

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 2006, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization INC.
LEARNING CENTER FOR HUMAN DEVELOPMENT
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
90 PAIGE MARTIN 77 OUTERBELT ST.
 City or town, state or country, and ZIP + 4
COLUMBUS, OHIO 43213-1548

D Employer identification number
34:1635492

E Telephone number
(614) 577-0488

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ WWW.YUNSAI.SOCIETY.COM

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	69,260	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		69,260
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		60,541
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe ▶)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a	8212		
	b Less: cost of goods sold	10b	3576	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		4636
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		134,437	
Expenses	13 Program services (from line 44, column (B))	13	84,270	
	14 Management and general (from line 44, column (C))	14	4,425	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		88,695
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		45,742	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		216,513	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		262,255	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a - 0 -			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b - 0 -			
23	Specific assistance to individuals (attach schedule)	23 10440	10440		
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a - 0 -			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b - 0 -			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c - 0 -			
26	Salaries and wages of employees not included on lines 25a, b, and c	26 - 0 -			
27	Pension plan contributions not included on lines 25a, b, and c	27 - 0 -			
28	Employee benefits not included on lines 25a - 27	28 - 0 -			
29	Payroll taxes	29 - 0 -			
30	Professional fundraising fees	30 - 0 -			
31	Accounting fees	31 - 0 -			
32	Legal fees	32 - 0 -			
33	Supplies	33 7302	7302		
34	Telephone	34 2413	2413		
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37 5317	5317		
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41 14621	14621		
42	Depreciation, depletion, etc. (attach schedule)	42 14483	14483		
43	Other expenses not covered above (itemize):	43a			
a	-----	43b			
b	SCHEDULE ATTACHED	43b 34,119	29,694	4425	
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 88,695	84,270	4425	- 0 -

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III. Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a <i>The organization provides seminars & workshops to further its educational purpose. Programs this year were held in Florida and Chicago, as well as Columbus & headquarters. The emphasis continues to be personal growth and acquiring leadership skills & tools for business success, as well as the maintenance projects such as establishing a Food Bank.</i> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	84,270

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	15,327	45	30,574
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	16,261	52	14,465
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	5650	54a	2,825
	b Investments—other securities (attach schedule)		54b	
	55a Investments—land, buildings, and equipment: basis	55a 200,000		
	b Less: accumulated depreciation (attach schedule)	55b - 0 -	200,000	55c 200,000
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 295,246		
b Less: accumulated depreciation (attach schedule)	57b 147,326	1,61,714	57c 147,920	
58 Other assets, including program-related investments (describe PROCESSED ANCIENT VILLAGE - CONSTRUCTION - IN -)	14,774	58	76,823	
59 Total assets (must equal line 74). Add lines 45 through 58	413,726	59	472,607	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	197,213	64b	196,852
	65 Other liabilities (describe MEMBERSHIP LOAN)	- 0 -	65	13,500
	66 Total liabilities. Add lines 60 through 65		66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	216,513	72	262,255
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	216,513	73	262,255
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	413,726	74	472,607

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			N/A
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			N/A
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BASHIE ENGLISH 49862 BATESVILLE RD SUMMERFIELD, OH	ADMINISTRATOR	- 0 -	- 0 -	- 0 -
STEVE KOPACKA 49862 BATESVILLE RD SUMMERFIELD, OH	ADMINISTRATOR	- 0 -	- 0 -	- 0 -
PATRICIA CARROLL 49862 BATESVILLE RD. SUMMERFIELD, OH	ADMINISTRATOR	- 0 -	- 0 -	- 0 -

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for pro tax owed for the prior year.	85b <input checked="" type="checkbox"/>	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, 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?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed	OHIO	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b - 0 -	
91a	The books are in care of	PAIGE MARTIN	
	Located at	77 OUTER BELT ST. COLUMBUS, OHIO	
	Telephone no.	(614) 577-0488	
	ZIP + 4	43213-1548	
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	91b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **92** and enter the amount of tax-exempt interest received or accrued during the tax year ▶ |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RENTAL INCOME					325
b PROGRAM REGISTRATION					5825
c MAINTENANCE					40,178
d ALL OTHER					14,213
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					4636
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					65,177

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	THE REVENUES GENERATED ALLOWS US TO MAINTAIN OUR
+	ANCIENT VILLAGE, SPONSOR PROGRAMS AND INVITE GUEST
102	SPEAKERS THAT ADD TO OUR ABILITY TO SEND OUT OUR
	SELF HELP & SELF IMPROVEMENT FUNCTIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NONE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

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.

