Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning 07/01/11 , and ending 06/30/12

LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC. 06-1756183

Net Asset / Fund Balance at Beginning of Year			108,076
Revenue			
Contributions	36,846		
Program service revenue	105,735		
Investment income	76		
Capital gain / loss			
Special events:			
Gross revenue			
Direct expenses			
Net income			
Other income			
Total revenue		142,657	
Expenses			
Program services			
Management and general			
Fundraising			
Total expenses		128,174	
Excess / (deficit)			14,483
Other changes			
Net Asset / Fund Balance at End of Year			122,559

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

Balance Sheet

	Beginning	Ending	Differences
Assets	155,462	185,960	
Liabilities	47,386	63,401	
Net assets	108,076	122,559	14,483

Miscellaneous Information

Amended return	
Return / extended due date	11/15/12
Failure to file penalty	

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 7/01, 2011, and ending 6/30, 20 12

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

OMB No. 1545-1878

2011

Name of exempt organization: **LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.**

Employer identification number: 06-1756183

Name and title of officer: **MONICA HUGHES**
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 1 line in Part I.

1a	Form 990 check here ▶ ☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**
2a	Form 990-EZ check here ▶ ☒	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b** 142,657
3a	Form 1120-POL check here ▶ ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	Form 990-PF check here ▶ ☐	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	Form 8868 check here ▶ ☐	**b**	**Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**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 2011 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 **HARRIS, HARDY & JOHNSTONE, P.C.** to enter my PIN **56183** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 2011 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 ▶ 10/17/12

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.

54496535296

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶ _____ Date ▶ _____

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** (2011)

DAA

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11 , and ending 06/30/12

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

C Name of organization
LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 1090

City or town, state or country, and ZIP + 4
MIDLOTHIAN VA 23113

D Employer identification number
06-1756183

E Telephone number
804-378-2527

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ WWW.LLICHESTERFIELD.ORG

J **Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 142,657

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	36,846
	2	Program service revenue including government fees and contracts	2	35,603
	3	Membership dues and assessments SEE STATEMENT	3	70,132
	4	Investment income	4	76
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	142,657
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,126
	14	Occupancy, rent, utilities, and maintenance	14	780
	15	Printing, publications, postage, and shipping	15	3,501
	16	Other expenses (describe in Schedule O)	16	121,767
	17	**Total expenses.** Add lines 10 through 16 ▶	17	128,174
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,483
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	108,076
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	122,559

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	143,130	22	176,482
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	12,332	24	9,478
25 **Total assets**	155,462	25	185,960
26 **Total liabilities** (describe in Schedule O)	47,386	26	63,401
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	108,076	27	122,559

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III X

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROVIDING ADULT EDUCATION CLASSES IN ARTS AND SCIENCES, COMPUTERS, BUSINESS AND INVESTMENTS. IN FISCAL YEAR 2012, THERE WERE 550 PAID MEMBERSHIPS.
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 124,012

29
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 124,012

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANNEBEL LEWIS 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	PRESIDENT 1.00	0	0	0
PETE LANDERGAN 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
DICK ENGLISH 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	TREASURER 1.00	0	0	0
DEBRA MARLOW 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	SECRETARY 1.00	0	0	0
ED ANSELLO 13801 WESTFIELD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
DENIS GREANEY 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
LYNN SEWELL 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
DEBBIE LEIDHEISER 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
JERRY SCHNEIDER 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
ADRIENNE BYRNE 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
DON SIMPSON 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	PRESIDENT EMERITUS 1.00	0	0	0
MONICA HUGHES 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	EXECUTIVE DIRECTOR 20.00	0	0	0

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	0	25	0
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY ELLENBERGER 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	VICE-PRESIDENT 1.00	0	0	0
ROBIN BYRD 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	DIRECTOR 1.00	0	0	0
JOHN LEMZA 13801 WESTFIELD ROAD MIDLOTHIAN VA 23113	EX-OFFICIO 1.00	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ VA

42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 804-378-2527

13801 WESTFIELD RD

Located at ▶ MIDLOTHIAN VA ZIP + 4 ▶ 23113

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ X Yes ☐ No

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

Sign Here

Signature of officer

Date

MONICA HUGHES EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PHILIP G. TIBBS	PHILIP G. TIBBS	10/31/12		

Firm's name ▶ HARRIS, HARDY & JOHNSTONE, P.C. Firm's EIN ▶

Firm's address ▶ 9201 ARBORETUM PKWY STE 200
RICHMOND, VA 23236

Phone no. 804-560-0560

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.

Employer identification number 06-1756183

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,597	49,358	49,691	30,099	36,846	219,591
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	53,597	49,358	49,691	30,099	36,846	219,591
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						219,591

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	53,597	49,358	49,691	30,099	36,846	219,591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		157	400	158	76	791
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						220,382

12 Gross receipts from related activities, etc. (see instructions) ... 12 105,735

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 2011 (line 6, column (f) divided by line 11, column (f)) ... 14 99.64 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ... 15 99.69 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization
LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.

