8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878
Section 1 No. 100 No. 100 No. 1

Department of the Treasury Internal Revenue Service	The property of the contract o	to the IRS. Keep for your records. O and its instructions is at www.irs.gov/fo	A STATE OF THE PARTY OF THE PAR	2014
Name of exempt organization	BERminiPag survive to all ancidate date	YOUR RECORDS	Employer identification numb	er
FLICKINGER LEARN	ING CENTER	UR PE FOR	55-0870683	
Name and title of officer	gna G	"ECON	pa to research 75 to 17 years the	41.440.E
TRISTA SOTELO, TE		A CHARLES OF THE MOO	MIXXX 5 (1) 10 most	0 avens (7) (3)
Part I Type of F	Return and Return Information	(Whole Dollars Only)	manifestation of the second	ato 2,000 [5]6.0
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b,	2a, 3a, 4a, or 5a, below, and the amount or	EO and enter the applicable amount, if any, in that line for the return being filed with this foot enter -0-). But, if you entered -0- on the reference.	orm was blank, then	
1a Form 990 check here	▶ b Total revenue, if any (Form	990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check h	ere 🕨 🗵 b Total revenue, if any (Fo	orm 990-EZ, line 9)	2b	118,918
3a Form 1120-POL check	here b Total tax (Form 112	20-POL, line 22)		ara-xeT t
4a Form 990-PF check h	ere 🕨 🗌 b Tax based on investme	ent income (Form 990-PF, Part VI, line 5)	4b	K Form of
5a Form 8868 check here	b Balance Due (Form 8868, P	Part I, line 3c or Part II, line 8c)		oniliptia, id
. of Brants 5 2 €	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SO IN AND SO SOME ONLY ONLY SET LAND IN TO BE	10,0082 also Luckidel (8) nerv	top Ji 188), 334
Service Services and American	on and Signature Authorization	of Officer organization and that I have examined a cop	Revenue, Expens	Page 9
are true, correct, and comorganization's electronic reto send the organization's the transmission, (b) the reauthorize the U.S. Treasur financial institution account return, and the financial in Agent at 1-888-353-4537 involved in the processing resolve issues related to the electronic return and, if ap Officer's PIN: check one	plete. I further declare that the amount in Feturn. I consent to allow my intermediate sereturn to the IRS and to receive from the IR eason for any delay in processing the return y and its designated Financial Agent to init t indicated in the tax preparation software stitution to debit the entry to this account. The later than 2 business days prior to the pof the electronic payment of taxes to receive payment. I have selected a personal ideplicable, the organization's consent to electronic playment of the electronic payment.	and statements and to the best of my knowled and statements and to the best of my knowled art I above is the amount shown on the coppervice provider, transmitter, or electronic returns (RS (a) an acknowledgement of receipt or ream or refund, and (c) the date of any refund. It takes an electronic funds withdrawal (direct defor payment of the organization's federal taxes for revoke a payment, I must contact the U.S. asyment (settlement) date. I also authorize the live confidential information necessary to ansentification number (PIN) as my signature for etronic funds withdrawal.	y of the arn originator (ERO) ason for rejection of f applicable, I ebit) entry to the es owed on this . Treasury Financial the financial institutions awer inquiries and	
X I authorize Hunt	ERO firm name	to enter my PIN 70683 Enter five numbers, but do not enter all zeros	as my signature	
being filed with a s ERO to enter my l As an officer of the If I have indicated	state agency(ies) regulating charities as pa PIN on the return's disclosure consent scre e organization, I will enter my PIN as my si	ignature on the organization's tax year 2014 is being filed with a state agency(ies) regulat	orize the aforementioned electronically filed return.	
05.00		Charles of AR	N 06 15 0015	
Officer's signature Part III Certifica	tion and Authentication	2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	▶ 06-15-2015	01 0
Constantinum	our six-digit electronic filing identification	mbers	Sensitis peld to or for me	11
	y your five-digit self-selected PIN.		0973 35531 do not enter all zero	DS
indicated above. I confirm Information for Authorized		re on the 2014 electronically filed return for the name with the requirements of Pub. 4163, Moo	dernized e-File (MeF)	16 16 16 16 16 16 16 16 16 16 16 16 16 1

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 instructions.

