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Form 990

For the 2012 calendar year, or tax year beginning Oct 1

Return of Organization Exempt From I

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable. Address change

> Name change Initial return

Terminated Amended return

Tax-exempt status

Form of organization

Website: ►

Part I Summary

В

Governance

SCANNED JUL 21 2014

.,00	Return of Organization Exempt Fro					2012
	Under section 501(c), 527, or 4947(a)(1) of the Inter (except black lung benefit trust or private f	mal Reve foundation	enue Code on)	e	ar est	Openito Public
f the Treasury nue Service	► The organization may have to use a copy of this return to satisfy s	tate report	ing requirem	nents	122	inspection -
e 2012 calend	dar year, or tax year beginning Oct 1 , 2012, an	ıd endin	g Sep	30	,	2013
applicable.	C Name of organization Advanced Teaching Concepts,	Inc.		D Employ	er Identific	ation Number
iress change	Doing Business As				31303	
ne change	Number and street (or P O. box if mail is not delivered to street addr)	Room/s	suite	E Telepho	ne number	
al return	PO Box 158			(248	3) 48	6-5368
minated	City, town or country State Z	IP code + 4				
ended return	South Lyon MI 4	18178-	-0158	G Gross re	ceipts \$	2,205,393.
lication pending	F Name and address of principal officer.		H(a) Is this	a group return	for affilia	tes? Yes X N
	Michael Fields 40714 Reisa Lane #204 Canton MI 4	18188	H(b) Are all	affiliates incli attach a list	uded?	Yes N
xempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	11 140,	attacii a iist	(260 111201	ctionsy
site: ► N/	A		H(c) Group	exemption nu	mber 🏲	
of organization	X Corporation Trust Association Other ► L Yea	r of Formal	tion 199	3 M s	tate of leg	al domicile MI
Summar	у					
3riefly descri	be the organization's mission or most significant activities: CAR	E FOR	CHALL	ENGED	ADULI	'S
	if the organization discontinued its operations or dispose				t assets	
	ting members of the governing body (Part VI, line 1a)				3	
	dependent voting members of the governing body (Part VI, line 1b)				4	
	of individuals employed in calendar year 2012 (Part V, line 2a)]	5	10
	of volunteers (estimate if necessary)				6	
	ed business revenue from Part VIII, column (C), line 12		•• •••		7a	0
et unrelated	business taxable income from Form 990-T, line 34				7b	
N	and contact Doubletti Locality		P	rior Year		Current Year
	and grants (Part VIII, line 1h)		<u> </u>	3,1		550
-	rice revenue (Part VIII, line 2g)			,280,2		2,197,343
	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		·		-0. -	4,414
	e – add lines 8 through 11 (must equal Part VIII, column (A), line 1		·	,283,3	32	2,202,307
	milar amounts paid (Part IX, column (A), lines 1-3)			, 203, 3	52.1	2,202,301
	to or for members (Part IX, column (A), line 4)		`			
-	er compensation, employee benefits (Part IX, column (A), lines 5-1			002.2	<u>-</u>	1 067 520
		•		,993,3	63.	1,867,528
	fundraising fees (Part IX, column (A), line 11e)		Sept 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SARAGE TEACH THE	184 1 TO 18 4 4 5 5 5	
	sing expenses (Part IX, column (D), line 25) ►	0.	250	Papethi		
	es (Part IX, column (A), lines 11a-11d, 11f-24e)			298,7	83.	289,385
	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	 -	2	,292,1	46.	2,156,913
levenue less	expenses. Subtract line 18 from line 12 . RECEIVED	<u> . </u>		-8,8	14.	45,394
		70	Beginnir	ng of Current	Year	End of Year
	(Part X, line 16)	RS-OSC	. [527,1	91.	638,805
otal liabilitie	s (Part X, line 26)	1.6		104,1	35.	170,353
let assets or	fund balances. Subtract line 21 from line-20	181.		423,0	56.	468,452
Signatur	e Block OGDEN, UT					
		nts, and to	the best of n	ny knowledge	and belief	it is true, correct, and
laration of prepa	eclare that I have examined this return, including accompanying schedules and stateme arer (other than officer) is based on all information of which preparer has any knowledge).	0.0000000000000000000000000000000000000			, it is a be, concet, and
1	rund Fresh			6/2	6/2	014
Signatu	re of officer		/ Da		<u>~~</u>	
Mic	hael Fields					
	print name and title					
Print/Type p	preparer's name Preparer's sugnantee 0	Date		Check	ıf PI	TIN
M McDo	onald AMX \	06/23/	114	self-employe	. .	01407383
Firm's name		.0/23/		zz cpicye	1 5	
y Firm's addre				Firm's FIN	► 32_3	3009522
a audit	, Near addale Have NUAU					10117.1//