Employer identification number
06-1756183

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ .....

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: LIFELONG LEARNING INSTITUTE IN

Employer identification number: 06-1756183

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	CHESTERFIELD COUNTY P.O. BOX 40 CHESTERFIELD VA 23832-0040	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.

Employer identification number: 06-1756183

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE/LOUNGE SUPPLIES	$ 2,727
TRIP EXPENSE FOR MEMBERS	$ 20,029
CONFERENCE EXPENSE	$ 15
PROFESS FEES D & O INSURANCE	$ 1,000
CLASSROOM MATERIAL/BOOKS	$ 9,351
MARKETING	$ 205
CLASSROOM EXP (FITNESS, M	$ 8,750
MISCELLANEOUS	$ 1,873
CONTRACT LABOR	$ 71,625
BANK SERVICE CHARGE PAY P	$ 208
MARKETING FUNDRAISING-MON	$ 828
DONATIONS	$ 1,600
NON-INVESTMENT DEPRECIATION	$ 3,556
TOTAL	$ 121,767

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FURNITURE & EQUIPMENT	$ 25,100	$ 25,802
LESS ACCUMULATED DEPRECIATION	$ 12,768	$ 16,324
TOTAL	$ 12,332	$ 9,478

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

Name of the organization: LIFELONG LEARNING INSTITUTE IN

Employer identification number: 06-1756183

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 16,104	$ 27,723
DEFERRED REVENUE	$ 31,282	$ 35,678

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

PROVIDE A CURRICULUM OF INTELLECTUALLY STIMULATING LEARNING OPPORTUNITIES AND SPECIAL ACTIVITIES FOR PERSONS FIFTY (50) YEARS OF AGE OR OLDER

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No. 1545-0172

2011

Attachment Sequence No. **179**

Name(s) shown on return: **LIFELONG LEARNING INSTITUTE IN CHESTERFIELD COUNTY, VIRGINIA, INC.**

Identifying number: **06-1756183**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,556

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,556
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Chairs	8/03/05	1,694				1,694	7	MO	S/L	1,432	242
2	Microphones	10/27/05	2,420				2,420	5	MO	S/L	2,420	0
3	Microphones	12/13/05	1,205				1,205	5	MO	S/L	1,205	0
4	Tables	7/01/04	2,877				2,877	7	MO	S/L	2,535	342
5	Microphone for Lapel	7/10/06	383				383	5	MO	S/L	383	0
6	Defribillator	1/28/09	818				818	7	MO	S/L	282	117
7	Desk & Credenza	6/23/09	750				750	7	MO	S/L	214	107
8	Lateral File Cabinets	6/23/09	1,600				1,600	7	MO	S/L	457	229
9	Storage Cabinets	6/23/09	1,200				1,200	7	MO	S/L	343	171
10	Computers	4/20/09	1,200				1,200	5	MO	S/L	520	240
11	Toshiba lamp & epson projector	8/05/09	1,046				1,046	5	MO	S/L	401	209
12	Computers	11/17/09	6,000				6,000	5	MO	S/L	1,900	1,200
13	Computers	4/07/10	1,800				1,800	5	MO	S/L	450	360
14	Handicap Access Door	9/21/10	2,107				2,107	7	MO	S/L	226	301
15	scanner	3/15/12	408				408	5	MO	S/L	0	27
16	Tables and chairs	3/16/12	294				294	7	MO	S/L	0	11
	Total Other Depreciation		25,802				25,802				12,768	3,556
	Total ACRS and Other Depreciation		25,802				25,802				12,768	3,556
	Grand Totals		25,802				25,802				12,768	3,556
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		25,802				25,802				12,768	3,556

VA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Other Depreciation:								
1	Chairs	8/03/05	1,694	1,694	1,432	242	242	0
2	Microphones	10/27/05	2,420	2,420	2,420	0	0	0
3	Microphones	12/13/05	1,205	1,205	1,205	0	0	0
4	Tables	7/01/04	2,877	2,877	2,877	0	342	342
5	Microphone for Lapel	7/10/06	383	383	383	0	0	0
6	Defribillator	1/28/09	818	818	282	117	117	0
7	Desk & Credenza	6/23/09	750	750	214	107	107	0
8	Lateral File Cabinets	6/23/09	1,600	1,600	457	229	229	0
9	Storage Cabinets	6/23/09	1,200	1,200	343	171	171	0
10	Computers	4/20/09	1,200	1,200	520	240	240	0
11	Toshiba lamp & epson projector	8/05/09	1,046	1,046	401	209	209	0
12	Computers	11/17/09	6,000	6,000	1,900	1,200	1,200	0
13	Computers	4/07/10	1,800	1,800	450	360	360	0
14	Handicap Access Door	9/21/10	2,107	2,107	226	301	301	0
15	scanner	3/15/12	408	408	0	27	27	0
16	Tables and chairs	3/16/12	294	294	0	11	11	0
	Total Other Depreciation		25,802	25,802	13,110	3,214	3,556	342
	Total ACRS and Other Depreciation		25,802	25,802	13,110	3,214	3,556	342
	Grand Totals		25,802	25,802	13,110	3,214	3,556	342
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		25,802	25,802	13,110	3,214	3,556	342