Joyce A. Mollenhauer 01.08.09
Signature of officer Date

Joyce A. Mollenhauer Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Thomas J. Keptne*
 Firm's name (or yours if self-employed), address, and ZIP + 4
THOMAS J. KEPTNE
5001 MAYFIELD RD., SUITE
LYNDHURST, OHIO 44124

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

LEARNING CENTER FOR HUMAN DEVELOPMENT INC **341635492**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE - ALL VOLUNTEERS				

Total number of other employees paid over \$50,000 . ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

2a 2b 2c 2d 2e

a Sale, exchange, or leasing of property

2a

b Lending of money or other extension of credit

2b

c Furnishing of goods, services, or facilities

2c

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

e Transfer of any part of its income or assets?

2e

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a

b Did the organization have a section 403(b) annuity plan for its employees?

3b

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶

0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

0

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		N/A			
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ N/A
 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ N/A
 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) COPY OF WEBSITE WWW.YUNSAISOCIETY.COM IS ATTACHED EXPLAINING THE ORGANIZATION POLICY AGAINST DISCRIMINATION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	N/A				
46					
47					
48					
49					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

N/A

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

DEVELOPMENT, INC

Name LEARNING CENTER FOR HUMAN Social Security or Identification No. 34-1635492
 Address _____

Form 990 Schedule _____ Line _____ Year 2006

PART II - STATEMENT OF FUNCTIONAL EXPENSES			
	<u>B</u>	<u>C</u>	<u>D</u>
(A) ADVERTISING + PROMOTION	400		
(B) TRAVEL	- 0 -	748	
(C) BANK + MERCHANT CHARGES	6395		
(D) PROGRAM COSTS + EXPENSES	4869		
(E) COMPUTER EXPENSE	266		
(F) VETERINARY EXPENSE	275		
(G) OFFICE EXPENSE	- 0 -	852	
(H) TAXES	5653		
(I) UTILITIES	11836		
(J) STOCK CLUB LOSS	- 0 -	2825	
	<u>29694</u>	<u>4425</u>	<u>- 0 -</u>

PART II STATEMENT OF FUNCTIONAL EXPENSES LINE 23 -
 SPECIFIC ASSISTANCE TO INDIVIDUALS:

ANONYMOUS CASH GIFTS GIVEN TO NEEDY FAMILIES,
 NEEDY INDIVIDUALS AND SUFFERING AMERICAN NATIVES.

PART I, LINE (10a - 10c) GROSS SALES OF INVENTORY -

ALL ITEMS SOLD ARE EITHER BOOKS OR PAMPHLETS
 DESCRIBING THE HISTORY AND CULTURE OF THE NATIVE
 AMERICANS OR SELF-HELP BOOKS RELATED TO THE
 PROGRAMS OFFERED AT THE CENTER.

PART IV - LINE 64 b - MORTGAGES . . .

LOAN FROM FARMERS + MERCHANTS BANK 197213 - 196852 -
 (140 ACRES MEADVIEW, ARIZONA)

PART IV - LINE 54a INVESTMENTS . . . 5650 - 2825 -

Form 4562

Depreciation and Amortization Report

2006

LEARNING CENTER FOR HUMAN DEVELOPMENT INC.

