIRECTORS</i>				
Paid Preparer Use Only	Print/Type preparer's name <i>Jason Schuh</i>	Preparer's signature <i>Jason Schuh</i>	Date <i>09-21-2012</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P00209768</i>
	Firm's name <i>Jason Schuh PC</i>			Firm's EIN	
	Firm's address <i>215 Airport Road Bismarck ND 58504</i>			Phone no <i>701-258-1201</i>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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**

Name of the organization

CHILDS HOPE LEARNING CENTER

Employer identification number

45-0278474

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h:
a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

CHILDS HOPE LEARNING CENTER

Employer identification number

45-0278474

Part I

	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 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3 X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b N/A	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II	4d X	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	5a	X
b Admissions policies?	5b	X
c Employment of faculty or administrative staff?	5c	X
d Scholarships or other financial assistance?	5d N/A	
e Educational policies?	5e	X
f Use of facilities?	5f	X
g Athletic programs?	5g N/A	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h N/A	
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? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	X
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 X	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

CHILDS HOPE LEARNING CENTER

45-0278474

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TELEMARKETIN (event type)	STROH/FRIEND (event type)	None (total number)	Add col (a) through col (c)
Revenue	1 Gross receipts	25,871	20,666		46,537
	2 Less Charitable contributions	25,871			25,871
	3 Gross income (line 1 minus line 2)		20,666		20,666
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		1,102		1,102
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,102)
	11 Net income summary. Combine line 3, column (d), and line 10.				19,564

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

CHILDS HOPE LEARNING CENTER

Employer identification number

45-0278474

01. Description of other expenses (Part I, line 16)

Description	Amount
FOOD SUPPLIES	8,531
VEHICLE EXPENSE	577
TELEPHONE	1,183
LICENSES	145
BOARD INSURANCE	3,099
SUPPLIES	1,912
CONTINUING EDUCATION	665
MISCELLANEOUS EXPENSE	889
DEPRECIATION-EQUIPMENT	737
ADVERTISING	1,479
OFFICE SUPPLIES	211
REALIZED LOSS ON SALE OF INVESTMENT	174

02. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
EQUIPMENT-NET DEPRECIATION	16,780	17,443

03. Description of total liabilities (Part II, line 26)

Category	Beginning	
	of Year	End of Year
PAYROLL TAXES PAYABLE	410	207
RETIREMENT PLAN PAYABLE	0	200

Child's Hope Learning Center, Inc

45-0278474

Schedule 1

Other Expenses	<u>Program Services</u>
Salary - Director	43,255
Salary - Aids	94,129
Salary - Cook	26,433
Payroll Taxes	12,532
Supplies	10,442
Licenses	<u>145</u>
Program Services Total	186,936
To Part III Line 28	

CHILDS HOPE LEARNING CENTER, INC
BOOK DEPRECIATION SCHEDULE
05-31-2012

ASSET NO	DESCRIPTION	DATE IN SERVICE	METHOD & RECOV PERIOD	BASIS	PRIOR DEPREC	CURRENT DEPREC	ACCUM DEPREC
1	KITCHEN EQUIPMENT	03/26/1996	SL-5	48 00	48 00	0 00	48 00
2	TOYS & LEARNING EQUIPMENT	06/15/1995	SL-5	1,032 00	1,032 00	0 00	1,032 00
3	TELEVISION	01/02/1996	SL-5	201 00	201 00	0.00	201 00
4	PLAYGROUND EQUIPMENT	08/22/1995	NONDEPRECIABLE	14,000 00	0 00	0.00	0 00
5	DODGE VAN	02/17/1997	SL-5	22,250 00	22,250 00	0.00	22,250 00
6	1 METAL OFFICE DESK	04/30/1997	SL-5	100.00	100 00	0 00	100 00
7	3 METAL OFFICE FILES	04/30/1997	SL-5	150 00	150 00	0 00	150 00
8	3 OFFICE CHAIRS	04/30/1997	SL-5	600 00	600 00	0 00	600 00
9	OAK TABLE & 1 CHAIR	04/30/1997	SL-5	1,500 00	1,500 00	0 00	1,500 00
10	10 FOLDING CHAIRS	04/30/1997	SL-5	300 00	300 00	0 00	300 00
11	20 SLEEPING MATS	04/30/1997	SL-5	400 00	400 00	0.00	400 00
12	2 TABLES & 10 CHAIRS	04/30/1997	SL-5	750 00	750 00	0 00	750 00
13	ENTERTAINMENT CENTER	04/30/1997	SL-5	100 00	100 00	0 00	100 00
14	BULLETIN BOARD	04/30/1997	SL-5	150 00	150.00	0 00	150 00
15	3 BOOKCASES & 1 DESK	04/30/1997	SL-5	1,200 00	1,200 00	0.00	1,200 00
16	WASHER/DRYER/DISHWASHER	01/31/1997	SL-5	1,601.00	1,601 00	0 00	1,601 00
17	STOVE/FREEZER/FRIDGE	01/31/1997	SL-5	3,574 00	3,574 00	0 00	3,574 00
18	LAND	04/30/1997	NONDEPRECIABLE	38,793 00	0 00	0 00	0 00
19	BUILDING	01/01/1997	SL-39	126,469 00	46,753 00	3,243 00	49,996 00
20	LAND IMPROVEMENTS	08/01/1997	NONDEPRECIABLE	4,800.00	0 00	0 00	0 00
21	SPRINKLER SYSTEM	08/21/1997	SL-10	1,068 00	1,068 00	0 00	1,068 00
22	FIRE ALARM	01/07/1999	SL-10	328 00	328.00	0 00	328 00
23	(1) CRIB	02/04/1999	SL-5	82 00	82.00	0 00	82 00
24	LG BOLSTER CHAIR	02/13/2001	SL-7	605 00	605 00	0 00	605 00
25	LAKESHORE LEARNING TOYS	02/01/2001	SL-7	371 00	371 00	0 00	371 00
26	1994 DODGE 15 PASS VAN	03/14/2003	SL-5	3,500 00	3,500 00	0.00	3,500 00
27	HAMMOCK SWING	04/03/2003	SL-7	223 00	223.00	0 00	223 00
28	DINOSAUR RIDE	04/03/2003	SL-7	710 00	710.00	0 00	710 00
29	STORAGE SHED	10/31/2004	SL-39	1,449 00	244 00	37 00	281 00
30	STORAGE SHED SIDING	05/01/2006	SL-39	2,112 00	275 00	54.00	329 00
31	SEE SAW	04/15/2008	SL-7	250 00	112.00	36.00	148 00
32	CONFERENCE CHAIRS	10/20/2008	SL-7	3,260 00	1,217 00	466 00	1,683 00
33	SAVIN 3515MF DIG IMG SYS.	06/24/2010	SL-5	456 00	85 00	91.00	176 00
34	FREEZER	11/19/2010	SL-5	254 00	27 00	51 00	78 00
35	CARPET	04/30/2011	SL-7	2,985 00	36 00	426 00	462 00
36	FURNACE	10/03/2011	SL-10	1,400 00	0 00	93.00	93 00
				<u>237,071 00</u>	<u>89,592 00</u>	<u>4,497 00</u>	<u>94,089 00</u>