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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____ **and ending** _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
TDC LEARNING CENTERS INC

Doing Business As _____

Number and street (or P O box if mail is not delivered to street address) Room/suite
3500 SW 10TH AVE

City or town, state or province, country, and ZIP or foreign postal code
TOPEKA KS 66604-1995

D Employer identification number
48-0687195

E Telephone number
785-272-5051

G Gross receipts \$ **1,374,782**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website ▶ **www.learnplaygrow.org** **H(c) Group exemption number** ▶ **N/A**

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** _____ **M State of legal domicile** _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. CHILD CARE AND DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	88
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	163,263	131,057
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,190,886	1,241,670
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73	60
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,887	1,995
		1,358,109	1,374,782
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,070,565	1,108,835
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,418		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	298,817	301,273
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,369,382	1,410,108	
19 Revenue less expenses. Subtract line 18 from line 12	-11,273	-35,326	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	335,636	309,696
	22 Net assets or fund balances Subtract line 21 from line 20	112,240	121,626
	223,396	188,070	

Part II Signature Block

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: *Camille Lafleur* Date: *7/30/14*

Type or print name and title: *Camille Lafleur Board President*

Paid Preparer Use Only

Print/Type preparer's name: **TERRY N. CUMMINS** Preparer's signature: *Terry N. Cummins* Date: *7/8/14* Check if PTIN self-employed **P01320544**

Firm's name ▶ **CUMMINS & COFFMAN, CPA'S, P.A.** Firm's EIN ▶ **48-0910030**

Firm's address ▶ **3706 SW TOPEKA BLVD STE 302 TOPEKA, KS 66609-1239** Phone no **785-267-2030**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission.

CHILD CARE AND DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,259,785 including grants of \$) (Revenue \$)

PROVIDES AN ENVIRONMENT FOR THE DEVELOPMENT OF CHILDREN ENROLLED. THE ORGANIZATION OPERATES THREE FULL DAY CARE CENTERS AND ONE PARENT-CHILD LEARNING CENTER.

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,259,785

Part IV Checklist of Required Schedules

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
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		X
19 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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	9		
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.			
b	9		
Enter the number of voting members included in line 1a, above, who are independent			
2			X
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?			
3			X
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?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a		X	
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?			
b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a		X	
The governing body?			
b		X	
Each committee with authority to act on behalf of the governing body?			
9		X	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
b			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
b		X	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c		X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13		X	
Did the organization have a written whistleblower policy?			
14			X
Did the organization have a written document retention and destruction policy?			
15			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a		X	
The organization's CEO, Executive Director, or top management official			
b		X	
Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **KERRY TUMMONS** **3500 SW 10TH AVE**
TOPEKA **KS 66604-0928 785-272-5051**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. CAMILLE LAFLEUR, LCMFT PRESIDENT	0.00 0.00	X		X				0	0	0
(2) BRANDY ERNZEN VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(3) SARA FOSTER SECRETARY	0.00 0.00	X		X				0	0	0
(4) LEVI HOLMES TREASURER	0.00 0.00	X		X				0	0	0
(5) AMBER CAPOUN BOARD MEMBER	0.00 0.00	X						0	0	0
(6) JAN STUCK BOARD MEMBER	0.00 0.00	X						0	0	0
(7) DANIELLE DAVEY BOARD MEMBER	0.00 0.00	X						0	0	0
(8) CORY SCHOFFELMAN BOARD MEMBER	0.00 0.00	X						0	0	0
(9) KAELYN SEYMOUR BOARD MEMBER	0.00 0.00	X						0	0	0
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	19,901				
	f All other contributions, gifts, grants, and similar amounts not included above	111,156				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	131,057				
Program Service Revenue	2a PARENT TUITION	736,777	736,777			
	b ADVENTURE IN EARLY LEARNING	460,152	460,152			
	c KANSAS STATE BD OF EDUCATION	44,741	44,741			
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	1,241,670				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	60			60	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less cost or other basis & sales exps					
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue						
11a MISCELLANEOUS	Busn Code	1,894	1,894			
	b BAD DEBT RECOVERY	101	101			
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	1,995				
12 Total revenue. See instructions	1,374,782	1,243,665	0	60		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	964,815	865,848	98,967	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49,582	47,765	1,817	
10 Payroll taxes	94,438	85,685	8,753	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	3,572	3,572		
13 Office expenses	3,314	1,554	1,760	
14 Information technology	5,042	2,530	2,512	
15 Royalties				
16 Occupancy	89,433	83,315	6,118	
17 Travel	2,243	364	1,879	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,860	5,828	32	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,491	12,491		
23 Insurance	21,499	14,276	7,223	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	115,182	111,577	3,605	
b CONTRACT SERVICES	13,167	6,267	6,900	
c FUNDRAISING EXPENSES	10,418			10,418
d BAD DEBT	6,267	6,267		
e All other expenses	12,785	12,446	339	
25 Total functional expenses. Add lines 1 through 24e	1,410,108	1,259,785	139,905	10,418
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	140,846	1	108,541
	2 Savings and temporary cash investments	117,238	2	117,297
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,289	4	22,622
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,231	9	10,375
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 230,866		
	b Less: accumulated depreciation	10b 180,005	10c 59,032	50,861
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		335,636	16	309,696
Liabilities	17 Accounts payable and accrued expenses	78,432	17	79,711
	18 Grants payable		18	
	19 Deferred revenue	33,808	19	41,915
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25		112,240	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	223,396	27	188,070
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	223,396	33	188,070	
34 Total liabilities and net assets/fund balances	335,636	34	309,696	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,374,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,410,108
3	Revenue less expenses Subtract line 2 from line 1	3	-35,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,396
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	
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	188,070