Tax Year 2006

Form 1120 - Line 20

Keep for your records

34-1635492

Asset Description	Code	Date in Service	Cost (net of land)	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION											
STERO & CD CHANGER		07/19/06	689	100.00			689	7.00	SL/HY		49
SUBTOTAL CURRENT YEAR			689		0	0	689			0	49
STORAGE BUILDING		06/01/92	5,000	100.00			5,000	27.50	SL/MM	2,283	182
RESIDENCE BUILDING		06/01/92	118,560	100.00			118,560	27.50	SL/MM	54,068	4,311
DORMITORY BUILDING		04/01/93	81,815	100.00			81,815	27.50	SL/MM	34,830	2,975
EQUIPMENT		07/01/93	2,700	100.00			2,700	7.00	SL/HY	2,700	0
[2] VENDING MACHINES		07/01/00	4,323	100.00			4,323	7.00	SL/HY	2,781	618
DRAINAGE & ROAD		06/30/01	14,811	100.00			14,811	15.00	SL/HY	5,922	987
BLDG RENOVATION		06/30/01	15,749	100.00			15,749	27.50	SL/MM	3,438	573
ARBOR		06/30/01	9,358	100.00			9,358	27.50	SL/MM	2,040	340
FURNISHINGS		06/30/01	4,057	100.00			4,057	7.00	SL/HY	3,480	577
LANDSCAPING		06/30/01	8,035	100.00			8,035	15.00	SL/HY	3,216	536
KITCHEN EQUIPMENT		06/30/01	20,205	100.00			20,205	7.00	SL/HY	16,398	2,886
FAX MACHINE		06/30/03	556	100.00		278	278	7.00	SL/HY	120	35
BAMBO FLOOR		06/30/03	8,125	100.00			8,125	27.50	SL/MM	750	295
EQUIPMENT		06/30/04	792	100.00		396	396	7.00	SL/HY	109	52
EQUIPMENT [05]		06/30/05	470	100.00			470	7.00	SL/HY	34	67
SUBTOTAL PRIOR YEAR			294,556		0	674	293,882			132,169	14,434
TOTALS			295,245		0	674	294,571			132,169	14,483

Code: S = Sold, A = Auto, L = Listed, C = COGS



**Time, thought
- the same
Fred Alan Wolf**

**2009
Programs**

Register Now

**Choosing the
Correct
Corporate
Entity**
May 5th
Information Here

**Organizing
Your Business
for Success**
June 6th
Register Here

**Rebirth the
Champion
Within**
August 8th
Register here

Affiliates:

Ancient Village

Friendship Village

Life Cycles



About Us

Pansha Taylor founded the Center for Human Development, Winners Circle International in 1971. After building a board of directors in 1972, we established a broader foundation to the organization

Also in 1990 The Center For Human Development established itself as a not-for-profit corporation

In 1992 it obtained its status as a tax-exempt 501(c)(3) organization, which has been maintained to date. The Learning Center For Human Development, Inc., is an international organization that offers a wide range of programs to assist people in their personal and professional growth, environmental awareness, and in their relationship to the global community. Our goal is to expand consciousness, which means to extend our studies to brain research as a means of a person enhancing their IQ and knowledge, as well as the ability to retain more data

And in 2002, the organization was renamed The Learning Center for Human Development, Inc. due to the organization's strong speakers group that agreed that one is transformed and success is greatest when a person explores expanded education. The organization amended its name to the Learning Center for Human Development Inc. to clarify its purpose of bringing change through education.

LCFHD is not a religious organization and we represent people from various professions, cultures and spiritual paths. The Learning Center for Human Development has over 100,000 individuals that make up our membership base and associates from all around the globe

LCFHD also dedicates its work toward the liberation of all life from suppression by resolving poverty, and prejudice that breeds fear, which then threatens all life. Our goal is to make success in life simple and doable, and to add productive growth in our community and world

The Founders' vision focused on programs which provide a rich diversity of cultures with the purpose of enhancing a better understanding between people. Programs operate all year. We have presented programs in the university setting as well as in the United Nations