Activit	6	Total number of volunteers (estimate if necessary)	• •	6	0
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)	3,1	10.	550.
Revenue	9	Program service revenue (Part VIII, line 2g)	2,280,2	22.	2,197,343.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	4,414.
∝	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,283,3	32.	2,202,307.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,993,3	63.	1,867,528.
JS6	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ►0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	298,7	83.	289,385.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,292,1	46.	2,156,913.
	19	Revenue less expenses. Subtract line 18 from line 12 . RECEIVED	-8,8		45,394.
Net Assets or Fund Balance	!	, 10	Beginning of Curren	t Year	End of Year
Sala Bala	20	Total assets (Part X, line 16)	527,1	91.	638,805.
A P	21	Total liabilities (Part X, line 26)	104,1	35.	170,353.
أحجح		Net assets or fund balances. Subtract line 21 from line 20	423,0	56.	468,452.
Pä	it 11	Signature Block UGDEN, UT			
Unde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	best of my knowledge	and be	lief, it is true, correct, and
		Many Sul.			2014
Sig	ın (Signature of officer	/ Date	<u>u</u> /	<u> </u>
He	jii (re	Michael Fields	`		
		Type or print name and title			
		Print/Type preparer's name Preparer's sugnative Date	Check	ıf	PTIN
Pai	d	M McDonald 06/23/1	4 self-employe	ed!	P01407383
	epar				
	e Or		Firm's EIN	► 38·	-3009522
		Bloomfield Hills MI 48302-0462	Phone no		0.002022
May	the i	RS discuss this return with the preparer shown above? (see instructions)		• • • •	X Yes No
			101 05/09/13		Form 990 (2012)
					`

orm 990 (2012	2) Advanced Teaching Concepts, Inc.	38-3	3130362	Page 2
	atement of Program Service Accomplishments			
Che	eck if Schedule O contains a response to any question in this Part III	<u> </u>	<u> </u>	
1 Briefly des	scribe the organization's mission:			
CARE F	OR CHALLENGED ADULTS			
2 Did the or	ganization undertake any significant program services during the year which were r	not listed on the prior		
	or 990-EZ?		TYes	X No
	escribe these new services on Schedule O.		Ц	<u></u>
	ganization cease conducting, or make significant changes in how it conducts, any p	rooram services?	Yes	X No
	escribe these changes on Schedule O.	nogram con vicco.	□ .55	<u> </u>
	-	aram convices as m	assured by ev	nancac
Section 50 others, the	the organization's program service accomplishments for each of its three largest pro 01(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re e total expenses, and revenue, if any, for each program service reported.	eport the amount of g	rants and alloc	cations to
4a (Code:) (Expenses \$ 1,926,762. including grants of \$	0.) (Revenue	\$ 2,19	7,343.)
	R HOME CARE			
				. – – – –
4b (Code:) (Expenses \$) (Revenue	S)
			·	
				
4 - (0 - 1 - 1	>/European C including accuse of C	\ (Dave-ve	<u> </u>	
4 c (Code:) (Expenses \$ including grants of \$) (Revenue	³ ———)
				· -
			_ -	
				.
				. _
	gram services. (Describe in Schedule O.)	_		
(Expenses		Revenue \$)
4 e Total prog	gram service expenses ► 1,926,762.			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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		х
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		х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	l
	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	11 b		Х
	c 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	11 c		х
	d 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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		x
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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 and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	-		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Partive Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		Х
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
24	a 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, and 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
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		^
	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 24d		
	a 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		Х
I	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	х	
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		х
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):			
•	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ļ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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? 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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	olf 'Yes' to line 35a, 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		х
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		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	_

Form 990 (2012) Advanced Teaching Concepts, Inc. Partive Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			Γ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	70°25 5000	
Ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			\$3°
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	3
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 103		3	
Ŀ	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	7. W.	اِ يِي اُ بِيْقِ إِ	275
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	. Cr or super	X
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 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)?	4 a	100 / T	X
Ľ	olf 'Yes,' enter the name of the foreign country:		a de la companya de l	
.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	183		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	3 C		
6 a	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 as charitable contributions?	6a		x
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	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?	7 a		X
Ł	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	# A 2	7	\$ 14. A.
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ģ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			File Charles
- 2	Did the organization make any taxable distributions under section 4966?	9 a	ALCOHOL:	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter:			13.
a	Initiation fees and capital contributions included on Part VIII, line 12			Tin to
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			2 5 T
ā	Gross income from members or shareholders			22.7
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŧ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			30
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
ě	a Is the organization licensed to issue qualified health plans in more than one state?	13a	364 2 · C	, o <u>r</u> 18.40
	Note. See the instructions for additional information the organization must report on Schedule O.			Marie .
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			***
	Enter the amount of reserves on hand	-	3 7. 9	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
1	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990	(2010)

Partivis 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 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. ويحو b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? ... Χ 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 Х Did the organization make any significant changes to its governing documents 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Х 7 a 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? . 7 a Х 76 Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X b Each committee with authority to act on behalf of the governing body? X 86 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? X 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х 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 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c 13 13 Did the organization have a written whistleblower policy? Х X 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official ... Х X 15b 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 16a Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Michigan___ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2012) Advanced Teaching Concepts, Inc.	38-3130362	Page 1
Part: VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Condependent Contractors	ompensated Employe	es, and
Check if Schedule O contains a response to any question in this Part VII		. L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year end organization's tax year.	ing with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations) compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.), regardless of amount of	