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

TDC LEARNING CENTERS INC

Employer identification number

48-0687195

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—Non-functionally integrated
- 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 (ii) 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 monetary 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.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	382,985	462,743	463,164	163,263	131,057	1,603,212
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	382,985	462,743	463,164	163,263	131,057	1,603,212
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						1,603,212

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	382,985	462,743	463,164	163,263	131,057	1,603,212
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49	590	114	73	60	886
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						1,604,098
12 Gross receipts from related activities, etc. (see instructions)					12	1,243,665
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.76 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. 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—2012. 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

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

TDC LEARNING CENTERS INC

48-0687195

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II 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) Preservation of an historically important land area

Protection of natural habitat Preservation 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 form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	1,402,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	28,028	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	28,028
3	Subtract line 2e from line 1		3	1,374,782
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,374,782

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,438,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	28,028	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	28,028
3	Subtract line 2e from line 1		3	1,410,108
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,410,108

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, 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 additional information.

Part XIII Supplemental Information (continued)

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

TDC LEARNING CENTERS INC

48-0687195

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Potential board members are nominated by existing board members when
necessary. The full board votes on acceptance of any new member.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

DR. CAMILLE LAFLEUR, LCMFT

108 CAMPUS CREEK COMPLEX

MANHATTAN, KS 66506

BRANDY ERNZEN

2100 LOUISIANA STREET

LAWRENCE, KS 66044

SARA FOSTER

1230 N MILTON

AUBURN, KS 66402

LEVI HOLMES

3414 SW 47TH CT

TOPEKA, KS 66610

AMBER CAPOUN

6226 SW WANAMAKER RD

AUBURN, KS 66402

Name of the organization

TDC LEARNING CENTERS INC

Employer identification number

48-0687195

JAN STUCK

3749 SW CLARION PARK DR

TOPEKA, KS 66610

DANIELLE DAVEY

1935 OUSDAHL RD

LAWRENCE, KS 66046

CORY SCHOFFELMAN

2842 SW ROTHER RD

TOPEKA, KS 66614

KAELYN SEYMOUR

5223 SW WEST DR. APT G

TOPEKA, KS 66606

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

TDC LEARNING CENTERS INC HAS FORMALIZED A WRITTEN CONFLICT OF INTEREST POLICY APPROVED BY THE BOARD OF DIRECTORS WITH AN EFFECTIVE DATE OF JUNE 1, 2010. THE ORGANIZATION MONITORED POTENTIAL CONFLICTS OF INTEREST IN PREVIOUS YEARS WITHOUT THE BENEFIT OF A WRITTEN POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board reviews all compensation issues on an annual basis.

Name of the organization

TDC LEARNING CENTERS INC

Employer identification number

48-0687195

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Director determines the Director Salary. All raises have been by percentage increase approve by the Board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