Form 8879-EO (2014

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-116

Open to Public Inspection

A Fo	or the 2014 calend	ar year, or tax year beginning	, 2014, an	d ending	THEO GHIR	RAZI	, 20		
B Ch	eck if applicable:	C Name of organization			D Employ	yer ide	entification number		
Add	dress change	FLICKINGER LEARNING CENTER			55-	0870	6839 AVELET		
Nan	me change	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telepho	ne nui	mber		
] Init	ial return	79-ED and enter the applicable around, if any, from the return		nisu els coy	down tot mud				
Fin	al return/terminated	413 MULBERRY AVE	nuoms ent ba	r Sa, Nelow.	(56	3) 28	8-1990		
] Am	ended return	City or town, state or province, country, and ZIP or foreign postal code	atile, blank (da	olioga arteva	F Group	Exemp	tion at a way		
App	olication pending	MUSCATINE, IA 52761			Numbe	r >			
Ac	counting Method:	X Cash Accrual Other (specify)	iue, if any (Fo	raver late 1	H Check ►	ift	he organization is not		
We	ebsite: > 05	(Form 969-EZ, line 9)	gyangs, if any	n Islo] d	required to	attach	Schedule B		
Ј Та	x-exempt status (check only one) - x 501(c)(3) 501(c)() (insert no.)	4947(a)(1)	or 527	(Form 990,	990-E	Z, or 990-PF).		
		X Corporation Trust Association			Tid great	caso	79-089 mg F ea		
- Ad	d lines 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$	\$200,000 or m	ore, or if total					
		w) are \$500,000 or more, file Form 990 instead of Form 990-E							
Par		ie, Expenses, and Changes in Net Assets or							
A SOUTH		the organization used Schedule O to respond to any							
T			skipacios prays			1	90,96		
			Invoms ect h	rit enslaeb ne	rthuit Eisreign	2	,kremon ,sum em		
		dues and assessments			return, i cons	3	olo emollacimagno		
		income			en of totalet &	4	21,15		
		unt from sale of assets other than inventory			en es brit via		21,15		
		di na besa zepet intebal a'rinfleviasatr ett in traduca tot et		NOT THE WAY TO SHARE THE	i Daisologi kili		cituateni isionenii		
		The state of the state of the second and state of the sta							
		A STATE OF THE PARTY OF THE PAR							
		a Gross income from gaming (attach Schedule G if greater than							
0	a Gross incom	ine from garning (attach Schedule G il greater than	ed maanda.	ndannapie			i mutat pinoripala		
n n			62	-(gine zod sn		Officer's PIN: of		
Revenue		b Gross income from fundraising events (not including \$ of contributions							
ž		ising events reported on line 1) (attach Schedule G if the	pn_11	The second secon			shortos I [X]		
		WASHING TO ANTHON THE PAST	6k		19,904				
		expenses from gaming and fundraising events	Rate broad Street		13,105		ne arti no		
		or (loss) from gaming and fundraising events (add lines 6a an		ract			elf gaisd		
			THE PERSON NAMED IN COLUMN	dept titues	y Pilk on the r	6d	6,79		
		of inventory, less returns and allowances					parcon		
		of goods sold			Ussing one arit	Tion.	flo ne aA		
		or (loss) from sales of inventory (Subtract line 7b from line 7a				7c	even 111		
	8 Other reven	ue (describe in Schedule O)		THE RESIDENCE	1 JUNE 1870 NO COL	8	1 (57)1 (81)		
	9 Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	118,91		
	10 Grants and	similar amounts paid (list in Schedule O)	· · · neirs	idne iduA.	bris nelle:	10	O RETURN		
		d to or for members				11	ERO's EFIMPIN		
0	12 Salaries, oth	Salaries, other compensation, and employee benefits							
se	13 Professiona	I fees and other payments to independent contractors .				13	110,24 2,21		
Expenses	14 Occupancy,	rent, utilities, and maintenance				14	10,18		
X	15 Printing, put	olications, postage, and shipping	ngia-(mei-lai	NA JAIR you o	e yether on which	15	s ad lant viinea 57		
	16 Other exper	nses (describe in Schedule O)	pope of graft	algh protections	ia, ma Librit on	16	21,46		
		nses. Add lines 10 through 16				17	144,67		
	18 Excess or (c	deficit) for the year (Subtract line 17 from line 9)	· /\\.\	A-50 H . X	17.944	18	(25,76		
ets		or fund balances at beginning of year (from line 27, column (A)					125710		
Net Assets		figure reported on prior year's return)				19	210,25		
et A		ges in net assets or fund balances (explain in Schedule O)				20	(93		
ž		or fund balances at end of year. Combine lines 18 through 20				21	183,56		
- 10 M		The state of the s		A THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE P	THE RESERVE OF THE PROPERTY OF THE PARTY OF	BACCOM RES. (SEC.)	100,00		

ASSISTANT EXECUTIVE DIRECTOR

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20.00

	instructions for Part V) Check if the organization used Schedule O to respond to an	y question in this Part V			
1687	to MY3 (R) Peay to grunnipe 3 (A)	ander our debte		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide				
	detailed description of each activity in Schedule O		33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confor		20 10	100	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain		PERM		6
	change on Schedule O (see instructions)	the description countries.	34	I ST 1	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		zieucs -	Inlä 1	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	engory to memerate	35a	TIES	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation	in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	notice,	glo self	Bi fani	N
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	A delicated with the liberature	35c	dimas	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	h bha thaith b' ni l chealagas s	doing	188.38	pp4
	during the year? If "Yes," complete applicable parts of Schedule N	continues and a viscosite	36	ingen	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
	Did the organization file Form 1120-POL for this year?		37b	pactor and	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or			Alte S	
16	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return		38a	MARKETS TALOS	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			250183	21
39	Section 501(c)(7) organizations. Enter:	000			
	Initiation fees and capital contributions included on line 9	39a			
a	Gross receipts, included on line 9, for public use of club facilities	39b			
tu a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 ; section 4912 ; section 4955 ; section 4955				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4		1200		NE SE
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		401	Har's	1037
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part		40b	0.0000000000000000000000000000000000000	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			7.57	
	off organization managero of allequation percents daring the year arrast electric terral		- KSKSEKSES		
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e	L	X
41	List the states with which a copy of this return is filed IA	SAME	ILI S	LAM	(C)
42 a	The organization's books are in care of TRISTA SOTELO	Telephone no. ► 563-2	288-1	990	
	Located at 413 MULBERRY AVE, MUSCATINE, IA	ZIP+4 > 5276	TOORE	LJU	P
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority over	SAI.	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial activities." enter the name of the foreign country:	count)?	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Ban	k and			
	Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?		42c		X
ŭ	If "Yes," enter the name of the foreign country:		SOI	'Dessi	t Go a
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here	45.0150	cos. z	18.7	. [
+3	and enter the amount of tax-exempt interest received or accrued during the tax year			19 4 475	L
-13-				Van	- NI-
	18 Proging, publications, soprage, and shupping		\$34555 \$45555	Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		- ARTERIS		200
	completed instead of Form 990-EZ		44a	0.000000	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		-		X
	Did the organization receive any payments for indoor tanning services during the year?		44c	1353	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O		44d	DEE	Q5:
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · · · · · · · · · · · · · · · · · ·	45a	10452	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity with	n the TH301			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	f Waarde			
			1111	The state of the s	

