

### Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

76-0659357

**THE VILLAGE LEARNING CENTER, INC.**

**Net Asset / Fund Balance at Beginning of Year** 4,963,795

**Revenue**

Contributions	<u>1,450,719</u>		
Program service revenue	<u>1,548,478</u>		
Investment income	<u>0</u>		
Capital gain / loss	<u>          </u>		
Fundraising / Gaming:			
Gross revenue	<u>174,501</u>		
Direct expenses	<u>105,503</u>		
Net income	<u>68,998</u>		
Other income	<u>80,469</u>		
<b>Total revenue</b>		<u><b>3,148,664</b></u>	

**Expenses**

Program services	<u>1,969,000</u>		
Management and general	<u>301,250</u>		
Fundraising	<u>178,146</u>		
<b>Total expenses</b>		<u><b>2,448,396</b></u>	
<b>Excess / (deficit)</b>			<u><b>700,268</b></u>

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 5,664,063

**Reconciliation of Revenue**

Total revenue per financial statements	<u>3,373,978</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>225,314</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>3,148,664</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>2,673,710</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>225,314</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>2,448,396</u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>5,549,121</u>	<u>5,895,417</u>	
Liabilities	<u>585,326</u>	<u>231,354</u>	
Net assets	<u>4,963,795</u>	<u>5,664,063</u>	<u>700,268</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/19  
 Failure to file penalty \_\_\_\_\_



Reimer, McGuinness & Associates, PC

CPAs & Advisors

August 9, 2019

The Village Learning Center, Inc.  
3819 Plum Valley Drive  
Kingwood, TX 77339

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Reimer, McGuinness & Associates, P.C.

## Filing Instructions

**The Village Learning Center, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2018**

**Date Due:** May 15, 2019

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/18 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Reimer, McGuinness & Associates, P.C.  
6610 Malibu Dr  
Houston, TX 77092

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning ..... 2018, and ending ..... 20

**2018**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Employer identification number  
**76-0659357**

Name and title of officer  
**THE VILLAGE LEARNING CENTER, INC.**  
**MARCUS DENMAN**  
**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>3,148,664</b>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **REIMER, MCGUINNESS & ASSOCIATES, P** to enter my PIN **77339** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ **08/09/19**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**76974566100**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **MERLE SHEFSTAD, CPA** Date ▶ **08/09/19**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>THE VILLAGE LEARNING CENTER, INC.</b></p> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center"><b>3819 PLUM VALLEY DRIVE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p align="center"><b>KINGWOOD TX 77339</b></p>	<b>D</b> Employer identification number <p align="center"><b>76-0659357</b></p>
	E Telephone number <p align="center"><b>281-358-6172</b></p>	
	<b>G</b> Gross receipts \$ <b>3,373,978</b>	
	<b>F</b> Name and address of principal officer: <p align="center"><b>MARCUS DENMAN</b></p>	

**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.VILLAGELAC.ORG** **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_ **L** Year of formation: **2000** **M** State of legal domicile: **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT AND PERSONAL, WORK AND SOCIAL TRAINING FOR DISABLED INDIVIDUALS		
	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 2018 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	244
	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 38	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 449,481	Current Year 1,450,719
	9	Program service revenue (Part VIII, line 2g)	1,497,759	1,548,478
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,430	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,139	149,467
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,361,809	3,148,664
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,320,758	1,499,561
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>178,146</b>	0	0
<b>Net Assets or Fund Balances</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,098,131	948,835
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,418,889	2,448,396
	19	Revenue less expenses. Subtract line 18 from line 12	-57,080	700,268
	20	Total assets (Part X, line 16)	Beginning of Current Year 5,549,121	End of Year 5,895,417
	21	Total liabilities (Part X, line 26)	585,326	231,354
22	Net assets or fund balances. Subtract line 21 from line 20	4,963,795	5,664,063	

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>MARCUS DENMAN</b></p> Type or print name and title	Date <p align="center"><b>EXECUTIVE DIRECTOR</b></p>	
	Print/Type preparer's name <b>MERLE SHEFSTAD, CPA</b>	Preparer's signature <b>MERLE SHEFSTAD, CPA</b>	Date <b>08/09/19</b>
<b>Paid Preparer Use Only</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <b>P01333948</b>	Firm's name ▶ <b>REIMER, MCGUINNESS &amp; ASSOCIATES, P.C.</b>	Firm's EIN ▶ <b>20-5548240</b>
	Firm's address ▶ <b>6610 MALIBU DR HOUSTON, TX 77092</b>	Phone no. <b>713-590-3000</b>	