TDC LEARNING CENTERS INC

Identifying number
48-0687195

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,225

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	265
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 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 property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	12,490
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179B	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
359	CORRIDOR DOORS (AELC)	4/01/04	10,336			10,336	39 MMS/L	2,308	265
			<u>10,336</u>			<u>10,336</u>		<u>2,308</u>	<u>265</u>
Other Depreciation:									
45	CV TUNNELS	7/01/96	100			100	5 MO S/L	100	0
46	FENCE	12/31/96	1,742			1,742	5 MO S/L	1,742	0
85	CV PLAYGROUND EQUIPMENT	7/01/93	1,563			1,563	5 MO S/L	1,563	0
94	VA REFRIGERATOR	7/01/94	2,515			2,515	5 MO S/L	2,515	0
96	HP FREEZER	7/01/94	575			575	5 MO S/L	575	0
108	CV CHILDRENS FURNITURE	7/01/95	961			961	8 MO S/L	961	0
109	CV SIGN	7/01/96	285			285	5 MO S/L	285	0
110	CV PAINTING OF SIGN	7/01/96	138			138	5 MO S/L	138	0
125	CV LOCKER UNIT - CONSTRUCTIVE P	9/24/97	243			243	5 MO S/L	243	0
127	CV ADJUSTABLE TEACHING TABLE	9/24/97	215			215	5 MO S/L	215	0
129	HP Renovation -J A. LYDEN	6/01/98	30,100			30,100	10 MO S/L	30,100	0
133	O PRO CARE	2/28/98	300			300	5 MO S/L	300	0
138	HP PLAYCENTER (CONSTRUCTIVE PL	6/29/98	1,285			1,285	5 MO S/L	1,285	0
139	HP FUN CENTER (CONSTRUCTIVE PL	6/29/98	2,139			2,139	5 MO S/L	2,139	0
144	CONSTRUCTIVE PLAYTHINGS	8/31/98	1,253			1,253	5 MO S/L	1,253	0
148	HP RESILIENT SURFACE (CONSTR PL	6/30/98	4,000			4,000	5 MO S/L	4,000	0
282	CV CASTLEWOOD CONSTRUCTION-EI	10/06/99	1,858			1,858	27 MO S/L	912	69
284	CV KITCHEN -CASTLEWOOD CONSTR	8/06/99	1,114			1,114	15 MO S/L	996	74
298	CV CASTLEWOOD	3/31/00	4,320			4,320	15 MO S/L	3,672	288
299	CV HOBART DISHWASH	3/31/00	3,650			3,650	7 MO S/L	3,650	0
300	VA MEGA FUNCENTER	6/08/00	7,179			7,179	7 MO S/L	7,179	0
302	CV 8INIADJ PLAYGD	6/16/00	425			425	5 MO S/L	425	0
305	HP CRAWL TUBE	7/05/00	586			586	5 MO S/L	586	0
311	AELC Plumbing for washer/dryer	5/03/01	1,860			1,860	7 MO S/L	1,860	0
312	AELC Door between Rm 112 & 114	10/18/01	2,183			2,183	7 MO S/L	2,183	0
313	AELC Savin Copier 9935	4/30/01	5,400			5,400	7 MO S/L	5,400	0
318	CV Todder Loft	9/07/01	2,059			2,059	7 MO S/L	2,059	0
319	HP Toddler Loft	9/07/01	2,059			2,059	7 MO S/L	2,059	0
321	VA Tunnel Labyrinth	7/24/01	750			750	5 MO S/L	750	0
325	AELC Classroom Shelves & Dividers	1/25/01	2,170			2,170	5 MO S/L	2,170	0
327	AELC Playground Fence	2/28/01	4,776			4,776	7 MO S/L	4,776	0
332	AELC Storage Units (3)	3/26/01	731			731	5 MO S/L	731	0
334	AELC Playground Equipment	3/27/01	1,039			1,039	5 MO S/L	1,039	0
335	AELC Classroom shelves & panels	3/29/01	1,115			1,115	5 MO S/L	1,115	0
337	AELC Changing Tables (2)	4/09/01	1,295			1,295	5 MO S/L	1,295	0
338	AELC 6 Seater Buggy	4/12/01	2,540			2,540	5 MO S/L	2,540	0
339	AELC Equipment	3/26/01	7,178			7,178	3 MO S/L	7,178	0
340	AELC School House Cats Den & Junior	4/26/01	3,415			3,415	5 MO S/L	3,415	0
341	AELC Playground Curbs	3/27/01	2,161			2,161	5 MO S/L	2,161	0
342	AELC Classroom Dividers & Shelves	6/14/01	1,111			1,111	5 MO S/L	1,111	0
343	AELC 9 Tray Storage Unit	8/21/01	336			336	5 MO S/L	336	0
345	AELC Install Playground Curbs & Fibar	3/27/01	1,000			1,000	5 MO S/L	1,000	0
346	AELC Shrub Removal	4/04/01	500			500	7 MO S/L	500	0
350	AELC tricycles & bikes (12)	3/01/01	1,512			1,512	5 MO S/L	1,512	0
351	AELC Cots (28)	4/03/01	1,103			1,103	5 MO S/L	1,103	0
354	AELC Copier	12/13/01	1,071			1,071	7 MO S/L	1,071	0
357	Vehicle	7/31/02	12,000			12,000	7 MO S/L	12,000	0
358	AELC Plaything	7/15/02	3,277			3,277	7 MO S/L	3,277	0
362	DELL COMPUTER	11/10/06	1,133			1,133	5 MO S/L	1,133	0
363	KENMORE REFRIGERATOR	12/06/06	540			540	7 MO S/L	469	71
365	CV - Electronic Lock System	11/01/07	854			854	7 MO S/L	630	122
366	Main Office - HP Computer & Software	2/01/07	948			948	5 MO S/L	948	0
367	AELC - Chairs	5/01/07	1,152			1,152	8 MO S/L	816	144
368	CV - Swing Set	10/01/07	1,179			1,179	5 MO S/L	1,179	0
369	AELC - Playdozer (Playground Equipment)	12/15/07	4,120			4,120	5 MO S/L	4,120	0
370	CV - Swing Mats & Funtimbers	12/01/07	1,630			1,630	5 MO S/L	1,630	0
371	Playground Equipment	12/09/08	540			540	5 MO S/L	441	99
372	Washing Machine	1/01/09	359			359	3 MO S/L	359	0
373	Dell Computer	3/01/09	502			502	3 MO S/L	502	0
374	Dryer	7/01/09	369			369	3 MO S/L	369	0
375	ProCare Time Clock	11/01/09	2,260			2,260	5 MO S/L	1,431	452
376	Software Upgrade	11/01/09	4,995			4,995	3 MO S/L	4,995	0
377	CV - WIRELESS DESK BASE	6/18/10	3,312			3,312	5 MO S/L	1,656	662
378	AELC - REFRIGERATOR	7/20/10	609			609	7 MO S/L	210	87