JIII 330-EZ	FIICKINGER HER	KNING CENTER	Barmone (Inthit)	(Altiv) sad 570/hla	0870683	Yes	No
46 Did t	he organization engage, directly or indirectly	in political campaign activit	ties on behalf of or in opp	osition			140
to ca	indidates for public office? If "Yes," complete	Schedule C, Part I	be a series polony class	ssa aorapiota Pan V	46		X
Part VI	Section 501(c)(3) organization		Short Schedule A (Form?	noitsanohii 🤻	patring human	rajan serier Miliperier	di.
	All section 501(c)(3) organizatio	ns must answer ques	tions 47-49b and 52	2, and complete the	tables for	lines	stal
1 26.0	50 and 51.			ARTHUS CERTER	el redui		¥_
61,08510	Check if the organization used S	schedule O to respond	d to any question in	this Part VI	×699 · · ·	7169	
risiyae	any "unulies! grants.")	region 11, check only one p	Course It is: (For knew 1.9		si dogesine	Yes	No
	he organization engage in lobbying activities	or have a section 501(h) el	ection in effect during the	tax nototo to notherned	clonate A	1-1	
Committee of the Commit	? If "Yes," complete Schedule C, Part II	- 470(1)(4)(4)(4)(7)(2)(1)(1)(1)	b)encaptille causer Serio	described in section 1700	47	3	X
	e organization a school as described in section			lengatif ovillamigocom rail	48	3 4	X
	he organization make any transfers to an ex-		organization?	Inexastch organization of	49a	-	X
	es," was the related organization a section 52		oo (other than effects di	constators and a second	· · 49b		
	plete this table for the organization's five high oyees) who each received more than \$100,0						
cinpi	oyees) who each received more than \$100,0	Joo of compensation from ti	le organization. Il there i		notices		-
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimat	ted amou	unt of
	Market and the state of cash employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other c	ompensa	ation
SHODER	ed presentation) included on 1000 a	and statemen	AND THE STREET, AND THE	12222222222		-1	
NONE		The formal management of the St. St.	BAT HE DATE HERE AT TEMP.	NAS IN POUR DISSIS HELL TOUR			
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	.000 of compensation from the organization. (a) Name and business address of each independent co) amografi eman artir di betse	ne." (b) Type of service	estination estination A. It is also to train to logical to train particular to logical to the control of the co	(c) Compensati	on	
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d Total	number of other independent contractors ea	ch receiving over \$100 000	Per 16.0 and 10 at 15 is 10	1299/ Ar manner	ce to email rit		
	ne organization complete Schedule A? Note.	e de la compania del la compania de la compania del la compania de la compania del la compania de la compania d					
comp	leted Schedule A		ter och et et et et et e	a extress	► X Yes	вП	No
Visite and the state of the sta	s of perjury, I declare that I have examined this return, inc						-
	nd complete. Declaration of preparer (other than officer)			ablicly supported		(A	
DESCRIPTION OF THE PARTY OF THE	TRISTA SOTELO		A Transfer and a Tax			- 1	
Sign	Signature of officer	igansation of I not medical	hop on less 10, 15a atto.	Date		, la	
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Excellen	Type or print name and title	uds and december access to	s. The organization (day)	ies as a publiciy		144	1
ea carr	Print/Type preparer's name	Preparer's signature	+ CA Date	Check X if	PTIN		
Paid	Beverly R Hunt	Devely K Mu	M EA 66-12-20	015 self-employed	200049	705	L.
Preparer	Firm's name Hunt Tax and A	ccounting	the transfer of the same of	Firm's EIN			
Use Only	Firm's address 503 Iowa Avenu	The state of the s	1 - 3	Schein			21 201
	Muscatine IA 5			Phone no. 563-	264-390		No.
may the IRS	discuss this return with the preparer shown	above? See instructions			Yes Yes	X	No
EA			the late of the second		F	00 ==	10044

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-00474

2014

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

lame of the organization					Employer identifica	tion number					
LICKINGER LEARNING CENTER	eta especies y a po	warneg donangeris 7-17 "Ye			33 007000						
Part I Reason for Public Cha	arity Status (All	organizations must o	complete	this par	t.) See instruction	S.					
e organization is not a private foundation	because it is: (For lin	es 1 through 11, check onl	y one box.)			34 1					
A church, convention of churches	, or association of ch	urches described in section	on 170(b)(1)(A)(i).							
A school described in section 17	0(b)(1)(A)(ii). (Attach	Schedule E.)									
A hospital or a cooperative hospit	al service organizatio	on described in section 17	0(b)(1)(A)(i	ii).							
A medical research organization of	operated in conjunction	on with a hospital describe	d in section	170(b)(1))(A)(iii). Enter the						
hospital's name, city, and state:	during Recycol 2475	les "complete de l'Aveulentin	ialgad 1992 n	01094-6-0	Una related arganization	sam sax H d					
An organization operated for the t	penefit of a college or	university owned or opera	ited by a go	vernmenta	al unit described in						
section 170(b)(1)(A)(iv). (Comple	ete Part II.)										
A federal, state, or local government	ent or governmental	unit described in section 1	70(b)(1)(A))(v).							
An organization that normally rece	eives a substantial pa	art of its support from a gov	vernmental	unit or fror	n the general public						
described in section 170(b)(1)(A	(vi). (Complete Part	II.)									
A community trust described in se	ection 170(b)(1)(A)(v	vi). (Complete Part II.)									
X An organization that normally rece	eives: (1) more than 3	33 1/3% of its support from	contribution	ns, memb	ership fees, and gross						
receipts from activities related to	ts exempt functions -	- subject to certain exception	ons, and (2)	no more t	than 33 1/3% of its						
support from gross investment in					rom businesses						
acquired by the organization after											
An organization organized and op											
An organization organized and op											
one or more publicly supported or						heck					
the box in lines 11a through 11d th											
a Type I. A supporting organiza											
the supported organization(s)			ity of the dir	ectors or t	rustees of the supporti	ng					
organization. You must com			nai istiingi. www.stat	ener a roma.	estració sin in som d						
b Type II. A supporting organiz											
control or management of the			ersons that	control or r	manage the supported						
organization(s). You must co			acation with	and fund	tionally intograted with						
c Type III functionally integra											
its supported organization(s)											
d Type III non-functionally into											
that is not functionally integra requirement (see instructions					it and an attentiveness	C-12 2					
e Check this box if the organiza					Type II Type III						
functionally integrated, or Typ				a type i,	Type II, Type III						
f Enter the number of supported or											
g Provide the following information											
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
Al any other centres the collector year of		(described on lines 1-9	listed in you	ur governing	support (see	other support (see					
	DUM Sytastis Num en	above or IRC section (see instructions))	document?	document?	20 1879 XXXII X	THE BODY OF SOMETHING TO A SECOND SOME SOME SOME PROPERTY OF THE SOME SOME SOME SOME SOME SOME SOME SOM		2014 (1891) N. 1987 (1881) S. 1887 (1887) (1887) (1881) (1889) (1887) (1887) (1881) (1887) (1887) (1887) (1887)		instructions)	instructions)
	es totals filling Form 1		Yes	No	Aakibelf						
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THE PROPERTY OF SECTION AND ASSESSMENT OF THE PARTY.	IFILE OF IMPOUNT CONTROL	To the first to be the state of	79		ener alemony sold	pril 425 l					
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PROPERTY OF STREET					Cont. M						
otal					act rilliar mades aids a	runiti SRI asti vara					