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:

**SEE SCHEDULE O**

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 \$ **1,506,030** including grants of\$ ) (Revenue \$ **966,451** )

**DAY HABILITATION CENTER SERVICES - THIS PROGRAM PROVIDES DAILY ACTIVITIES DEVELOPED FOR THE PURPOSE OF MAINTAINING EXISTING ACADEMIC SKILLS AND DEVELOPING ADDITIONAL COMMUNITY LIVING AND EMPLOYMENT SKILLS THROUGH ADULT BASIC EDUCATION TRAINING, LIFE SKILLS CLASSES, COMMUNITY INCLUSION EXCURSIONS AND VOCATIONAL AND CRAFTS PROJECTS.**

4b (Code: ) (Expenses \$ **343,159** including grants of\$ ) (Revenue \$ **433,483** )

**VILLAGE AT STONEY GLEN - PROVIDES AN INDEPENDENT LIVING ENVIROMENT FOR DEVELOPMENTALLY DISABLED ADULTS AS WELL AS OVERNIGHT RESPITE FOR FAMILIES SEEKING A BREAK OR TEMPORARY ASSISTANCE WITH CARE.**

4c (Code: ) (Expenses \$ **119,811** including grants of\$ ) (Revenue \$ **148,544** )

**THRIFT STORE AND SUPPORT EMPLOYMENT - THIS PROGRAM INVOLVES SEMINARS, PERSONAL SOCIAL ADJUSTMENT TRAINING, WORK ADJUSTMENT TRAINING, VOCATIONAL ASSESSMENTS, FAMILY ORIENTATION, JOB ORIENTATION AND DEVELOPMENT, AND ON-THE-JOB HANDS ON TRAINING. JOB MATCH IS PRACTICED THROUGH THE DESIRED JOB OF THE INDIVIDUAL AND THE ABILITY TO PERFORM SUCH A JOB.**

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

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

4e Total program service expenses **1,969,000**

**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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	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 "Yes," 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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	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, Part 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
35b	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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	<b>9</b> 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>1b</b>	<b>9</b> Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
<b>16a</b>	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>X</b>
<b>16b</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?		

**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 (1024 or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records **▶**  
**STEPHANIE WICKER** **3819 PLUM VALLEY DRIVE** **TX 77339** **281-358-6172**  
**KINGWOOD**