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
379	CV - CAR SEATS	2/22/10	1,113		1,113	3 MO S/L	1,051	62
380	CV - CURRICULUM KITS	6/29/10	824		824	5 MO S/L	412	165
381	CV - PLAYGROUND RENOVATION	7/29/10	15,000		15,000	5 MO S/L	7,250	3,000
382	HP - PLAYGROUND RENOVATION	8/12/10	1,400		1,400	5 MO S/L	677	280
383	CV STORAGE UNIT	4/14/11	797		797	8 MO S/L	174	100
384	LELC CARPETING	11/04/11	4,781		4,781	7 MO S/L	797	683
385	ADMIN COMPUTER	4/28/11	545		545	5 MO S/L	182	109
386	SAVIN COPIER	5/03/11	4,700		4,700	7 MO S/L	1,119	671
387	LELC DISHWASHER	6/29/11	4,082		4,082	7 MO S/L	875	583
388	PCLC CRIBS	12/27/11	2,765		2,765	7 MO S/L	395	395
389	AELC CRIBS	12/27/11	2,052		2,052	7 MO S/L	293	293
390	CV CRIBS	12/27/11	788		788	7 MO S/L	113	112
391	LELC DESK	9/16/11	240		240	5 MO S/L	60	48
392	LELC INFANT CORRIDOR	9/23/11	1,672		1,672	7 MO S/L	299	238
393	LELC CABINETS	9/30/11	405		405	5 MO S/L	101	81
394	LELC INDOOR EQUIPMENT	10/18/11	2,750		2,750	7 MO S/L	468	393
395	LELC LOCKER UNIT	10/24/11	444		444	5 MO S/L	103	89
396	LELC PLAYGROUND FENCING	10/14/11	5,183		5,183	10 MO S/L	648	518
397	LELC FREEZER	10/06/11	559		559	7 MO S/L	100	80
398	AELC PLAYGROUND EQUIPMENT	7/08/11	2,690		2,690	5 MO S/L	807	538
399	AELC OFFICE FURNITURE	9/14/11	1,227		1,227	5 MO S/L	327	246
400	LELC SOD	4/06/12	2,750		2,750	10 MO S/L	206	275
401	AELC CARPET	10/27/12	2,410		2,410	7 MO S/L	57	345
402	PCLC TOILET	2/22/12	703		703	7 MO S/L	84	100
403	PCLC CHAIN LINK FENCE	5/07/12	553		553	10 MO S/L	37	55
404	LEXMARK COPIER	6/19/12	1,000		1,000	5 MO S/L	100	200
405	STACKABLE WASHER/DRYER	7/06/12	1,090		1,090	5 MO S/L	109	218
406	AELC REFRIGERATOR	3/04/13	649		649	7 MO S/L	0	77
407	AELC SANITIZER/DISHWASHER	8/30/13	2,172		2,172	7 MO S/L	0	103
408	PCLC PLAY AREA	9/09/13	1,500		1,500	5 MO S/L	0	100
Total Other Depreciation			<u>220,533</u>		<u>220,533</u>		<u>165,207</u>	<u>12,225</u>
Total ACRS and Other Depreciation			<u>220,533</u>		<u>220,533</u>		<u>165,207</u>	<u>12,225</u>
Grand Totals			230,869		230,869		167,515	12,490
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>230,869</u>		<u>230,869</u>		<u>167,515</u>	<u>12,490</u>