- 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 componented

]			((
(A) Name and Title	hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					nan e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MICHAEL FIELDS	40.00	1									
PRESIDENT		X	_	X	Х	Х		52,475.	0.	4,391	
VP & SECY	0.00	x		x				0.	0.	0	
(3) STEVE FOX	0.00		-	<u> </u>	-						
TREASURER	-	х		x				0.	0.	0	
(4) JACK_CAIN_	0.00			_==						<u>~</u>	
BOARD CHAIR		х		х				0.	0.	0	
(5)											
(6)											
Ø											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)	<u> </u>				-			·		-	

(A) Name and title	(B) Average hours	box.	unles	Pos heck	ition more	than o	one	(D) Reportable	(E) Reportable	(F)
Name and the	per week (list any hours for related organiza - tions below dotted line)	or director	cer ar	nd a d	direct	or/trus	Former	compensation from the organization (W-2/1099-MISC)	reportation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)									'	
(16)										
(17)		-								
(18)										
(19)									··	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	Α						A	52,475.	0.	4,391.
d Total (add lines 1b and 1c)						vho r	ece	52, 475.	0 . 00,000 of reportab	4,391. e compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdua	<i>I</i>	• • • •							Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual									·m	. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz	ompens complete	atior Sch	froi edu	m aı le J	ny u for s	nrela such	ted <i>per</i>	organization or in	dıvıdual	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inder	end	ent c	onti	racto	ors th	at i	received more that	n \$100,000 of	
compensation from the organization. Report compensation from the organization. Report compensation (A) Name and business address		for th	ie ca	alen	dar	year	end	ing with or within (B) Description o		(C) Compensation
							_	·		·
2 Total number of independent contractors (including \$100,000 in compensation from the organization		limite	ed to	tho	se I	isted	abo	ove) who received	more than	
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L		Check if Schedule O	contains a	respo	onse to any question	on in this Part VIII .			\Box
			a siem	*	,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
25	<u> </u>		· 32	· 		,	revenue		512, 513, or 514
SAN	1 8	Federated campaigns .		1 a					
25	1	Membership dues		1 b		\$. Tay.	1		
F 8	•	Fundraising events		1 c		.			
S.E		d Related organizations .	-	1 d		art . Fi			
8 8 8	•	Government grants (contribution	ons)	1 e					
CONTRIBUTIONS, GIFTS, GRANI AND OTHER SIMILAR AMOUNT	1	f All other contributions, gifts, g similar amounts not included	grants, and above	1 f	550.				5 15 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
资물	9	g Noncash contributions include							11、激力
		h Total. Add lines 1a-1f.	<u></u>	· · · · ·		550.			1. J. S.
Ē		_		-	Business Code				
PROGRAM SERVICE REVENUE	2 8]					<u> </u>		
32					 		ļ		ļ. .
8									
S	•	" ~~~~~~~~							
GE/		. All other programs serve							
8	1	All other program service				2,197,343.	2,197,34		0.
		Total. Add lines 2a-2f .				2,197,343.		第二次	
	3	Investment income (incl other similar amounts)			interest and				
	4	Income from investment					 		
	5	Royalties	COI WA-CA	ompt t	ona proceeds			+	ļ
	•	rtoyaldes	(ı) Re	al	(II) Personal		100 PM	e en versente	7 / 7 7 62/20 25/27/2
	6:	a Gross rents	(7)		 				
		Less: rental expenses			 				
		Rental income or (loss)	<u> </u>		 				
		Net rental income or (lo	<u> </u>						ــــ المُسْتِينَ المُسْتِينِ المُسْتِينِ المُسْتِينِ المُسْتِينِ المُسْتِينِ المُسْتِينِ المُسْتِينِ
			(i) Secur		(II) Other	48.00 5.5.5.5.500		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The second distriction of the second
	/ 2	a Gross amount from sales of assets other than inventory .			7,500.				
		· l			1 7,300.				
		Less: cost or other basis and sales expenses			3,086.				
1		Gain or (loss)			4,414.				
		Net gain or (loss)				4,414.	4.414	0	0
		Gross income from fund			T		W Tin		75. M. 18.
쯽	0.	(not including \$	ilaising eve	51163			100 miles		
3		of contributions reported	on line 1	2).					
~		See Part IV, line 18		. а	,				in the second
OTHER REVE	Ŀ	Less: direct expenses .		b					
6	•	Net income or (loss) from	m fundrais	ing ev	ents				his and decident and a second
		Gross income from gam See Part IV, line 19							
		Less: direct expenses	• • •	b					
l	c	: Net income or (loss) from	m gaming	activit	ies ▶		<u> </u>		2
		Gross sales of inventory	-			· 多数			7-3-4
- (and allowances		. a	ı <mark> </mark>				
	t	Less: cost of goods sold	۱	b)				
	c	Net income or (loss) fro	m sales of	inven	tory ►				Haran and the ballion and the sales and the
Ì		Miscellaneous Reveni	ue		Business Code	, J. 7	2.7		
	11 a								
İ	Ŀ)							
}	•	;	~						
	C	All other revenue		· · · <u>[</u>					
	•	Total. Add lines 11a-11d							1.19
	12	Total revenue. See instr	ructions			2,202,307.	2,201,757	0.	0.
RAA					TEEA	0109 12/17/12			Form 990 (2012)