**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 organization 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) <b>WILLIAM BROCK</b> DIRECTOR	4.00 0.00	X					0	0	0	
(2) <b>DAVID A. BUBIER</b> CHAIRMAN OF THE BOAR	4.00 0.00	X					0	0	0	
(3) <b>MARCUS DENMAN</b> EXECUTIVE DIRECTOR	40.00 0.00	X		X			95,060	0	0	
(4) <b>MARIE HALVATZIS</b> DIRECTOR	4.00 0.00	X					0	0	0	
(5) <b>STEPHEN KING</b> DIRECTOR	4.00 0.00	X					0	0	0	
(6) <b>PETER MANTELL</b> DIRECTOR	4.00 0.00	X					0	0	0	
(7) <b>KIMBERLY LYNN MAXEY</b> DIRECTOR	4.00 0.00	X					0	0	0	
(8) <b>LAWRENCE JOHN POPE</b> DIRECTOR	4.00 0.00	X					0	0	0	
(9) <b>KIM BRUSATORI</b> DEVELOPMENT DIRECTOR	4.00 0.00			X			24,419	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			
<b>1b Sub-total</b>							<b>119,479</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>119,479</b>			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 911,543				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 539,176				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		1,450,719			
<b>Program Service Revenue</b>	<b>2a</b> CENTER INCOME	Busn. Code	1,011,841	1,011,841		
	<b>b</b> RESIDENTIAL SERVICES		433,483	433,483		
	<b>c</b> TRANSPORTATION		103,119	103,119		
	<b>d</b> VOCATIONAL		35	35		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1,548,478			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>Other Revenue</b>	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.	51,736				
	<b>c</b> Rental inc. or (loss)	51,736				
	<b>d</b> Net rental income or (loss)		51,736		51,736	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 911,543 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 174,501				
	<b>b</b> Less: direct expenses	<b>b</b> 105,503				
	<b>c</b> Net income or (loss) from fundraising events		68,998			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 148,544					
<b>b</b> Less: cost of goods sold	<b>b</b> 119,811					
<b>c</b> Net income or (loss) from sales of inventory		28,733			28,733	
<b>11a</b> Miscellaneous Revenue		Busn. Code				
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		3,148,664	1,548,478	0	80,469	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>119,478</b>	<b>99,895</b>	<b>9,513</b>	<b>10,070</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,160,006</b>	<b>969,875</b>	<b>92,368</b>	<b>97,763</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>123,660</b>	<b>103,391</b>	<b>9,847</b>	<b>10,422</b>
<b>10</b> Payroll taxes	<b>96,417</b>	<b>80,614</b>	<b>7,677</b>	<b>8,126</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>47,013</b>		<b>43,932</b>	<b>3,081</b>
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>1,711</b>	<b>1,711</b>		
<b>13</b> Office expenses	<b>9,142</b>	<b>1,012</b>	<b>2,643</b>	<b>5,487</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>3,746</b>		<b>1,199</b>	<b>2,547</b>
<b>20</b> Interest	<b>29,834</b>	<b>27,746</b>	<b>2,088</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>257,725</b>	<b>252,570</b>	<b>5,155</b>	
<b>23</b> Insurance	<b>94,994</b>	<b>78,845</b>	<b>16,149</b>	
<b>24</b> 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.)				
<b>a</b> UTILITIES	<b>108,712</b>	<b>82,523</b>	<b>26,189</b>	
<b>b</b> SUPPLIES	<b>63,285</b>	<b>41,020</b>	<b>12,369</b>	<b>9,896</b>
<b>c</b> MAINTENANCE AND REPAIRS	<b>49,259</b>	<b>40,636</b>	<b>8,623</b>	
<b>d</b> MEALS	<b>43,514</b>	<b>43,079</b>	<b>435</b>	
<b>e</b> All other expenses	<b>239,900</b>	<b>146,083</b>	<b>63,063</b>	<b>30,754</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,448,396</b>	<b>1,969,000</b>	<b>301,250</b>	<b>178,146</b>
<b>26</b> 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	144,716	1	218,465
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,275	3	5,985
	4	Accounts receivable, net	134,971	4	151,904
	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	3,329	9	19,917
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,277,184		
	b	Less: accumulated depreciation	10b 2,259,038	10c	5,018,146
	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	3,500	15	481,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,549,121	16	5,895,417	
Liabilities	17	Accounts payable and accrued expenses	15,051	17	38,406
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	416,214	23	67,882
	24	Unsecured notes and loans payable to unrelated third parties	111,858	24	44,894
	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	42,203	25	80,172
	26	<b>Total liabilities.</b> Add lines 17 through 25	585,326	26	231,354
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	4,963,795	27	5,664,063
	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	<b>Total net assets or fund balances</b>	4,963,795	33	5,664,063	
34	<b>Total liabilities and net assets/fund balances</b>	5,549,121	34	5,895,417	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,148,664</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,448,396</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>700,268</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>4,963,795</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,664,063</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**THE VILLAGE LEARNING CENTER, INC.**

Employer identification number

**76-0659357**

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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** ▶

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%

- 16a **33 1/3% support test—2018.** 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 ▶
- b **33 1/3% support test—2017.** 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 ▶
- 17a **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- b **10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- 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 ▶

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	438,486	3,444,852	396,583	449,481	1,450,719	6,180,121
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	1,768,119	1,640,493	1,857,895	1,697,449	1,722,979	8,686,935
3 Gross receipts from activities that are not an unrelated trade or business under section 513		80,481	158,811	162,182	148,544	550,018
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	2,206,605	5,165,826	2,413,289	2,309,112	3,322,242	15,417,074
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					737,097	737,097
c Add lines 7a and 7b					737,097	737,097
8 Public support. (Subtract line 7c from line 6.)						14,679,977