E	(Complete only if you check Part III. If the organization for						fy under
Se	ction A. Public Support	Br. Association	are the Ears t	0/10/04/14/07/07/07	a se house	ami2 alldii4	A\$1.0.62
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
, 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	erp for	SAL SEC	CED 08	Lega automorphische Charles automorphische	novar identineat Barbitaliano, atr ves abulori so co.	in tempoar up 2000 t
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				actificat	eiskinibe moti ekine o bermohen eesve ne any eelivity teet t not tak-vermohen	en aderità : \$ e solor de s
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	3 Presiden no BED , € Still horosometr	Der Departmit	n 886.8 Dieelad as a brivari		souls from advisfice trade or bus, under the contract for the	
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						osa to ot utgy ant - d lacidimut estategro
	shown on line 11, column (f)						IA .istoT 8
6	Public support. Subtract line 5 from line 4 · ·	72.					Participant Science Sc
Sec	tion B. Total Support						DOMESTIC:
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	ERRELES IZO	Parties Fulls		000 2346 x 24 2 3 3 4 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4	on exceed the group of the group of the first on the figure of the first on the figure of the group of the gr	to all no send his A a a sales a B
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Description of the second seco	to receive to due	or server continues of the server of the ser	n yong lotaling 55 Å		Calendar year
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		113,483	53,400	vdends,		9 Amounts 10a Gross Inc
11	Total support. Add lines 7 through 10 .						antisyon
12	Gross receipts from related activities, etc. (se	e instructions)	· transmission	eder was to the cor	da san kir isaan	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	*** ******	1. 5 - 5 - 1 - 5 - 5 - 5 - 5	th, or fifth tax year a	as a section 501(c)(3)	m gertalma seprembra. Diserra recht (saxsp. r.) Priffer (Objernat, saks	persiento a ré nodosa bartipas ►
Sec	tion C. Computation of Public Sup			lere ne		(California 10p	teni bbA la
14 15 16a	Public support percentage for 2014 (line 6, co Public support percentage from 2013 Schedu 33 1/3% support test - 2014. If the organizate box and stop here. The organization qualifies	ile A, Part II, line fion did not check	the box on line 13	3, and line 14 is 33 1			% %
b	33 1/3% support test - 2013. If the organizate check this box and stop here. The organization	ion did not check	a box on line 13 o	or 16a, and line 15 is			42 Olper for loss from
17a	10%-facts-and-circumstances test - 2014. 10% or more, and if the organization meets the Part VI how the organization meets the "facts"	If the organization ne "facts-and-circu	did not check a tumstances" test, o	pox on line 13, 16a, check this box and s	stop here. Explain in		
b	organization · · · · · · · · · · · · · · · · · · ·	f the organization	did not check a t	oox on line 13, 16a,	16b, or 17a, and line	ier, shedcing to Computatio	Section C
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meets supported organization	the "facts-and-ci	rcumstances" tes	t. The organization of	qualifies as a publicly	ottehujma.	a signi¶ - ar O.noll ►2 □
18	Private foundation. If the organization did no instructions						

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

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

Sec	ction A. Public Support	# 第1的4000 SR A 15"(2011)	teoto notou po	a complete of the	received and the second	gros arrosa	The second secon
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	OKTINGS LINEGAM EXPER				575 8	g sets, opportuiting	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,032	113,483	101,919	129,515	90,969	485,918
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	tocolomiel charde (A)(B), (Alter) Scre de organisación de	s sescrited in surv edule E ; corbert in as group	tion (Timb) (1) A. A. Estation (Allino)	pequette te	troi holivel roune a poe flenad c'rodasi rtad sti no bebragn	2 Tax re organ do or s
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513	3,368	to a final part of const	9,088	5,829	19,904	38,189
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				3 Utions by	eu and bress i through Roan of total contri Roan Coffee Paccus	JetoT & Great GentT &
5	The value of services or facilities furnished by a governmental unit to the organization without charge		acido de Partidado		ay Ruded on		nevog Ogdus
6	Total. Add lines 1 through 5 · · · · · ·	53,400	113,483	111,007	135,344	110,873	524,107
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				er ever mont è	er particul Propiets	office 1 8
11	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	1875 See sati hydus 189 tetes enstainer to the liens described in			d (ni golonio Se societivi)	e (or fiscal year ix a from fine A lectric from altreation for a district the file	Calendar year Amoin B Gross
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						80 3168
8	Public support (Subtract line 7c from line 6.)						524,107
Sec	ction B. Total Support	at N. Sastens A	State S.		sesoiese e	it jon to reditario, as	achvida
277	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	53,400	113,483	111,007	135,344	110,873	524,107
10a	Gross income from interest, dividends, payments received on securities loans, rents,	i Pert IV, Baction Responsing organiz	A and C ten contract in c	reger of es	aleasi Scholonski Magle	the sale of chord of the ball	os seol Letox9) e LetoX == 85 ==
	royalties and income from similar sources • •	30,912	18,000	16,001	19,004	21,150	105,067
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	na last valuentes Pr	eria Europa A	e jara de flaction en forace de do	n artinat e Galer eteri gola 206 x	e years, il ogal es soon, chack fins be	17 Frest fi Singano
С	Add lines 10a and 10b · · · · · · · · ·	30,912	18,000	16,001	19,004	21,150	105,067
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •	e ismoonaly inted toka 16 jakaise bassi ya	Erasprovád a	galasega) (1 mm) Militari Alph Maerta fee bib no	mee: 1018 Schedu 14. If the organizat	egefnepteg hoggu- 88. sest hoggus	rancus sin
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	e as ese es as and book soal escapación		pute sporting a grad a specta femblication age as a Shifting ind	2,646	Control Programs of gote bus xours	2,646
13	Total support. (Add lines 9, 10c, 11, and 12.)	84,312	131,483	127,008	156,994	132,023	631,820
14	organization, check this box and stop here			or fifth tax year as	a section 501(c)(3)	odes og av te u see	
_	ction C. Computation of Public Su			Vinesine and the	en nodesinapad A	15	82.95 %
15	Public support percentage for 2014 (line 8, c Public support percentage from 2013 Sched					16	82.95 %
Se	ction D. Computation of Investme	nt Income Per	rcentage		* 4 1 1 1 1 1 1 1	nopesinsgluite	Brodons ex
17	Investment income percentage for 2014 (line			umn (t))		17	17.00 % 16.00 %
18	Investment income percentage from 2013 So						16.00 %
	1 33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization quali	fies as a publicly si	upported organizat	ion · · · · ·	▶ 🏻
	33 1/3% support tests - 2013. If the organization did no	box and stop here	. The organization of	qualifies as a public	cly supported organ	nization · · ·	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Employer identification number