Partix Statement of Functional Expenses

	Check if Schedule O contains a re				
	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, trustees, and key employees	52,475.	0.	52,475.	0.
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	1,509,586.	1,393,914.	115,672.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	160,628.	146,951.	13,677.	0.
10	Payroll taxes	144,839.	129,545.	15,294.	0.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Lobbying	9,540.	6,360.	3,180.	0.
	Professional fundraising services. See Part IV, line 17				·
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0)				
13	Office expenses	13,444.	4,227.	9,217.	0.
14	Information technology		4,661.	<u> </u>	0.
15	Royalties				
16	Occupancy	84,093.	83,937.	156.	0.
17	Travel	44,042.	33,799.	10,243.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			10,110	
	Conferences, conventions, and meetings				
20	Interest	4,851.	4,851.	0.	0.
21					
22	Depreciation, depletion, and amortization	22,939.	18,838.	4,101.	0.
23 24	Other expenses, Itemize expenses not	32,254.	27,618.	4,636.	0.
27	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	EQUIPMENT	8,700.	8,700.	0.	0.
	FOOD	10,624.	10,624.	0.	0.
	Vehicle costs	15,717.	15,717.	0.	0.
	HOUSE GOODS	36,292.	36,292.	0.	0.
	All other expenses	6,889.	6,889.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	2,156,913.	1,928,262.	228,651.	0.
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)				
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Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			📙
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	285,972.	1	287,350.
- 1	2	Savings and temporary cash investments		2	
Ì	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	149,557.	4	196,308.
	5	Loans and other receivables from current and former officers, directors,		25.0	
į		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	16,175.	5	14,375.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
ξ	9	Prepaid expenses and deferred charges	11,983.	9	12,587.
_	10-			N TY	WENTER TO THE
	iua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 286.230).		
1		Less: accumulated depreciation 10b 158,045		10 c	128,185.
	11	Investments – publicly traded securities	03,304.	11	120,103.
i	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
i	15	Other assets. See Part IV, line 11		15	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	527,191.	16	_638,805.
一	17	Accounts payable and accrued expenses	. 59,139.	17	69,398.
- {	18	Grants payable	35,135.	18	02,330.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities		20	
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	44,996.	23	100,955.
E S	24	Unsecured notes and loans payable to unrelated third parties	0.	24	100,955.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	104,135.	26	170,353.
N		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete		17.7	Water Street
Z E		lines 27 through 29, and lines 33 and 34.			
8	27	Unrestricted net assets	No. 1. Section Control and Market P. Print Cont. P. S. And Ph. Control and Con	27	MALINES I LEAVE MINES CO. V. WILLIAM
人 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	28	Temporarily restricted net assets		28	
Ł	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here > 🗓 and complete lines 30 through 34.			
UZCH	30	Capital stock or trust principal, or current funds		30	A CONTRACTOR OF THE PARTY OF TH
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
BALIAZONO	32	Retained earnings, endowment, accumulated income, or other funds		32	468,452.
Ň	33	Total net assets or fund balances	423,056.	33	468,452.
Ĕ	34	Total liabilities and net assets/fund balances		34	638,805.
-			<u> </u>		<u> </u>

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Form 990 (2012)

Forn	1990 (2012) Advanced Teaching Concepts, Inc.	38-31303	62	Pa	ge 12
	他XI器 Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,2	02,3	307.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	56,9) 13.
3	Revenue less expenses. Subtract line 2 from line 1	3		45,3	394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	23,0	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			2.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	<u>68,4</u>	52.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			85. 55. 9	,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			海瓜。	ئر آھي۔ -مما
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a		324	# N
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2ь	Х	l
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate	4.20	74.	7
	basis, consolidated basis, or both:				Sec.
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e Single	. За		Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	. Зь		
BAA			Form	990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