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,206,605	5,165,826	2,413,289	2,309,112	3,322,242	15,417,074
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	173	32,000	48,110	51,347	51,736	183,366
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	173	32,000	48,110	51,347	51,736	183,366
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20,069					20,069
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,896					20,896
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,247,743	5,197,826	2,461,399	2,360,459	3,373,978	15,641,405

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 2018 (line 8, column (f), divided by line 13, column (f))	15	93.85 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	98.51 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART III, LINE 12 - OTHER INCOME DETAIL**

**CANCELLATION OF DEBT** \$ 0

**HICKORY GLEN** \$ 20,896



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  <b>THE VILLAGE LEARNING CENTER, INC.</b>	Employer identification number  <b>76-0659357</b>
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Organization type (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE VILLAGE LEARNING CENTER, INC.** Employer identification number **76-0659357**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF HOUSTON 901 BAGBY HOUSTON TX 77002	\$ 14,109	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HARRIS COUNTY DEPART OF EDUCATION 6300 IRVINGTON BLVD HOUSTON TX 77022	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN S. DUNN FOUNDATION 3355 WEST ALABAMA, SUITE 990 HOUSTON TX 77098	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOE & CATHY CLEARY 1 SOUTHWEST OAK DR. HOUSTON TX 77056	\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HALLIBURTON 10200 BELLAIRE BLVD HOUSTON TX 77072	\$ 80,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PEGGY PIGNOLET 2055 LAKE HILLS DRIVE KINGWOOD TX 77339	\$ 24,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE VILLAGE LEARNING CENTER, INC.</b>	Employer identification number <b>76-0659357</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RANDALL REED'S PLANET FORD 19000 EASTEX FWY  HUMBLE TX 77338	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LEONARD AND KIMBERLY BRUSATORI 1903 LAKEVILLE DRIVE  KINGWOOD TX 77339	\$ 138,073	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAVID & HILDY BUBIER 26917 CHATEAU LAKE DRIVE  KINGWOOD TX 77339	\$ 103,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHARLOTTEE B PROEHL FOUNDATION 10 SOUTH DEARBORN  CHICAGO IL 60603	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DAVE & GWENDOLYNN CRAWFORD 2606 VALLEY MANOR DRIVE  KINGWOOD TX 77339	\$ 20,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DONNE DI DOMANI PO BOX 37026  HOUSTON TX 77237	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE VILLAGE LEARNING CENTER, INC.** Employer identification number **76-0659357**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DT CONSTRUCTION, LP PO BOX 534 HUMBLE TX 77347	\$ 5,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DWAYNE MCCLELLAND 20625 EAGLE WOOD TRACE DRIVE PORTER TX 77365	\$ 14,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GEORGE & MARY JOSEPHINE HAMMAN FOUND 3336 RICHMOND AVE STE 130 HOUSTON TX 77098	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	INSPERITY, INC. 19001 CRESENT SPRINGS DRIVE KINGWOOD TX 77339	\$ 30,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TIMOTHY & ANDREA LEE 1817 WROXTON ROAD HOUSTON TX 77005	\$ 13,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WILLIS JOHNSON 527 WEST FOREST DRIVE HOUSTON TX 77079	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE VILLAGE LEARNING CENTER, INC.</b>	Employer identification number <b>76-0659357</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JAY MINKS 5806 BLACKSTONE CREEK LANE KINGWOOD TX 77345	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	KURT RATHKAMP 18323 HAMPTON HILLS DRIVE HUMBLE TX 77338	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	GREATER HOUSTON GOLF CHARITY 5810 WILSON ROAD HUMBLE TX 77396	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	FIRST PRESBYTERIAN CHURCH OF KINGWOOD 5520 KINGWOOD DRIVE HUMBLE TX 77345	\$ 9,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	HUMBLE INTERCONTINENTAL ROTARY 8233 WILL CLAYTON PARKWAY HUMBLE TX 77338	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	OCCIDENTAL PETROLEUM CORPORATION 5 GREENWAY PLAZA SUITE 110 HOUSTON TX 77046	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE VILLAGE LEARNING CENTER, INC.** Employer identification number **76-0659357**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	WILLIS JOHNSON & ASSOCIATES 5847 SAN FELIPE ST #1500 HOUSTON TX 77057	\$ 6,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JIM AND THERESA ALLISON 5915 HEATHER BLOSSOM LANE KINGWOOD TX 77345	\$ 10,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	RAINEE BUSBY 9210 SENDERA DRIVE MAGNOLIA TX 77354	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	JEANETTE BURG 1707 SOUTH BLVD HOUSTON TX 77098	\$ 5,651	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	KEITH AND HEATHER JALBERT 20730 GREAT LAUREL CT HUMBLE TX 77346	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	SCOTT LANDIS 21423 TIMBER LODGE LANE PORTER TX 77365	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE VILLAGE LEARNING CENTER, INC.** Employer identification number **76-0659357**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KIM MAXEY 20067 MITCHELL COVE DRIVE PORTER TX 77365	\$ 5,455	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	JOE AND CORINN PRICE 3410 REDWOOD LODGE CT KINGWOOD TX 77339	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	KYLE AND COLLEEN RICHTER 20110 YORKPINE CT KATY TX 77450	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	DON AND CONNIE THOMPSON 1622 LAKE WILDERNESS LANE KINGWOOD TX 77345	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	LOHN AND KAREN ZYLICZ 2515 CANNONS POINT CT SUGAR LAND TX 77478	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE VILLAGE LEARNING CENTER, INC.