KS Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	KS Prior	KS Current	Federal Current	Difference Fed - KS
Prior MACRS:								
359	CORRIDOR DOORS (AELC)	4/01/04	10,336	10,336	2,308	265	265	0
			<u>10,336</u>	<u>10,336</u>	<u>2,308</u>	<u>265</u>	<u>265</u>	<u>0</u>
Other Depreciation:								
45	CV TUNNELS	7/01/96	100	100	100	0	0	0
46	FENCE	12/31/96	1,742	1,742	1,742	0	0	0
85	CV PLAYGROUND EQUIPMENT	7/01/93	1,563	1,563	1,563	0	0	0
94	VA REFRIGERATOR	7/01/94	2,515	2,515	2,515	0	0	0
96	HP FREEZER	7/01/94	575	575	575	0	0	0
108	CV CHILDRENS FURNITURE	7/01/95	961	961	961	0	0	0
109	CV SIGN	7/01/96	285	285	285	0	0	0
110	CV PAINTING OF SIGN	7/01/96	138	138	138	0	0	0
125	CV LOCKER UNIT - CONSTRUCTIVE P	9/24/97	243	243	243	0	0	0
127	CV ADJUSTABLE TEACHING TABLE	9/24/97	215	215	215	0	0	0
129	HP Renovation -J.A. LYDEN	6/01/98	30,100	30,100	30,100	0	0	0
133	O PRO CARE	2/28/98	300	300	300	0	0	0
138	HP PLAYCENTER (CONSTRUCTIVE PL	6/29/98	1,285	1,285	1,285	0	0	0
139	HP FUN CENTER (CONSTRUCTIVE PL/	6/29/98	2,139	2,139	2,139	0	0	0
144	CONSTRUCTIVE PLAYTHINGS	8/31/98	1,253	1,253	1,253	0	0	0
148	HP RESILIENT SURFACE (CONSTR PL/	6/30/98	4,000	4,000	4,000	0	0	0
282	CV CASTLEWOOD CONSTRUCTION-EI	10/06/99	1,858	1,858	912	69	69	0
284	CV KITCHEN -CASTLEWOOD CONSTR	8/06/99	1,114	1,114	996	74	74	0
298	CV CASTLEWOOD	3/31/00	4,320	4,320	3,672	288	288	0
299	CV HOBART DISHWASH	3/31/00	3,650	3,650	3,650	0	0	0
300	VA MEGA FUNCENTER	6/08/00	7,179	7,179	7,179	0	0	0
302	CV 8INIADJ PLAYGD	6/16/00	425	425	425	0	0	0
305	HP CRAWL TUBE	7/05/00	586	586	586	0	0	0
311	AELC Plumbing for washer/dryer	5/03/01	1,860	1,860	1,860	0	0	0
312	AELC Door between Rm 112 & 114	10/18/01	2,183	2,183	2,183	0	0	0
313	AELC Savin Copier 9935	4/30/01	5,400	5,400	5,400	0	0	0
318	CV Todder Loft	9/07/01	2,059	2,059	2,059	0	0	0
319	HP Toddler Loft	9/07/01	2,059	2,059	2,059	0	0	0
321	VA Tunnel Labyrinth	7/24/01	750	750	750	0	0	0
325	AELC Classroom Shelves & Dividers	1/25/01	2,170	2,170	2,170	0	0	0
327	AELC Playground Fence	2/28/01	4,776	4,776	4,776	0	0	0
332	AELC Storage Units (3)	3/26/01	731	731	731	0	0	0
334	AELC Playground Equipment	3/27/01	1,039	1,039	1,039	0	0	0
335	AELC Classroom shelves & panels	3/29/01	1,115	1,115	1,115	0	0	0
337	AELC Changing Tables (2)	4/09/01	1,295	1,295	1,295	0	0	0
338	AELC 6 Seater Buggy	4/12/01	2,540	2,540	2,540	0	0	0
339	AELC Equipment	3/26/01	7,178	7,178	7,178	0	0	0
340	AELC School House Cats Den & Junior	4/26/01	3,415	3,415	3,415	0	0	0
341	AELC Playground Curbs	3/27/01	2,161	2,161	2,161	0	0	0
342	AELC Classroom Dividers & Shelves	6/14/01	1,111	1,111	1,111	0	0	0
343	AELC 9 Tray Storage Unit	8/21/01	336	336	336	0	0	0
345	AELC Install Playground Curbs & Fibar	3/27/01	1,000	1,000	1,000	0	0	0
346	AELC Shrub Removal	4/04/01	500	500	500	0	0	0
350	AELC tricycles & bikes (12)	3/01/01	1,512	1,512	1,512	0	0	0
351	AELC Cots (28)	4/03/01	1,103	1,103	1,103	0	0	0
354	AELC Copier	12/13/01	1,071	1,071	1,071	0	0	0
357	Vehicle	7/31/02	12,000	12,000	12,000	0	0	0
358	AELC Plaything	7/15/02	3,277	3,277	3,277	0	0	0
362	DELL COMPUTER	11/10/06	1,133	1,133	1,133	0	0	0
363	KENMORE REFRIGERATOR	12/06/06	540	540	469	71	71	0
365	CV - Electronic Lock System	11/01/07	854	854	630	122	122	0
366	Main Office - HP Computer & Software	2/01/07	948	948	948	0	0	0
367	AELC - Chairs	5/01/07	1,152	1,152	816	144	144	0
368	CV - Swing Set	10/01/07	1,179	1,179	1,179	0	0	0
369	AELC - Playdozer (Playground Equipment)	12/15/07	4,120	4,120	4,120	0	0	0
370	CV - Swing Mats & Funtimbers	12/01/07	1,630	1,630	1,630	0	0	0
371	Playground Equipment	12/09/08	540	540	441	99	99	0
372	Washing Machine	1/01/09	359	359	359	0	0	0
373	Dell Computer	3/01/09	502	502	502	0	0	0
374	Dryer	7/01/09	369	369	369	0	0	0
375	ProCare Time Clock	11/01/09	2,260	2,260	1,431	452	452	0
376	Software Upgrade	11/01/09	4,995	4,995	4,995	0	0	0
377	CV - WIRELESS DESK BASE	6/18/10	3,312	3,312	1,656	662	662	0
378	AELC - REFRIGERATOR	7/20/10	609	609	210	87	87	0