FLICKINGER LEARNIN	G CENTER 55-0870683	
Organization type (check or		
Filers of:	Section:	
2 riseonolitations	ces, as 2 gl Special handrelsing evants 78 dWS W sins	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	we a written or oral behavious with any individual timologing officers, directly a keylands smithabeum	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
	Sozi political organization	
Form 990-PF	501(c)(3) exempt private foundation	
HOTE Sunday	67 Bit Acquery 19 districts of letter solletty fundration tested in	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) tayable private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	- :N1 -:nVi
	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
instructions.	y, (o), or (10) organization can creak boxes for both the General Nule and a Special Nule. See	
General Rule		
X For an organization f	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000	
- 10 B. B. B. H. H. B.	r property) from any one contributor. Complete Parts I and II. See instructions for determining a	
contributor's total cor		
Carried Pulse		
Special Rules		.ol4
For an organization of	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the	
regulations under se	ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line	
	that received from any one contributor, during the year, total contributions of the greater of (1)	
\$5,000 or (2) 2% of t	he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
of It had alabated to		
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	
illerary, or educations	al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	e year, contributions exclusively for religious, charitable, etc., purposes, but no such	
	more than \$1,000. If this box is checked, enter here the total contributions that were received	
	n exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the	
	s to this organization because it received nonexclusively religious, charitable, etc., contributions	
	re during the year · · · · · · · · · · · · · · · · · · ·	
	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,	
	st 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
11 002197		

	ganization GER LEARNING CENTER	First term the Sugaritzation fall Emplishers please complete Physics	oloyer identification number 55-0870683
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Readend Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNITED WAY OF MUSCATINE 208 W 2ND ST	\$ 45,890	Person X Payroll Noncash (Complete Part II for
rinda teo fran	MUSCATINE, IA 52761	880,088 B 889 88	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONSANTO CORPORATION 2500 WIGGINS RD	\$ 5,000	Person 🔀 Payroll 🗌 Noncash
	teo on lests 1, 2, pertia	501(c)(3) taxable provinc tound	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
da nea Tra da nea Tra da como espera con B. Tra dar yeán co	Party for the Veneral Rule and a Spacial Rule Party for the Control of the Contro	(10) or (10) organization can discussed as (10) organization can discussed as (10) organization can be compared to the control of the control	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
nations and income on the control of	Consider the Constant of Court 200 or 800 CZ3. Part II, sine wind by the CZ3 court of the court	asion and in eacy has not been a galactic and the 300 and to be 300 and	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
so from the capture of the two years are the capture of the captur	Hing if contributed to perform the reserved from appropriate to the text of the contribute of the cont	tention of the produce at best-resident of the product of the prod	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TOTAL TRADER OF THE BUT BOUNDED OF SHEET STREET SECTION OF THE BUT SHEET STREET SECTION OF THE BUT SHEET STREET ST	per galla erit teen non agob it half yintee one man a sook it half yintee one man a sook it half yintee one of the Asia on a sook one of half and the man and half a sook of the sook of t	Person

3CHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2014

Internal Revenue Service

Department of the Treasury

Open to Public Inspection

maioato miotro die organization rai	sea tunas through	any of the to	llowing activ	ities. Check all that	apply.	
Mail solicitations				of non-government		
Internet and email solicitations		ars f	Solicitation	of government gran	nts arroguciruno	
Phone solicitations		g	Special fund	draising events	ecome (fine 1 minus	
In-person solicitations						
 Did the organization have a written of or key employees listed in Form 990. If "Yes," list the ten highest paid indiviction compensated at least \$5,000 by the 	, Part VII) or entity i iduals or entities (fo	n connection	n with profes	ssional fundraising	services?	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid t (or retained by) organization
		Yes	No		200.49	100
CHIPTION			AMOR	ET.		then 3 8
PRECIATION PROPERTY			i in a		easnerps tomi	9 Olmon
OBSERVATION PROBLEMS			which the property of the state of		woense summary Add Boome summary, Suetract lin	The second secon
ne 15, or reported there \$41,143	n 990, Part IV. II	es" la Fall	The state of the s	a noitezinegio s	aming, Complete if the	TO PATE STATE INSPECTAL VICTOR AND ADMINISTRATION
Republicat Republication of the second section (a)		ar aya (d).	- B	7 d (a)		100 mm
K P829				13	ni Citatell	Ileanto P
PRANCE			1.32	7	2500	d desc) 2 Cash b
EPSA, INCOM			11.2	()	ageno de	198
785.75			2.0	19	etern villo	Phone A
COLLANDOR			1.2		assov trani	Treftio à
y es	1 20	esY	# 4.7	22 seY	- Sale Older And B	A ISSUED S
List all states in which the organization		ensed to so	licit contribu	tions or has been n	otified it is exempt from	torii T
ALTO POU PISAFERBRES		· · · (b)	armules it en	er Stract lide 7 frain lin	nina Incomo summary Su	8 Net can
Manage and Rolling	X . E .				anagne saft rloirly (i) (s)els	
THE STATE OF THE SECTION STATES	2006 <u>2006</u> 1			V)	Editod of Bearing Englass Intis	replace and a discontinuous section of the section
			234065			