Employer identification number

76-0659357

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Tax Year (2a-2d), and Yes/No. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, Amount, and Yes/No. Rows include reporting requirements for art and historical treasures.



**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" on 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 on 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 |
|---|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b>   |     |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| <b>3b</b>   |     |    |
- 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" on 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
<b>1a</b> Land		<b>626,935</b>		<b>626,935</b>
<b>b</b> Buildings		<b>5,936,492</b>	<b>1,771,337</b>	<b>4,165,155</b>
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>713,757</b>	<b>487,701</b>	<b>226,056</b>
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>5,018,146</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>OTHER ASSETS</b>	<b>481,000</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>481,000</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER LIABILITIES</b>	<b>80,172</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>80,172</b>

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,373,978
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	225,314	
	e Add lines 2a through 2d		2e	225,314
3	Subtract line 2e from line 1		3	3,148,664
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	3,148,664

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

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

1	Total expenses and losses per audited financial statements		1	2,673,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	225,314	
	e Add lines 2a through 2d		2e	225,314
3	Subtract line 2e from line 1		3	2,448,396
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	2,448,396

**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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**FUNDRAISING EXPENSE** \$ 105,503

**THRIFT STORE EXPENSES** \$ 119,811

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**FUNDRAISING EXPENSES** \$ 105,503

**THRIFT STORE EXPENSES** \$ 119,811

[This area contains horizontal lines for supplemental information, which are currently blank.]

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization

**THE VILLAGE LEARNING CENTER, INC.**

Employer identification number

**76-0659357**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA</u> (event type)	<u>OTHER FUNDRAISI</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
1	Gross receipts	842,511	160,982	82,551	1,086,044	
2	Less: Contributions	732,275	146,243	33,025	911,543	
3	Gross income (line 1 minus line 2)	110,236	14,739	49,526	174,501	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	36,178		8,931	45,109
	7	Food and beverages		228		228
	8	Entertainment	14,140	375		14,515
	9	Other direct expenses	35,383	7,604	2,664	45,651
10	Direct expense summary. Add lines 4 through 9 in column (d)				105,503	
11	Net income summary. Subtract line 10 from line 3, column (d)				68,998	

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

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

9 Enter the state(s) in which the organization conducts gaming activities:  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ ..... and the amount of gaming revenue retained by the third party ▶\$ .....

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶\$ .....