KS Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	KS Prior	KS Current	Federal Current	Difference Fed - KS
379	CV - CAR SEATS	2/22/10	1,113	1,113	1,051	62	62	0
380	CV - CURRICULUM KITS	6/29/10	824	824	412	165	165	0
381	CV - PLAYGROUND RENOVATION	7/29/10	15,000	15,000	7,250	3,000	3,000	0
382	HP - PLAYGROUND RENOVATION	8/12/10	1,400	1,400	677	280	280	0
383	CV STORAGE UNIT	4/14/11	797	797	174	100	100	0
384	LELC CARPETING	11/04/11	4,781	4,781	797	683	683	0
385	ADMIN COMPUTER	4/28/11	545	545	182	109	109	0
386	SAVIN COPIER	5/03/11	4,700	4,700	1,119	671	671	0
387	LELC DISHWASHER	6/29/11	4,082	4,082	875	583	583	0
388	PCLC CRIBS	12/27/11	2,765	2,765	395	395	395	0
389	AELC CRIBS	12/27/11	2,052	2,052	293	293	293	0
390	CV CRIBS	12/27/11	788	788	113	112	112	0
391	LELC DESK	9/16/11	240	240	60	48	48	0
392	LELC INFANT CORRIDOR	9/23/11	1,672	1,672	299	238	238	0
393	LELC CABINETS	9/30/11	405	405	101	81	81	0
394	LELC INDOOR EQUIPMENT	10/18/11	2,750	2,750	468	393	393	0
395	LELC LOCKER UNIT	10/24/11	444	444	103	89	89	0
396	LELC PLAYGROUND FENCING	10/14/11	5,183	5,183	648	518	518	0
397	LELC FREEZER	10/06/11	559	559	100	80	80	0
398	AELC PLAYGROUND EQUIPMENT	7/08/11	2,690	2,690	807	538	538	0
399	AELC OFFICE FURNITURE	9/14/11	1,227	1,227	327	246	246	0
400	LELC SOD	4/06/12	2,750	2,750	206	275	275	0
401	AELC CARPET	10/27/12	2,410	2,410	57	345	345	0
402	PCLC TOILET	2/22/12	703	703	84	100	100	0
403	PCLC CHAIN LINK FENCE	5/07/12	553	553	37	55	55	0
404	LEXMARK COPIER	6/19/12	1,000	1,000	100	200	200	0
405	STACKABLE WASHER/DRYER	7/06/12	1,090	1,090	109	218	218	0
406	AELC REFRIGERATOR	3/04/13	649	649	0	77	77	0
407	AELC SANITIZER/DISHWASHER	8/30/13	2,172	2,172	0	103	103	0
408	PCLC PLAY AREA	9/09/13	1,500	1,500	0	100	100	0
Total Other Depreciation			<u>220,533</u>	<u>220,533</u>	<u>165,207</u>	<u>12,225</u>	<u>12,225</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>220,533</u>	<u>220,533</u>	<u>165,207</u>	<u>12,225</u>	<u>12,225</u>	<u>0</u>
Grand Totals			230,869	230,869	167,515	12,490	12,490	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>230,869</u>	<u>230,869</u>	<u>167,515</u>	<u>12,490</u>	<u>12,490</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:								
359	CORRIDOR DOORS (AELC)	4/01/04	10,336		10,336	39 MM S/L	2,308	265
			<u>10,336</u>		<u>10,336</u>		<u>2,308</u>	<u>265</u>
Other Depreciation:								
45	CV TUNNELS	7/01/96	0		0	0 HY	0	0
46	FENCE	12/31/96	0		0	0 HY	0	0
85	CV PLAYGROUND EQUIPMENT	7/01/93	0		0	0 HY	0	0
94	VA REFRIGERATOR	7/01/94	0		0	0 HY	0	0
96	HP FREEZER	7/01/94	0		0	0 HY	0	0
108	CV CHILDRENS FURNITURE	7/01/95	0		0	0 HY	0	0
109	CV SIGN	7/01/96	0		0	0 HY	0	0
110	CV PAINTING OF SIGN	7/01/96	0		0	0 HY	0	0
125	CV LOCKER UNIT - CONSTRUCTIVE P	9/24/97	0		0	0 HY	0	0