Schedule G (Form 990 or 990-EZ) 2014 FLICKINGER LEARNING CENTER 55-0870683 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		rogatationace (see motivo	(a) Event #1 DYE RUN	(b) Event #2 OTHER	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue		- Andrew Maurica Additi		ann ereidmos es cestin	DELIGE STEATER AND AND	SATE Lesization
Revenue	1	Gross receipts · · · · · · · ·	Wing activities. Check all th	BIGH SEE TO LIVE HISBORY WAS	Lit Design harrowering and t	antenw etsoippi 1
Re	2	Less: Contributions · · · · ·	15,990	3,914	and anolisiste liemą	19,904
	3	Gross income (line 1 minus line 2)	(15,990)	(3,914)	45, 690 anologo	(19,904)
	4	Cash prizes	al (exclusing pricers, directly professional numbers of the contract numbers of the contract o	agreement with any stainted. (1) or entity in sunnection:	bon have a written or orall is asked in Point 990, Fan	22 Did the program or key amployo
	5	Noncash prizes	stud amenteering of Institut (b) real, and ZIP & 4	ec (areambrun) asimma m 7,00145	en regreer palo moleculor. Jacob \$3,000 by the origin	Pipolasko-lobiosis in
ses	6	Rent/facility costs	9V8/ 1993	nond SiQ (88)	lice (million) by special	esson us
Direct Expenses	7	Food and beverages	Odes from schwip Mich.	trontinos	(100 \$10.70	Payren I
Direct	8	Entertainment	1991 		10	implets Part II for specto postebusions ?
	9	Other direct expenses	13,105			13,105
	10	Direct expense summary. Add lines	A through Q in column (d)		contributions 1. Ty	ne oil contribution
	11	Net income summary. Subtract line				13,105
Pa	rt II	Gaming. Complete if the of than \$15,000 on Form 990			IV, line 19, or reported	Noncesta El
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				×
	2	Cash prizes · · · · · · · ·	ess, and Zif + 4	Total	ontonions 1	pe of contribution
benses	3	Noncash prizes · · · · · ·				Forson, [] 8
Direct Expenses	4	Rent/facility costs				Noncasta [] ⁸
	5	Other direct expenses		on and the second of the secon	1 30	scash contreutons."
	6	Volunteer labor	☐ Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines	2 through 5 in column (d)	olics of pakingulary byterain	er e noraxisegte en nora géins	elyggofestelger) elyggofestelger)
	8	Net gaming income summary. Subtr	act line 7 from line 1, colun	nn (d)		laytoil
9	Ent	ter the state(s) in which the organizati	on conducts gaming activity	ies.		aniplote desity Firm
a		he organization licensed to conduct g				· · · · · Yes No
b		No," explain:	and a contract in cooli of			100 [] 100
		Manna artist	us and 718 + 6	Total	poutoballons In	the of sayd the steel
10a	We	ere any of the organization's gaming li	censes revoked, suspende	d or terminated during the	tax year?	· · · · · Yes No
b	If "	Yes," explain:		The second secon		Pagenti Fi

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

FLICKINGER LEARNING CENTER

Employer identification number 55-0870683

FILECTINGER LEARNING CENTER	55-0870683	
01. List of grants and similar	r amounts paid (Part I, line 10)	1 . 4(
ACTIVITY GRAN	AS RETUCIONS)	ATECK
GRANTEE VARI	IOUS 5 % less, enter Quit coarded fixeg	MEIUD!
RELATIONSHIP NONE	(c) Aprend note	
135 eq. [T]	Security tion of total liabilities (Part	
8 Foundation gost of section 17% property. And assuring		ODERA.
	uses (Part I, line 16)	all and the same of
DESCRIPTION	AMOUNT	POTRU
DEPRECIATION FROM 4562		
AMORTIZATION FROM 4562		ions)
SUPPLIES VERSION WE SEED AND LEGET OF A SECRET	2,262	ores see for experience
MEETING EXPENSE		77.
BANK FEES MANAGEMENT DESCRIPTION OF THE PROPERTY OF THE PROPER	Section A years beginning before 83 14	
INSURANCE	2,677	
ENTERTAINMENT	Paring 2014 Tax Year Using the General Deprendition System	
SOFTWARE	2,019	
4ISCELLANEOUS	1,219 SL	
PROGRAM EXPENSES	4,792	
ADVERTISING	166	
REPAIRS AND MAINTENANCE	389 4 Mb	
November (198)	39 yrs ' 5%4 3.5 	
3. Other changes in net assets	s or fund balances (Part I, line 20)	
ESCRIPTION	AMOUNT	
PREVIOUS YEAR MISCLASSIFICATIONS	(932)	

55-0870683

			TV-58	
The government of the second o	Sec is at another and post (X2 per in the		CAMPANDAR CONTRACTOR 1 NO.	101
28-0870883	Martin San Comment Com	ESTABLE DESTRUCTION	ARREST, CHIMRARA	ARREST LIVE
4. Description of oth	ner assets (Part	II, line 24)	of grapts and	01. <u>Sist</u>
CATEGORY	BEGINN	ING OF YEAR	END OF YEAR	YPAVETS
QUIPMENT	(15,950)	300 1,550	2,492	SECHAR.
A Cash sheet		MONE		THEROTTALISA
05. Description of tot	al liabilities (Part II, lir	ne 26)	
CATEGORY	BEGINN	ING OF YEAR	END OF YEAR	
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8 Volunters (#B9/	168	No.	1.69	SMIRITARNO
Y - Pirect expense seasonery Add inse	s 2 densigh 5 in Soluren (d)		ADMENTAL DE	GRA BRIAGS
8. Net gasting in the electricate Public	thad live 7 from the strolling life			
8. Enter the sums of in which the organism as to no 60-for easen's Energible directed	en conucts games of select A magnetic leaf don't	zagajessa.je	a ni repnano	zagrao, Li
		and the second s		MOITWINDE
	TAUDHA			