			Concepts, I		organizations	mu ad		مرطاء ماء	·		L30362			
			blic Charity Sta							See I	nstruct	ions.		
	#gar	•			•	-		•	•					
1	Н	•	on of churches or as				section	ΙΛαίοχι	даді).					
2	\vdash		in section 170(b)(1			-		# \ # \ # \ # \ # \ # \ # \ # \ # \ # \						
3	\vdash	•	perative hospital se	-										
4			n organization opera	itea in cor	njunction with a no	ospital de	escribed	in secti	on 1/0	(Б)(Т)(А)	(iii). Ente	r the hospi	tai's	
5		name, city, and sta	erated for the benef	it of a col	lege or university	owned o	r operat	ed by a		nental u	nit descr	ibed in sec		
6		170(b)(1)(A)(iv). (0	Complete Part II.) local government o		-		·	-	•	normar a	THE G0301	.bca		
7	H	An organization that	at normally receives	a substa				- (/ (- / (-7(-)-	or from t	he gener	al public de	escrib	ed
8	\sqcap		(Complete described in section		(Complete	e Part II.	.)							
9	$\overline{\mathbf{x}}$	An organization that	normally receives: (1) more tha	n 33-1/3% of its sup	port from	contribu	itions, m	embersl	np fees, a	and aross	receipts fro	m activ	vities
	<u>.</u>	related to its exemp unrelated business t (Complete Part III.)	t functions — subject axable income (less s	to certain section 511	exceptions, and (2 I tax) from business	2) no mor ses acqui	re than 3 red by th	3-1/3% d e organi	of its sur zation at	port fron ter June	n gröss ir 30, 1975.	See sectio	ncome n 509 (a	and a)(2).
10			ganized and operate											
11		supported organiza	anızed and operated tions described in se atıon and complete	ection 5090	(a)(1) or section 50	o perforn 19(a)(2).	n the fun See sec	ctions of tion 509	, or carry (a)(3). (out the p Check the	ourposes box that	of one or mo t describes	ore pul the typ	blicly be of
		a Type I	b Type II	с Пт	ype III - Function	naliy ınte	grated		ı 🗍 :	Type III -	- Non-fu	nctionally i	ntegra	ited
е		By checking this boother than foundation 509(a)(2).	ox, I certify that the on managers and o	organizati ther than	on is not controlle one or more publi	ed directl cly supp	y or indi orted or	rectly by ganization	one or	more di cribed in	squalifie section	d persons 509(a)(1) d	or	
f		If the organization	received a written d	eterminat	ion from the IRS t	hat is a	Type I,	Type II o	r Type	III suppo	rting org	anization,		
g	1	Since August 17, 2	006, has the organi	zation acc	cepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?		_	
		(3) • • • • • • • • • • • • • • • • • • •	- d 10							:- (.)			Yes	No
		below, the go	o directly or indirect everning body of the	supported	s, either alone or t d organization? .	ogetner '	with per	sons de:	scribea	ın (II) an	·····	11 g (i)		
		• •	nber of a person de		**							. 11 g (ii)		
		• •	olled entity of a pers		., .,				•			· 11 g (ii)		
h		Provide the following	ng information abou	t the supp	orted organization	n(s).		·				<u>'</u>		
		(i) Name of supported organization	(ii) EIN	(de	Type of organization iscribed on lines 1-9 sove or IRC section (see instructions))	(iv) is organiza column (i) your go docur	ation in) listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organizad U S	ation in in (I) if in the	(vii) Amount sup	of mon	etary
						Yes	No	Yes	No	Yes	No			
(A)_			-			ļ								
(B)														
(C)						ļ		ļ				- ,		
(D)														
(E)														
Total						* 32								
BAA	For	Panenyork Peduci	ion Act Notice see				0.57					m 990 or 9	20 E Z	2012

Schedule A (Form 990 or 990-EZ) 2012 Advanced Teaching Concepts, Inc. 38-3130362

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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						
begir	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to 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 .						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				A State of the sta		
12	Gross receipts from related activ	ities, etc (see insti	ructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	- []
	tion C. Computation of Pu						
	Public support percentage for 20			11, column (f))		14	<u>%</u>
	Public support percentage from 2	·	•			15	%
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization d qualifies as a publ	id not check the blicly supported org	ox on line 13, and ganization	I the line 14 is 33-	1/3% or more, che	eck this box
b	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a, ganization	, and line 15 is 33 		
	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	meets the 'facts-ar -and-circumstance	nd-circumstances' es' test. The organ	test, check this be sization qualifies a	ox and stop here. s a publicly suppo	Explain in Part IV rted organization	' how ►
	o 10%-facts-and-circumstances to or more, and if the organization is organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-ar d-circumstances' to	nd-cırcumstances' est. The organizat	test, check this be ion qualifies as a	ox and stop here. publicly supported	Explain in Part IV Lorganization .	' how the ►
	<u> </u>		a box on mile is	, 10a, 10b, 17a, 0			
BAA					Sch	iedule A (Form 99	0 or 990-EZ) 2012

Rarkilla 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 below, please complete Part II.) Section A. Public Support (c) 2010 Calendar year (or fiscal yr beginning in) ► (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions and membership fees 1 received. (Do not include any 'unusual grants.') 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 2,503,193. 2,400,779. 2,323,729. 2,150,592 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 ... 2,488,029. 2,503,193. 2,400,779. 2,323,729. 2,150,592 11,866,322. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 503,193. 2,400,779. 2,323,729. 2,150,592 488.029. 11,866,322. 2,400,779. 488,029. 503,193. 2 323, 729. 150, 592 11,866,322. Public support (Subtract line 0. 7c from line 6.) Section B. Total Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 Calendar year (or fiscal yr beginning in) (e) 2012 (f) Total 9 Amounts from line 6 . . 2,488,029 503,193. 2,400,779. 2,323,729. 2,150,592 11,866,322. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 0 0 0 0 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ... c Add lines 10a and 10b ... 0 0 0 0. 0. 0. Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . 0 0 0 0 0 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add Ins 9, 10c, 11, and 12) 2, 488, 029. 2, 503, 193. 2, 400, 779. 2, 323, 729. 2, 150, 592. 11, 866, 322. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here : Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 0.00 % Public support percentage from 2011 Schedule A, Part III, line 15 16 0.00 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 0.00 % Investment income percentage from 2011 Schedule A. Part III, line 17 0.00 ક્ર 19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