127	CV ADJUSTABLE TEACHING TABLE	9/24/97	0		0	0 HY	0	0
129	HP Renovation -J A LYDEN	6/01/98	0		0	0 HY	0	0
133	O PRO CARE	2/28/98	0		0	0 HY	0	0
138	HP PLAYCENTER (CONSTRUCTIVE PL	6/29/98	0		0	0 HY	0	0
139	HP FUN CENTER (CONSTRUCTIVE PL/	6/29/98	0		0	0 HY	0	0
144	CONSTRUCTIVE PLAYTHINGS	8/31/98	0		0	0 HY	0	0
148	HP RESILIENT SURFACE (CONSTR PL/	6/30/98	0		0	0 HY	0	0
282	CV CASTLEWOOD CONSTRUCTION-EI	10/06/99	0		0	0 HY	0	0
284	CV KITCHEN -CASTLEWOOD CONSTR	8/06/99	0		0	0 HY	0	0
298	CV CASTLEWOOD	3/31/00	0		0	0 HY	0	0
299	CV HOBART DISHWASH	3/31/00	0		0	0 HY	0	0
300	VA MEGA FUNCENTER	6/08/00	0		0	0 HY	0	0
302	CV 8INIADJ PLAYGD	6/16/00	0		0	0 HY	0	0
305	HP CRAWL TUBE	7/05/00	0		0	0 HY	0	0
311	AELC Plumbing for washer/dryer	5/03/01	0		0	0 HY	0	0
312	AELC Door between Rm 112 & 114	10/18/01	0		0	0 HY	0	0
313	AELC Savin Copier 9935	4/30/01	0		0	0 HY	0	0
318	CV Todder Loft	9/07/01	0		0	0 HY	0	0
319	HP Toddler Loft	9/07/01	0		0	0 HY	0	0
321	VA Tunnel Labyrinth	7/24/01	0		0	0 HY	0	0
325	AELC Classroom Shelves & Dividers	1/25/01	0		0	0 HY	0	0
327	AELC Playground Fence	2/28/01	0		0	0 HY	0	0
332	AELC Storage Units (3)	3/26/01	0		0	0 HY	0	0
334	AELC Playground Equipment	3/27/01	0		0	0 HY	0	0
335	AELC Classroom shelves & panels	3/29/01	0		0	0 HY	0	0
337	AELC Changing Tables (2)	4/09/01	0		0	0 HY	0	0
338	AELC 6 Seater Buggy	4/12/01	0		0	0 HY	0	0
339	AELC Equipment	3/26/01	0		0	0 HY	0	0
340	AELC School House Cats Den & Junior	4/26/01	0		0	0 HY	0	0
341	AELC Playground Curbs	3/27/01	0		0	0 HY	0	0
342	AELC Classroom Dividers & Shelves	6/14/01	0		0	0 HY	0	0
343	AELC 9 Tray Storage Unit	8/21/01	0		0	0 HY	0	0
345	AELC Install Playground Curbs & Fibar	3/27/01	0		0	0 HY	0	0
346	AELC Shrub Removal	4/04/01	0		0	0 HY	0	0
350	AELC tricycles & bikes (12)	3/01/01	0		0	0 HY	0	0
351	AELC Cots (28)	4/03/01	0		0	0 HY	0	0
354	AELC Copier	12/13/01	0		0	0 HY	0	0
357	Vehicle	7/31/02	0		0	0 HY	0	0
358	AELC Plaything	7/15/02	0		0	0 HY	0	0
362	DELL COMPUTER	11/10/06	0		0	0 HY	0	0
363	KENMORE REFRIGERATOR	12/06/06	0		0	0 HY	0	0
365	CV - Electronic Lock System	11/01/07	0		0	0 HY	0	0
366	Main Office - HP Computer & Software	2/01/07	0		0	0 HY	0	0
367	AELC - Chairs	5/01/07	0		0	0 HY	0	0
368	CV - Swing Set	10/01/07	0		0	0 HY	0	0
369	AELC - Playdozer (Playground Equipment)	12/15/07	0		0	0 HY	0	0
370	CV - Swing Mats & Funtimbers	12/01/07	0		0	0 HY	0	0
371	Playground Equipment	12/09/08	0		0	0 HY	0	0
372	Washing Machine	1/01/09	0		0	0 HY	0	0
373	Dell Computer	3/01/09	0		0	0 HY	0	0
374	Dryer	7/01/09	0		0	0 HY	0	0
375	ProCare Time Clock	11/01/09	0		0	0 HY	0	0
376	Software Upgrade	11/01/09	0		0	0 HY	0	0
377	CV - WIRELESS DESK BASE	6/18/10	3,312		3,312	5 MO S/L	1,656	662
378	AELC - REFRIGERATOR	7/20/10	609		609	7 MO S/L	210	87