In the U.S. some of LCFHD activities are in, Ohio, California, Washington, Nevada, Iowa, Florida, Oklahoma, Tennessee, Kentucky, California, Maryland, West Virginia, Delaware, New York

Internationally some of our locations are Quebec, Ontario, Canada, Mexico, the Netherlands, Spain, Portugal, England, Wales, Canary Islands, Czechoslovakia, Poland, Russia, China, Capetown, Gahanna, Africa, Germany, New Zealand, Australia, Thailand, Kashmir and the United Kingdom

CEO - Robbi Gunter

Treasurer - Joyce Mollenhauer

Administrator - Bashie English

Assistant Administrator - Steve Kopacka

Legal Representatives - Paige Martin, Arlene Potash

Founder - Pansha Taylor



**Environmental
Awareness**



Site Map



Corporate Training



TAWAH

The Yunsai Society

Our determination is to inspire, promote and live in global harmony,
and in respect (go-hi-yu-hi) of all life.

To live the universal principles that connect us to all creation.



Divine Wisdom Expo

May 03-04 2008: [Registration Information Here](#)

Becoming the Wind, Fire & Earth Program

August 29,30,31 2008: [Registration Information Here](#)

Recover Your Life Passions Program

November 15,16 2008: [Registration Information Here](#)

We are called the Yunsai Society, meaning White Buffalo in Cherokee. The Society is comprised of people from around the world, people of all colors, nations and creeds. The color white contains all of the colors of the rainbow when viewed through a prism. The White Buffalo represents unlimited generosity, as every part of its body was utilized for food, clothing and shelter needs of its people.

The Yunsai Society is a Medicine Society, and Medicine embraces all that is pure and of clear mind, without regard for race, religion, nationality, creed or ethnic origin. The traditions we live are based upon Universal Principles given by the Creator to all Human Kind in the beginning of the First World. These Principles operate regardless of belief and serve balance and harmony.

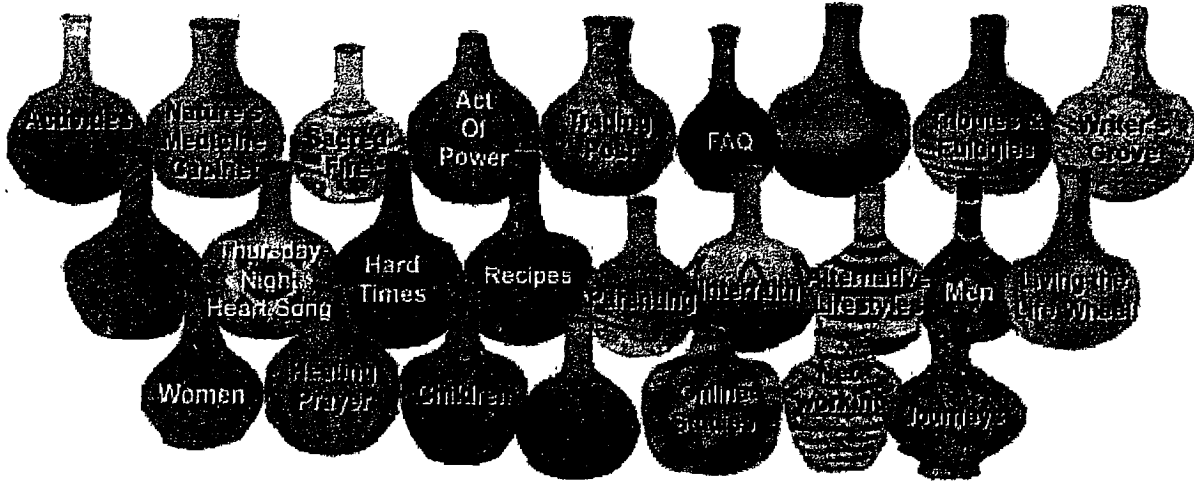
We live with one primary rule: Respect (Gohiyuhi).

Urgent Message: Kempsey Report

[Click here now to read.](#)

Endorsements of Pa'Ris'Ha's heritage by her family.