X

Schedule A	(Form	990 or 99	90-EZ) 20	012 7	Advance	ed Tea	aching	Concer	ots,	Inc.	38-	-3130362	Page 4
Part IV	Supp Part	lement II, line instruc	al Infor 17a or	matio I7b; a	n. Com nd Part	olete th	nis part f 12. Als	to provid o compl	ie the ete th	explana is part fo	ations required or any addition	d by Part II, nal informat	line 10; ion.
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Schedule A (Form 990 or 990-EZ) 2012

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Rublica

Employer identification number

Adv	ranced Teaching Concepts, Inc.	38-3130362
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds or Accounts. Complete if
	the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(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 don are the organization's property, subject to the organization's exclusive legal control?	or advised funds
6		
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other primpermissible private benefit?	ourpose conferring Yes No
Pär	Conservation Easements. Complete if the organization answered 'Yes	to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	of an historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	ne form of a conservation easement on the
		Held at the End of the Tax Year
a	Total number of conservation easements	2 a
ı	Total acreage restricted by conservation easements	2 b
•	: Number of conservation easements on a certified historic structure included in (a)	2c
(Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate tax year	d by the organization during the
4	Number of states where property subject to conservation easement is located	
5		— Ning of violations
6	Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	
		- ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements \$\Bigsis\$ \sum_{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi\texi{\texi{\	during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	ion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	expense statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1 a	of the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuent, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items	ie statement and balance sheet works of h in furtherance of public service, provide,
ł	olf the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue significant treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	tatement and balance sheet works of art, furtherance of public service, provide the
	(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 treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	r financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line 1	
+	Assets included in Form 990, Part X	►s

Schedule D (Form 990) 2012 Advanced Te	aching	Concepts,	Inc.		38-31.		Page 2
Partina Organizations Maintaining Co							
3 Using the organization's acquisition, access items (check all that apply):	ion, and oth		-	_	hat are a significant us	e of its colle	ection
a Public exhibition		 	or exchange	programs			
b Scholarly research		e Other					
c Preservation for future generations	alla skama a		4h	·	-t		
Provide a description of the organization's or Part XIII.						2 II I	
5 During the year, did the organization solicit to be sold to raise funds rather than to be m						Yes	No
Part IV Escrow and Custodial Arrangen reported an amount on Form S	nents. Co 990, Part	mplete if the c X, line 21.	rganizatio	n answere	ed 'Yes' to Form 990), Part IV, I	ine 9, or
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	lian, or othe	er intermediary f	or contribution	ons or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and compl	lete the following	table table				
						Amount	
c Beginning balance			•		1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance				•	1 f		
2a Did the organization include an amount on i						Yes	No
b If 'Yes,' explain the arrangement in Part XIII	I. Check he	re if the explanti	on has been	provided in	Part XIII	•	
Part V Endowment Funds. Complete	if the or	nanization ar	swered 'Y	es' to Fo	rm 990 Part IV II	ne 10	
(a) Cur		(b) Prior yea		wo years	(d) Three years	(e) Four	years
1 a Beginning of year balance		,					
b Contributions							
			-				
c Net investment earnings, gains, and losses						İ	
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cur	rent year e	nd balance (line	1g, column	(a)) held as	3'		
a Board designated or quasi-endowment		⁸					
b Permanent endowment ►	ફ						
c Temporarily restricted endowment		8					
The percentages in lines 2a, 2b, and 2c sho	uld equal 1	00%					
3a Are there endowment funds not in the posse organization by:	ession of th	e organization th	nat are held a	and adminis	stered for the	Ye	es No
(i) unrelated organizations						. 3a(i)	
(ii) related organizations						. 3a(ii)	
b If 'Yes' to 3a(ii), are the related organization	ns listed as	required on Sch	edule R?			3b	
4 Describe in Part XIII the intended uses of th	e organizat	ion's endowmen	t funds			<u></u>	'
Part-VI Land, Buildings, and Equipme				10.			
Description of property	(a) Cost	t or other basis evestment)	(b) Cost of basis (c	r other	(c) Accumulated depreciation	(d) Bool	k value
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment		286,230.			158,045.	1	28,185.
e Other							'
Total. Add lines 1a through 1e. (Column (d) must	equal Form	n 990, Part X, co	lumn (B), lin	e 10(c).)		1	28,185.
BAA					Sche	dule D (Form	