of Notice, see the instructions for Kerry 990 or 990 EZ

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2014

20,000	rnal Revenue Service (99) Inform	ation about Form 4	562 and its separate i	nstructions	is at www.irs.g	ov/form45	62.	Attachment Sequence No. 179
	al Revolution for revolution 1 1 19 19 19 19	mation allostificar	Busines	ss or activity to wh	hich this form relate:	s (a) lan	imulo	Identifying number
	ICKINGER LEARNIN	NG CENTER	F(DRM 990	EZ - 1			55-0870683
P	art I Election To Exp	ense Certain P	roperty Under Se	ction 179	photographic statements	rdreef Income	p) whee	Add Do you have even
-	Note: If you have any	listed property, com	plete Part V before you	complete Pa	rt I.			
1	Maximum amount (see instruc	ctions) · · · · ·	construction and	inglier rection 2	Cancles and	Delegated	1	Type of property (list
2	Total cost of section 179 prope	erty placed in service	(see instructions)			Petro Villago Salo	2	Control of the Contro
3	Threshold cost of section 179	property before redu	ction in limitation (see in	nstructions)	delahedigus ki		3	Zā Special daprac
4	Reduction in limitation. Subtract	ct line 3 from line 2. I	f zero or less, enter -0-	esticité en entre	Cop #40 and an	edimes:	4	the tax year an
5	Dollar limitation for tax year. So	ubtract line 4 from lin	e 1. If zero or less, ente	er -0 If marrie	ed filing	V MOST AND	COOR	states yetaqui = 31
_	separately, see instructions •	minutes into	Came Crissin		from the s	neededi	5	
6	(a) Descriptio	n of property	(b) Cost	(business use or	nly) (c) E	lected cost		
Vari								
A	nor competitions (including 5130).	Office) companying	L REMICE and lease is	st of 1165482-94	erralig bedilaut	ia ni espia	9.40	
7	Listed property. Enter the amount				7	LLL		
8	Total elected cost of section 17	9 property. Add amo	unts in column (c), lines	6 and 7	F. Extrate france	a total rela	8	
9	Tentative deduction. Enter the	smaller of line 5 or li	ine 8			Se altricio	9	Gubiahher Wille su
10	Carryover of disallowed deduct	tion from line 13 of yo	our 2013 Form 4562	energetas.	s 25 ibrough 22	ool jaar	10	gi sinuoros boA 38.
11	Business income limitation. En	ter the smaller of bus	siness income (not less	than zero) or	line 5 (see ins	structions)	11	TA AUGUSTUS DESC. ES
12	Section 179 expense deduction	n. Add lines 9 and 10	, but do not enter more	than line 11			12	
13	Carryover of disallowed deduct	tion to 2015. Add line	s 9 and 10, less line 12	eschiq = yo	13	of thickes us	1010	
Note	e: Do not use Part II or Part III be	elow for listed proper	ty. Instead, use Part V.	eed of Cincilo	inestrons in Se	ani tawan	s ferif	to your employees.
Toronton.	200	ation Allowance	and Other Depr	eciation (Do not include	listed prope	erty.)	(See instructions.)
14	Special depreciation allowance	for qualified property	y (other than listed prop	erty) placed in	n service	aeim troth	da ava	nazeniaud leter (gg
	during the tax year (see instruc						14	
15	Property subject to section 168		· · · · · · · · · · · · · · · · · · ·	tales · ·	say em gun	ib nevno s	15	MUNTHO SOL TA
16	Other depreciation (including A	CRS)			(golts	inapeonan	16	5,104
Pa	rt III MACRS Deprec	iation (Do not inc	clude listed property.) (S	See instruction	ns.)			· masto assim no
-	4 434.5		Section A		60A.a	ing the year	Wo M	WALL SHALL ISSUE OF
17	MACRS deductions for assets p	placed in service in ta	ax years beginning befo	re 2014	than historyidusin		17	ipuonal De sand
18	If you are electing to group any	assets placed in ser	vice during the tax year	into one or m	nore general	90, 101, 510		
Ti.	asset accounts, check here					· Sala		
	Section B - Ass	sets Placed in Servi	ice During 2014 Tax Ye	ear Using the	General Depr	eciation S	ysten	n and a second
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period		(f) Metho	261.10	(g) Depreciation deduction
19a	3-year property	led to	idev sbivor9 only as	velonid to	e reiffieu 0 - 0	Section		
b	5-year property		demolistica Section 81	excension to	us feem unv ît d	nimalab o	i ani	Answer those quest
С	7-year property		1,021	7	HY	SL	Tio at	erwo efficient storem
d	10-year property		entrices in continuend	a la cidida a	Jarij inemetala	colog neat	CRAF EL C	HALL HELD LICY CU. 14
е	15-year property		7,560	15	HY	SL		sasyulomis nuov. O.E.O.
f	20-year property		on architecto soutane	aso sildirima	ed toemstate	ten parcu	THE B	252
g	25-year property		Constitution and the other	25 yrs.	a Shuriey sot	S/L	Later a	ed Yearyon ner
h	Residential rental	A: Contractor and a resident	Secondary and the second	27.5 yrs.	MM	S/L	0.830	3s Lib you treat all
-	property	Signatura vid	e most anticometri niste	27.5 yrs.	MM	S/L	91043	A Co you or orde
i	Nonresidential real		E LOSS HE CHE CONTROL OF THE CONTROL	39 yrs.	MM	S/L	8 36	cae of the vehic
	property	decision atomi on 2	Cami entlestamentals al	d Sample of heat	MM		unan s	acti Joseph Line put Fina
	Section C - Asse	ts Placed in Service	e During 2014 Tax Yea	r Using the	Alternative Da	S/L	Cont	Motes If you
0a	Class life		Javiv lux 166	. comg the /	The mative Dep	Confession Laboration Property	Syste	MILES THE THE
b	12-year		TOTAL CEMBER DARREST	12 100	St. T. Electi	S/L		
	40-year			12 yrs.	DANA.	S/L		
Par		tructions)	ELL SECULE SHEEL SECULE 1	40 yrs.	MM	S/L	ela Min	olionees1
A Property of the	Listed property. Enter amount fro		- who was a second second				1-30	
	Total. Add amounts from line 12		, lines 19 and 20 in colu	ımn (g), and I	ine 21. Enter	TARE	21	PROCARE