Description of services provided ▶ .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**THE VILLAGE LEARNING CENTER, INC.**

Employer identification number

**76-0659357**

**FORM 990 - ORGANIZATION'S MISSION**

TO CREATE THE SUPPORT AND SERVICES TO AFFECT POSITIVE CHANGES IN THE LIVES  
OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILIES, AND OUR  
LOCAL COMMUNITY, SO THAT THESE INDIVIDUALS CAN REACH THEIR MAXIMUM  
POTENTIAL AND LEVEL OF INDEPENDENCE.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

TALENT SHOW - THIS FUNDRAISING EVENT CONSIST OF TWO SEPARATE COMPETITIONS,  
ON WITH VILLAGE LEARNING CENTER CLIENTS, AND THE OTHER WITH THE GENERAL  
PUBLIC.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE ORGANIZATION WILL PRESENT THE COMPLETED TAX RETURN TO THE BOARD OF  
DIRECTORS FOR REVIEW.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

THE BOARD OF DIRECTORS REVIEWS EACH EMPLOYEE, OFFICER AND DIRECTOR ON AN  
ANNUAL BASIS FOR CONFLICTS OF INTEREST AND HANDLES EACH SUCH POSSIBLE  
CONFLICT ON A CASE BY CASE BASIS.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

INFORMATION IS AVAILABLE UPON REQUEST

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**FUNDRAISING EXPENSESE** \$ **105,503**



Name of the organization

Employer identification number

**THE VILLAGE LEARNING CENTER, INC.**

**76-0659357**

**THRIFT STORE EXPENSES** \$ **119,811**

**FUNDRAISING EXPENSES** \$ **-105,503**

**THRIFT STORE EXPENSES** \$ **-119,811**

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>THRIFT STORE</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>148,544</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>148,544</u>
8. Cost of Goods Sold	8.	<u>119,811</u>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>119,811</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>28,733</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory		
Purchases		
Labor		<u>38,490</u>
Section 263A costs		
Other costs		<u>81,321</u>
Ending inventory		
<b>Total Cost of Goods Sold</b>		<u>119,811</u>

**Expense Details - Employment Expense:**

Compensation of officers		
Other salaries and wages		
Pension plan contributions		
Other employee benefits		
Payroll taxes		
<b>Total Employment Expense</b>		

**Expense Details - Fees for Services:**

Management		
Legal		
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
<b>Total Fees for Services</b>		

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion		
Office		
Printing/publication/postage		
Info technology/Maintenance		
Royalties & License Fees		
Occupancy/Real Estate Taxes		
Travel & Repairs		
Travel/entertainment (officials)		
Conferences/meetings		
Interest		
Insurance		
<b>Total Indirect Expense</b>		

**Expense Details - Depreciation Expense:**

On investment property		
On non-investment property		
Amortization		
Depletion		
<b>Total Depreciation Expense</b>		

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance		
Bad debts		
Taxes/licenses		
Charitable contributions		
Dividend recd deductions		
Readership costs		
<b>Total Exempt Activity Expense</b>		

**Expense Details - Fundraising Expense:**

Cash prizes		
Non-cash prizes		
Rent and facility costs		
Food & beverages (Part II only)		
Entertainment (Part II only)		
Other direct expenses		
<b>Total Fundraising Expense</b>		

**Allocation of Expense to Program Service Accomplishments:**

First		
Second		
Third		
All other		

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>GALA</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>110,236</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>732,275</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>842,511</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>85,701</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>85,701</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>756,810</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	<u>36,178</u>
Food & beverages (Part II only)	
Entertainment (Part II only)	<u>14,140</u>
Other direct expenses	<u>35,383</u>
<b>Total Fundraising Expense</b>	<u>85,701</u>

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>GOLF TOURNAMENT</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>39,640</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>33,025</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>72,665</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>11,295</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>11,295</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>61,370</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	<u>8,931</u>
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>2,364</u>
<b>Total Fundraising Expense</b>	<u>11,295</u>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>TALENT SHOW</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>9,886</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>9,886</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>300</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>300</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>9,586</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>300</u>
<b>Total Fundraising Expense</b>	<u>300</u>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>OTHER FUNDRAISING</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	14,739
2. Advertising income	
3. Circulation income	
4. Other income	
5. Returns and allowances	
6. Contributions received	146,243
7. <b>Total revenue.</b> Add lines 1 through 6	160,982
8. Cost of Goods Sold	
9. Employment Expense	
10. Fees for services	
11. Indirect Expense	
12. Depreciation Expense	
13. Exempt Activity Expense	
14. Fundraising Expense	8,207
15. <b>Total expenses.</b> Add lines 8 through 14	8,207
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	152,775

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	228
Entertainment (Part II only)	375
Other direct expenses	7,604
<b>Total Fundraising Expense</b>	8,207

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>LAND LEASE</b>		
Name <b>THE VILLAGE LEARNING CENTER, INC.</b>		Taxpayer Identification Number <b>76-0659357</b>

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	<u>51,736</u>
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	
4. Direct Expense .....	4.	
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	<u>51,736</u>

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	

**Expense Details - Direct Expense:**

Interest .....	
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	
<b>Total Direct Expense</b> .....	