TEEA3302 06/07/12

Part VII Investments — Other Securities. See	Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: end-of-year market	Cost or value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(B)			
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
(1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25. 33. M
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶	Farm 000 David V		m Mindall
Part VIII Investments - Program Related. See (a) Description of investment type			Contrac
(a) Description of investment type	(b) Book value	(c) Method of valuation: end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	ļ <u> </u>		
(9)			
(10)		0.17 m/m. 2	month and wood a control of the
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	<u> </u>		TO CO. T. CO.
Part IX Other Assets. See Form 990, Part X,			415
	scription		(b) Book value
(1)			
(2)	·		
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)), line 15.)		
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)		The second secon	
(11)		The state of the s	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ~		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote tunder FIN 48 (ASC 740). Check here if the text of the footnote has been prov	o the organization's financial	statements that reports the organization's liability (or uncertain tax positions

Schedule D (Form 990) 2012 Advanced Teaching Concepts, Inc. 38	3-3130362	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1 Total revenue, gains, and other support per audited financial statements.	1	2,196,393.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	33.3	
a Net unrealized gains on investments		
b Donated services and use of facilities	1.23	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	- 199	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		2,196,393.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· - 3	2,190,393.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	- 1''''' ''''	
c Add lines 4a and 4b	4 c	5,914.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,202,307.
PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	T	
1 Total expenses and losses per audited financial statements	1	2,150,998.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	-13-63	
b Prior year adjustments		
c Other losses	_	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	2,150,998.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,414.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	5,915.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	2,156,913.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any a	ines 1b and 2 additional info	b; Part V, rmation
Pt XI Line 4b Temporary classification difference, see expenses		
Dr VII line Ab Mompowery alreadification difference are supercon		
Pt XII Line 4b Temporary classification difference, see expenses	-	
Pt_XII_Line_4b		
		·
RAA	Schodula D.	Earm 000\ 2012

schedule b (Form 990) 2012 Advanced Teaching Concepts, Inc.	38-3130362	i age J
Part XIII Supplemental Information (continued)		
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		~
	- 	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer Identification number Name of the organization

38-3130362 Advanced Teaching Concepts, Inc. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Cor	rected?
ı		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2	section 4958	r 	► \$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		►s

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of Interested person	(b) Relationship with organization	(c) Purpose of loan	fron	n to or the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) App by boa comm	proved ard or ottee?	(ı) Wr agreer	itten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1) Michael Fields	Director	Personal		Х	29,375.	14,375.]	Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)							—					
(8)										-		-
(9)												
(10)												
Total					. ► \$	14,375.	17				13.50	17.5

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	Somptoto if the organization and order to the object of the Er.								
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance				
(1)									
(2)									
(2) (3)									
(4)									
(5)									
(5) (6)									
<u>(7)</u>									
(8)									
<u>(9)</u>									
(10)					T				

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

Schedule L (Form 990 or 990-EZ) 2012

Rant V Business Transactions In Complete if the organization answ	vanced reaching convolving Interested Personer (Vector)	ons. V. line 28a, 28b, or 28c	38-3130362	·	age Z
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar brganiza reven	ues?
(1)			<u> </u>	Yes	No
(1) (2)					
(3)				_	
(4)					
(5)					ļ
(6) (7)					
(8)				_	
(9)					
(10) Part V Supplemental Information					Ĺ
Complete this part to provide addit	ional information for responses	to questions on Sched	lule L (see instructions).	-	
					• – – · • – –
				- -	
					· – – ·
			·	- -	
				 -	-
					- - - ·
				-	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

2012

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.

Open to Public Inspection

Advanced Teaching	Concepts, Inc.	38-3130362
Pt_VI, Line 11b_	The chief executive officer reviews Form 990 in	
	All public documents are available for inspecti	on_on_request

Form 4562, line 26
Additional Listed Property Statement

(a) Type of property	(b) Date placed in service	(c) Business/ investmnt use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
2013 Ford E150 Van 2013 Ford EV E350 2013 Ford SW Esca	12/18/12 01/25/13 04/19/13	100.00 100.00 100.00	24,687. 36,149. 29,870.	24,687. 36,149. 29,870.	5.00 5.00 5.00	SL-HY SL-HY	2,469. 3,615. 2,987.	

Total

9,071.

Supporting Statement of:

Sch	Δ	nage	3/Amounts	Included	Disqual1
oun.	м.	Daue	J/MIIUUIILS	Included	DISGUAL. TI

Description	Amount
GOVERNMENT AGENCIES, 2008	2,488,029.
Total	2,488,029.

Supporting Statement of:

Sch. A, page 3/Amounts Included Disqual.-2

Description	Amount
GOVERNMENT AGENCIES, 2009	2,503,193.
Total	2,503,193.

Supporting Statement of:

Sch. A, page 3/Amounts Included Disqual.-3

Description	Amount
GOVERNMENT AGENCIES, 2010	2,400,779.
Total	2,400,779.

Supporting Statement of:

Sch. A, page 3/Amounts Included Disqual.-4

Description	Amount
GOVERNMENT AGENCIES, 2011	2,323,729.
Total	2,323,729.