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
379	CV - CAR SEATS	2/22/10	1,113		1,113	3 MO S/L	1,051	62
380	CV - CURRICULUM KITS	6/29/10	824		824	5 MO S/L	412	165
381	CV - PLAYGROUND RENOVATION	7/29/10	15,000		15,000	5 MO S/L	7,250	3,000
382	HP - PLAYGROUND RENOVATION	8/12/10	1,400		1,400	5 MO S/L	677	280
383	CV STORAGE UNIT	4/14/11	0		0	0 HY	0	0
384	LELC CARPETING	11/04/11	0		0	0 HY	0	0
385	ADMIN COMPUTER	4/28/11	0		0	0 HY	0	0
386	SAVIN COPIER	5/03/11	0		0	0 HY	0	0
387	LELC DISHWASHER	6/29/11	0		0	0 HY	0	0
388	PCLC CRIBS	12/27/11	0		0	0 HY	0	0
389	AELC CRIBS	12/27/11	0		0	0 HY	0	0
390	CV CRIBS	12/27/11	0		0	0 HY	0	0
391	LELC DESK	9/16/11	0		0	0 HY	0	0
392	LELC INFANT CORRIDOR	9/23/11	0		0	0 HY	0	0
393	LELC CABINETS	9/30/11	0		0	0 HY	0	0
394	LELC INDOOR EQUIPMENT	10/18/11	0		0	0 HY	0	0
395	LELC LOCKER UNIT	10/24/11	0		0	0 HY	0	0
396	LELC PLAYGROUND FENCING	10/14/11	0		0	0 HY	0	0
397	LELC FREEZER	10/06/11	0		0	0 HY	0	0
398	AELC PLAYGROUND EQUIPMENT	7/08/11	0		0	0 HY	0	0
399	AELC OFFICE FURNITURE	9/14/11	0		0	0 HY	0	0
400	LELC SOD	4/06/12	0		0	0 HY	0	0
401	AELC CARPET	10/27/12	0		0	0 HY	0	0
402	PCLC TOILET	2/22/12	0		0	0 HY	0	0
403	PCLC CHAIN LINK FENCE	5/07/12	0		0	0 HY	0	0
404	LEXMARK COPIER	6/19/12	0		0	0 HY	0	0
405	STACKABLE WASHER/DRYER	7/06/12	0		0	0 HY	0	0
406	AELC REFRIGERATOR	3/04/13	0		0	0 HY	0	0
407	AELC SANITIZER/DISHWASHER	8/30/13	0		0	0 HY	0	0
408	PCLC PLAY AREA	9/09/13	0		0	0 HY	0	0
	Total Other Depreciation		<u>22,258</u>		<u>22,258</u>		<u>11,256</u>	<u>4,256</u>
	Total ACRS and Other Depreciation		<u>22,258</u>		<u>22,258</u>		<u>11,256</u>	<u>4,256</u>
	Grand Totals		32,594		32,594		13,564	4,521
	Less: Dispositions and Transfers		0		0		0	0
	Net Grand Totals		<u>32,594</u>		<u>32,594</u>		<u>13,564</u>	<u>4,521</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	359	CORRIDOR DOORS (AELC)	<u>265</u>	<u>265</u>	<u>0</u>
				<u>265</u>	<u>265</u>	<u>0</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>60</u>			14		
Total	\$ <u><u>60</u></u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
ENRICHMENT CLASSES	\$ 4,689	4,689	\$	\$
STAFF MEETINGS & RECOGNIT	1,718	1,571	147	
LICENSE & ACCREDITATION	1,675	1,675		
KORIS GRANT EXPENSE	1,475	1,475		
MISCELLANEOUS	1,416	1,224	192	
HLTHY KIDS & FAM EXPENSE	1,263	1,263		
EMPLOYEE VOLUNTEER & RETE	549	549		
Total	\$ 12,785	\$ 12,446	\$ 339	\$ 0

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
PARENT TUITION	\$ 736,777
ADVENTURE IN EARLY LEARNING	460,152
KANSAS STATE BD OF EDUCATION	44,741
BAD DEBT RECOVERY	101
MISCELLANEOUS	1,894
Total	\$ 1,243,665

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

▶ **File a separate application for each return.**

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. TDC LEARNING CENTERS INC	Employer identification number (EIN) or 48-0687195
	Number, street, and room or suite no. If a P.O. box, see instructions. 3500 SW 10TH AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOPEKA KS 66604-1995	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KERRY TUMMONS
3500 SW 10TH AVE**

- The books are in the care of ▶ **TOPEKA KS 66604-0928**

Telephone No. ▶ **785-272-5051** FAX No. ▶ **785-272-1906**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ calendar year **2013** or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

CERTIFIED MAIL 7010 1670 0001 5406 3100