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First .....	
Second .....	
Third .....	
All other .....	

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2018</b>
For calendar year 2018, or tax year beginning _____, and ending _____		

Name <b>THE VILLAGE LEARNING CENTER, INC.</b>	Employer Identification Number <b>76-0659357</b>
--	---

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>GOLF TOURNAMENT</u> <small>(event type)</small>	<u>TALENT SHOW</u> <small>(event type)</small>	_____ <small>(event type)</small>	<small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>72,665</b>	<b>9,886</b>		<b>82,551</b>
	<b>2</b> Less: Charitable contributions	<b>33,025</b>			<b>33,025</b>
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>39,640</b>	<b>9,886</b>		<b>49,526</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	<b>8,931</b>			<b>8,931</b>
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>2,364</b>	<b>300</b>		<b>2,664</b>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning _____, ending _____		

Name **THE VILLAGE LEARNING CENTER, INC.** Taxpayer Identification Number **76-0659357**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	152,141	911,543	759,402
	2. Membership dues and assessments			
	3. Government contributions and grants	297,340	539,176	241,836
	4. Program service revenue	1,497,759	1,548,478	50,719
	5. Investment income	47		-47
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	121,383		-121,383
	8. Net income or (loss) from fundraising events	166,233	68,998	-97,235
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	75,606	28,733	-46,873
	11. Other revenue	51,300	51,736	436
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>2,361,809</b>	<b>3,148,664</b>	<b>786,855</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	146,333	119,478	-26,855
	16. Salaries, other compensation, and employee benefits	1,174,425	1,380,083	205,658
	17. Professional fundraising fees			
	18. Other professional fees	109,283	47,013	-62,270
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	293,371	257,725	-35,646
	21. Other expenses	695,477	644,097	-51,380
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>2,418,889</b>	<b>2,448,396</b>	<b>29,507</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-57,080</b>	<b>700,268</b>	<b>757,348</b>
<b>Other Information</b>	24. Total exempt revenue	2,361,809	3,148,664	786,855
	25. Total unrelated revenue			
	26. Total excludable revenue	1,746,095	1,628,947	-117,148
	27. Total assets	5,549,121	5,895,417	346,296
	28. Total liabilities	585,326	231,354	-353,972
	29. Retained earnings	4,963,795	5,664,063	700,268
	30. Number of voting members of governing body	9	9	
	31. Number of independent voting members of governing body	9	9	
	32. Number of employees	41	12	
	33. Number of volunteers	250	244	

Form **990**

**Tax Return History**

**2018**

Name

**THE VILLAGE LEARNING CENTER, INC.**

Employer Identification Number  
**76-0659357**

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	438,486	3,444,852	396,583	449,481	1,450,719	1,450,719
Membership dues						
Program service revenue	1,310,310	1,244,085	1,496,635	1,497,759	1,548,478	1,548,478
Capital gain or loss				121,383		
Investment income	173	63	10	47		
Fundraising revenue (income/loss)		312,833	271,415	166,233	68,998	68,998
Gaming revenue (income/loss)						
Other revenue	20,896	32,078	121,213	126,906	80,469	80,469
<b>Total revenue</b>	<b>1,769,865</b>	<b>5,033,911</b>	<b>2,285,856</b>	<b>2,361,809</b>	<b>3,148,664</b>	<b>3,148,664</b>
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	958,525	1,282,528	1,218,659	1,174,425	1,380,083	1,380,083
Professional fees	47,051	70,021	80,762	109,283	47,013	47,013
Occupancy costs						
Depreciation and depletion		299,234	341,542	293,371	257,725	257,725
Other expenses	306,393	832,016	726,391	695,477	644,097	644,097
<b>Total expenses</b>	<b>1,311,969</b>	<b>2,483,799</b>	<b>2,498,187</b>	<b>2,418,889</b>	<b>2,448,396</b>	<b>2,448,396</b>
<b>Excess or (Deficit)</b>	<b>457,896</b>	<b>2,550,112</b>	<b>-212,331</b>	<b>-57,080</b>	<b>700,268</b>	<b>700,268</b>
Total exempt revenue	1,769,865	5,033,911	2,285,856	2,361,809	3,148,664	3,148,664
Total unrelated revenue						
Total excludable revenue	1,331,379	1,276,226	1,617,858	1,746,095	1,628,947	1,628,947
Total Assets	4,302,566	6,377,192	6,047,655	5,549,121	5,895,417	5,895,417
Total Liabilities	86,501	1,143,986	1,026,780	585,326	231,354	231,354
Net Fund Balances	2,683,094	5,233,206	5,020,875	4,963,795	5,664,063	5,664,063