Supporting Statement of:

Sch. A, page 3/Amounts Included Disqual.-5

Description	Amount
GOVERNMENT AGENCIES, 2012	2,150,592.
Total	2,150,592.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tay return

Attachment 179

	(s) shown on return		cparate modulonor	Attach to yo	ur tax return	·		entifying number
Adv	ranced Teaching C	oncepts, In	c.					8-31303 <u>62</u>
	ess or activity to which this form rela							
	m 990 / Form 990		Duamantu Harday Ca	-ti 170				185
:Far	Election To Exp	nv listed property	complete Part V before	ction 179 vou complete Pa	rt I			
1	Maximum amount (see ins		dompieto i art v berere	you complete i a	,		T 1	T
2	Total cost of section 179 p	•	onuco (coo instructions	`			<u></u>	
3	Threshold cost of section		· · · · · · · · · · · · · · · · · ·			•	-	
Λ				•	•	•	· —	
5	Reduction in limitation. Su Dollar limitation for tax yea separately, see instruction	ar. Subtract line 4 i	from line 1. If zero or le	ss, enter -0 If m	 narried filing	• • • • •	5	
6		Description of property		(b) Cost (business	use only)	(c) Elected co		95055 W. A. E. J
		, Description of property	. —	(2) 0031 (00311033	use only)	(C) Liected Co.		
				 				
7	Listed property Enter the	onequat from line O	20		7			
8	Listed property. Enter the Total elected cost of section				·		8	
9	Tentative deduction. Enter			.), lines o and /			g	
10	Carryover of disallowed de						10	
11	Business income limitation				or line 5 (se	o inetre)	11	
12	Section 179 expense dedu					e iristis)	12	
13	Carryover of disallowed de				▶ 13		:-	Sandara Albanda
Note	: Do not use Part II or Part					· · · · · · · · · · · · · · · · · · ·		Participation of the second
	till Special Deprec		<u> </u>		t include list	ad proporty	/ S00	instructions)
							(366	instructions.)
14	Special depreciation allow tax year (see instructions)	ance for qualified p	oroperty (other than liste	ed property) place	ed in service	during the	14	,
15	Property subject to section	168(f)(1) election					15	
16	Other depreciation (include						16	1.
Par	till MACRS Depre	ciation (Do not in	clude listed property.) (See instructions			.,	
<u></u>			Section		<u>′</u>			
17	MACRS deductions for ass	ets placed in servi	ce in tax vears beginning	ng before 2012		-	17	7,567.
							•	
18	If you are electing to group asset accounts, check here	o any assets piaced	a in service during the ta	ax year into one o	or more gene	ral ►	2	A Commence
			n Service During 2012				Syste	m
	(a)	(b) Month and	(c) Basis for depreciation	(d)	(e)	(f)		(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention	Method	1	deduction
	3-year property	the stage of the same						
<u>b</u>	5-year property .							
	7-year property					}		
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real	 		39 yrs	MM	S/L	_	<u> </u>
	property			35 Y15	MM	S/L		
		- Assets Placed in	Service During 2012 Ta	y Year Using the		Depreciation	Syc	tom
20 a	Class life	ASSEST RECEUTION	Burning 2012 18	our oanly tile	titoinative			
	10			12	 	S/L		
				12 yrs		S/L		
	40-year	<u> </u>		40 yrs	MM	S/L		<u> </u>
	t'IV. Summary (See in						r	
21	Listed property. Enter amo			•	•	_	21	15,371.
22	Total. Add amounts from line 12 the appropriate lines of yo	, lines 14 through 17, lii ur return. Partners!	nes 19 and 20 in column (g), a hips and S corporations	ind line 21 Enter here — see instruction	and on		22	22,939.

For assets shown above and placed in service during the current year, enter

Form **4562** (2012) Advanced Teaching Concepts, Inc. 38-3130362 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X Yes 24 a Do you have evidence to support the business/investment use claimed? K | Yes No 24b If 'Yes.' is the evidence written? No (a) (d) (e) (i) Elected Cost or Type of property Business/ investment Basis for depreciation Method/ Date placed Recovery Depreciation section 179 (list vehicles first) other basis (business/investment period Convention deduction percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: 2011 Ford van 06/30/11 100.00 3,<u>150</u> 32,091 32,091 .00 SL-HY <u>36,05</u>1 3,150 2011 Ford E250 06/30/11 100.00 36,051 5.00 SL-HY See Additional Listed Property Statement 9,071 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 37: 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (d) Vehicle 4 (a) **(b)** (c) Vehicle 3 (e) Vehicle 5 (f) Vehicle 6 Total business/investment miles driven Vehicle 1 Vehicle 2 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add 33 lines 30 through 32 ... Yes Yes No No Yes No Yes No Yes No Yes No Was the vehicle available for personal use 34 Х X during off-duty hours? ... Was the vehicle used primarily by a more 35 Х X than 5% owner or related person? 36 is another vehicle available for Х Х personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Yes Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) **Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. nille Library Part VI Amortization (b) Date amortization (c) Amortizable (a) Description of costs **(**d) (e) Code Amortization Amortization begins section for this year period or percentage Amortization of costs that begins during your 2012 tax year (see instructions): 43 Total. Add amounts in column (f). See the instructions for where to report 44