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Chairs	8/03/05	0				0	0	HY		0	0
2	Microphones	10/27/05	0				0	0	HY		0	0
3	Microphones	12/13/05	0				0	0	HY		0	0
4	Tables	7/01/04	0				0	0	HY		0	0
5	Microphone for Lapel	7/10/06	0				0	0	HY		0	0
6	Defribillator	1/28/09	818				818	7	MO	S/L	282	117
7	Desk & Credenza	6/23/09	750				750	7	MO	S/L	214	107
8	Lateral File Cabinets	6/23/09	1,600				1,600	7	MO	S/L	457	229
9	Storage Cabinets	6/23/09	1,200				1,200	7	MO	S/L	343	171
10	Computers	4/20/09	1,200				1,200	5	MO	S/L	520	240
11	Toshiba lamp & epson projector	8/05/09	1,046				1,046	5	MO	S/L	401	209
12	Computers	11/17/09	6,000				6,000	5	MO	S/L	1,900	1,200
13	Computers	4/07/10	1,800				1,800	5	MO	S/L	450	360
14	Handicap Access Door	9/21/10	0				0	0	HY		0	0
15	scanner	3/15/12	0				0	0	HY		0	0
16	Tables and chairs	3/16/12	0				0	0	HY		0	0
	Total Other Depreciation		14,414				14,414				4,567	2,633
	Total ACRS and Other Depreciation		14,414				14,414				4,567	2,633
	Grand Totals		14,414				14,414				4,567	2,633
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		14,414				14,414				4,567	2,633

140350 Lifelong Learning Institute in
06-1756183
FYE: 6/30/2012

10/31/2012 8:21 AM

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Chairs	8/03/05	1,694	20	0
2	Microphones	10/27/05	2,420	0	0
3	Microphones	12/13/05	1,205	0	0
4	Tables	7/01/04	2,877	0	0
5	Microphone for Lapel	7/10/06	383	0	0
6	Defribillator	1/28/09	818	117	117
7	Desk & Credenza	6/23/09	750	108	108
8	Lateral File Cabinets	6/23/09	1,600	228	228
9	Storage Cabinets	6/23/09	1,200	172	172
10	Computers	4/20/09	1,200	240	240
11	Toshiba lamp & epson projector	8/05/09	1,046	209	209
12	Computers	11/17/09	6,000	1,200	1,200
13	Computers	4/07/10	1,800	360	360
14	Handicap Access Door	9/21/10	2,107	301	0
15	scanner	3/15/12	408	82	0
16	Tables and chairs	3/16/12	294	41	0
	Total Other Depreciation		25,802	3,078	2,634
	Total ACRS and Other Depreciation		25,802	3,078	2,634
	Grand Totals		25,802	3,078	2,634

Asset	Description	Date In Service	Cost	VA
Other Depreciation:				
1	Chairs	8/03/05	1,694	20
2	Microphones	10/27/05	2,420	0
3	Microphones	12/13/05	1,205	0
4	Tables	7/01/04	2,877	0
5	Microphone for Lapel	7/10/06	383	0
6	Defribillator	1/28/09	818	117
7	Desk & Credenza	6/23/09	750	108
8	Lateral File Cabinets	6/23/09	1,600	228
9	Storage Cabinets	6/23/09	1,200	172
10	Computers	4/20/09	1,200	240
11	Toshiba lamp & epson projector	8/05/09	1,046	209
12	Computers	11/17/09	6,000	1,200
13	Computers	4/07/10	1,800	360
14	Handicap Access Door	9/21/10	2,107	301
15	scanner	3/15/12	408	82
16	Tables and chairs	3/16/12	294	41
	Total Other Depreciation		25,802	3,078
	Total ACRS and Other Depreciation		25,802	3,078
	Grand Totals		25,802	3,078

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
LLI MEMBERSHIPS	$ 73,730
MEMBER REFUND	-3,288
MEMBERSHIP REFUND	-310
TOTAL	$ 70,132

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MISCELLANEOUS FUNDRAISING	$ 2,700
LLI DONATIONS	15,019
EXERCISE DONATION	4,850
YOGA DONATION	4,112
PAY PAL FEE	165
CHESTERFIELD COUNTY CASH CONTRIBUTION	10,000
TOTAL	$ 36,846

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	$ 76
TOTAL	$ 76

Schedule A, Part II, Line 12

Description	Amount
CLASSROOM MATERIALS/BOOKS	$ 10,200
TRIPS FOR MEMBERS	25,403
LLI MEMBERSHIPS	73,730
MEMBER REFUND	-3,288
MEMBERSHIP REFUND	-310
TOTAL	$ 105,735