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

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

5,429

22

23

Form 4562 (2014) FLICKINGER LEARNING CENTER 55-0870683

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Dep Do you have evidence	to support the busin	ness/investment	use claime	d?	7 H600	Yes		No					written?	Пу	es 🗆 I
1	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment us percentage	Cost o	(d) r other ba		(e Basis for dep business/in	orecia vestm		(f) Recove	ry mai	(g) Method/ onvention	De	(h)	Elected	(i) section 1
25	Special depreciatio	n allowance for		ed prope	rty plac	ed in se	rvice duri	ing	ubet.	and sed	7.500	orivertion	O6	eduction		cost
	the tax year and us	ed more than 5	0% in a qual	ified bus	iness us	se (see i	instruction	ne)								
26	Property used more	e than 50% in a	qualified but	siness us	e:	9 229	0 0753 1	13)		78.4 SE	1061/01	2	XIST BUT T	NAT TO WITH	100	
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			9													
27	Property used 50%	or less in a qua	alified busine	ss use:	11:1	ea_	(Raxi			140	a. 2					
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ŏ	Add amounts in colu	umn (h), lines 2	5 through 27	. Enter h	ere and	on line	21, page	1	485) enit p	inti noil	. 28	A) line	D 10 ISAQ		
9	Add amounts in colu	umn (i), line 26.	Enter here a	ind on lin	e 7, pag	ge 1	1000H 82	eqia.	Ud Te	Tellama	and yes		44 JUST	29	RESULT.	000000000000000000000000000000000000000
	poloto this as attack	1	per de la composição de	Section	B - Info	ormatio	n on Use	e of	Vehic	eles	DDA.	ncQLEe!	0.581.50	A ELL DO	Secur	AT
OII	plete this section fo	r vehicles used	by a sole pr	oprietor,	partner,	or othe	r "more th	nan (5% ov	wner," o	r relate	d person	. If you	provided	vehicles	
) yc	our employees, first	answer the que	estions in Sec	tion C to	see if y	ou mee	t an exce	ption	n to c	ompletir	ng this s	section f	or those	vehicles.		
				Vehic	a)	400	(b)		(c)	mous	(d)	7 1 1 1 1 1 1 1 1 1	(e)	TOPOST TOTAL	(f)
	Total business/inves			Verillo	16 1	ven	icle 2	PY	Vehicl	e 3	Veh	icle 4	Ve	nicle 5	Vehi	cle 6
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ISW	er these questions t	o determine if	Questions	excention	to com	ploting	Coation F	nicie	es for	Use by	Their	Employ	ees			
ore	than 5% owners or	related persons	s (see instru	tions)	1 to con	ipieting	Section E	3 for	vehic	les use	d by en	ployees	who ar	e not		
D	o you maintain a wr	itten policy stat	ement that p	rohibits a	Il nerso	nal use	of vehicle	00 in	الماريط:					The second second	Total Control	- Sanda
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y	o you maintain a wr	itten policy state	ement that p	ohibits n	ersonal	use of	vehicles	0)/00					• • • •			
,	mployees? See the i	instructions for	vehicles use	d by corr	orate o	fficere	directors	exce	ept co	mmutin	g, by yo	our			13.250 ac. 30 s	
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8868

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

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

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

Part I	Automatic 3-Month Extension of Time. Only submit original (no copies r	needed).
A corporation	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and	complete
Part I only	only	
All other cor	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque	st an extension of time
to file incom	income tax returns.	
	Enter filer	s identifying number, see instructions

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	FLICKINGER LEARNING CENTER	55-0870683
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 413 MULBERRY AVE	Social security number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instruction MUSCATINE, IA 52761	ns. DANNI I ZUMWALT

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

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

7	elephone No. ► <u>563-288-1990</u> FAX No. ►		
	the organization does not have an office or place of business in the United States, check this box		
• 1	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is	
for t	no urbala avarus abasilisticalis	nd attach	
a lis	with the names and EINs of all members the extension is for.		
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
	until	extension	is
	► X calendar year 20 14 or		
		. 20	
. 2		, 20	
2 3a	tax year beginning, 20, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return		
	tax year beginning, 20, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	, 20	\$ \$

payment instructions.

Federal Supporting Statements 2014 PG01 Name(s) as shown on return FLICKINGER LEARNING CENTER 55-0870683 FORM 990EZ, PART IV COMPENSATION EXPLANATION NAME PAUL BROOKS EXPLANATION COMPENSATION IS PAID BY TEAM STAFFING SOLUTIONS. FORM 990EZ, PART IV STATEMENT #A12 COMPENSATION EXPLANATION COMPENSATION IS PAID BY TEAM STAFFING SOLUTIONS.

Depreciation Detail Listing	Social security number/EIN		Section Depreciation Life Method Rate Current Accumulated Prior Basis	4,983 39 St. MM 2 5.64 130 4 201	4 664 5	91.000 39 ST. MM 2 E64	10 817 39 or say or say	7 094 F	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.645 39 ST. MM 2.564	5 804 39 CT NAV 2.564 93	7.500 39 St. MM 2 EAA 100	15,313 39 SL MM 2,564 393 1,261	3,500 39 SL MM 2.564 90 229	15,555 39 St MM 2.564 399 582	3,000 39 SI MM 2.564 77 131	1,637 7 SL HY 14.286 234 351	1,021 7 St HY 7.143 73	7,560 15 St. HY 3.333 . 252 252	1,693 3 AMT-AMT 30.5556 517 517
			Salvage percentage	4,983 100.00	4,664	10,000		À	u.				15,313 100.00	3,500 100.00	15,555 100.00	3,000 100.00	1,637 100.00	1,021 100.00	7,560 100.00	1,693 100.00
	CENTER		Date Cost	es es	06012006 4	01022007 101	06012007 10		_	Telo	South.	08032011			*****			i kho		02252014 1,
* Item was disposed of during current year.	Name(s) as shown on return FLICKINGER LEARNING CENTER	1		1 LEASEHOLD IMPROVEMENT 02012005		3 BUILDING	4 BLDG IMPROVEMENTS	5 PRINTER	6 SECURITY SYSTEM	7 ELECTRICAL	8 BLDG IMPROVEMENT INSU07252011	9 SPRINKLER SYSTEM		-			200			17 PROCARE SOFTWARE