**Federal Statements**

**Form 990. Part IX. Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
AUTOMOBILE	\$ 39,865	\$ 39,800		\$ 65
MISCELLANEOUS	37,827	37,827		
CONTRACT LABOR	24,375	7,729	244	16,402
PROPERTY TAXES	22,383		22,383	
STAFF TRAINING	16,059	10,947	4,380	732
PROFESSIONAL TRAINING	15,026	3,740	11,286	
BANK CHARGES	13,059		5,492	7,567
CLEANING	12,869	12,869		
COMPUTER SOFTWARE	11,377	11,377		
FIELD TRIPS AND OUTINGS	9,043	9,033	6,188	4,392
EMPLOYEE RECRUITING	7,723	7,723		10
DUES & FEES	7,671	5,372	1,612	687
EQUIPMENT RENTAL	6,245	3,497	2,351	397
EMPLOYEE MORALE	6,194	712	5,482	
STORAGE	4,490	4,086	404	502
ASSOCIATION FEES	4,051	308	3,241	
SECURITY	1,643	1,643		
<b>TOTAL</b>	<b>\$ 239,900</b>	<b>\$ 146,083</b>	<b>\$ 63,063</b>	<b>\$ 30,754</b>

## Federal Statements

### Schedule A. Part III. Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	
GALA	\$ 539,176
CASH CONTRIBUTION	
GOLF TOURNAMENT	732,275
CASH CONTRIBUTION	
OTHER FUNDRAISING	33,025
CASH CONTRIBUTION	
TOTAL	\$ 1,450,719

### Schedule A. Part III. Line 2(e)

Description	Amount
RESIDENTIAL SERVICES	\$ 433,483
CENTER INCOME	1,011,841
TRANSPORTATION	103,119
VOCATIONAL	35
GALA	110,236
GOLF TOURNAMENT	39,640
TALENT SHOW	9,886
OTHER FUNDRAISING	14,739
TOTAL	\$ 1,722,979

### Schedule A. Part III. Line 3(e)

Description	Amount
THRIFT STORE	\$ 148,544
TOTAL	\$ 148,544

**Federal Statements****Schedule A. Part III. Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BUBIER 2018	\$ 203,000	\$ 169,260
HALLIBURTON GIVING CHOICES 2018	70,000	36,260
INSPERITY 2018	306,000	272,260
LEONARD BRUSATORI 2018	130,812	97,072
JOE CLEARY 2018	100,000	66,260
JEANETTE BURG 2018	129,725	95,985
TOTAL	<u>\$ 939,537</u>	<u>\$ 737,097</u>

VIL9357 The Village Learning Center, Inc.  
76-0659357  
FYE: 12/31/2018

## Federal Statements

8/9/2019 9:29 AM

### Schedule A. Part III. Line 10a(e)

Description	Amount
LAND LEASE	\$ 51,736
TOTAL	\$ 51,736

**Federal Statements**

**GALA**

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 6,989
FEE	2,395
SUPPLIES	25,679
MISC	320
TOTAL	\$ <u>35,383</u>

**Federal Statements**

**GOLF TOURNAMENT**

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
LABOR	\$ 1,433
DESIGN	143
MISC	788
TOTAL	\$ <u>2,364</u>



**Federal Statements**

**TALENT SHOW**

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 300
TOTAL	\$ 300

**Federal Statements****Other Fundraising****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 5,899
MISC	1,610
FUEL	95
TOTAL	<u>\$ 7,604</u>