What's New



© Copyright Yunsai Society 1954 - 2008 » [Email Administrator](#) » [Site Map](#) » [Networking](#) » YS was activated in Ohio in 1985.

The charitable purposes of the Learning Center for Human Development have been described in the Amended Articles of Incorporation, filed with the State of Ohio in 2006, which states:

THIRD: The Corporation is organized and shall be operated exclusively for charitable purposes to develop and provide a multitude of educational opportunities for all ages and genders for personal and professional growth and development; to facilitate international cultural, medical and scientific exchange; to provide nurturing and safe environments for our children; to encourage creative and artistic endeavors internationally; to preserve historic traditions of indigenous cultures around the globe; to promote health and well being through education of preventative health, creating traditional medical centers and developing alternative modalities of healing; to care for the environment and all its inhabitants, and to teach stewardship of the earth's resources.

To these ends, the corporation, among its activities, shall be empowered to:

1. Develop facilities and structures where appropriate to provide the full range of educational, cultural and scientific services in the human development projects.
2. Offer educational programs in the trades, professions and business development.
3. Develop sponsorship of programs, workshops and seminars which are consonant with the purposes outlined in Paragraph 3.
4. Provide instruction and training opportunities for personnel and staff for these projects.
5. Sponsor and conduct research into the global needs and effectiveness of the4 medical, scientific and cultural programs.
6. Develop printing and publishing activities which support, describe and promote the purposes of the organization.
7. Acquire or receive from any individuals, estates, associations, corporations trusts, foundations, or other entities, or any governmental subdivision, unit or agency, by deed, gift, purchase, bequest, devise or otherwise, cash, securities and other property, tangible or intangible, real or personal, and hold, manage, invest, reinvest, distribute and

- disburse the income and/or principal thereof solely for the purposes identified in this Article Third; and

8. Do whatever is deemed necessary, useful, advisable, or conducive, directly or indirectly, to carrying out any of the purposes of the corporation described in this Article Third, including without limitation the exercise of all authority enjoyed by corporations generally by virtue of the provisions of the Ohio Nonprofit Corporation Law.



The Learning Center for Human Development, Inc.
 A Non-Profit Organization
 49862 Batesville Rd • Summerfield OH 43788-9704
 740- 838-4033 • www.cfhd.org
 E-mail info@cfhd.org

Programs 2006

2006				
Every Monday evening	Teleconference Line & On Eagles' Wings Radio	Ancient Teaching Call	300+	Every Monday evening
Every Tuesday afternoon	Teleconference Line & On Eagles' Wings Radio	Book Review – Quantum Physics	300+	Every Tuesday afternoon
Every Thursday afternoon	Teleconference Line & On Eagles' Wings Radio	Book Review- Business Success literature	300+	Every Thursday afternoon
Jan 13-17 2006	Friendship Village	Quantum Remote Perception	45	
January 13-2006	Awakenings Florida	Ancient Futures	25	
January 14,2006	Alternate Pathways Florida	Ancient Futures	22	
January 15, 2006	Serenity Now Florida	Quantum Healing	37	
January 27-29 2006	North Shore Healing Center Chicago	Drumming Circle Story Telling The Indigo Evolution	42	
February 16, 2006	Radio Web Cast	Beyond the Ordinary	115	
March 17-19 2006	Friendship Village	Pretty Women/War Woman	5	
March 19,2006	Serenity Now Books Florida	Quantum Nuwati Healing	48	
Mach 24 2006	Reynoldsburg	Build and Boost your Business	15	
March 24-26 2006	North Shore Healing Center	Spider Mothers medicine	25	
March 31- April 1, 2006	Reynoldsburg	Celestine Movie	25	
April 1, 2006	Caldwell	Business Plan	5	
April 7-14 2006	Columbus	Celestine Movie	35	
April 7, 2006	Summerfield	Celestine Movie	10	
April 11 2006	Australia	Path of Medicine AU	15	
April 17 2006	Columbus	Celestine at Movie	37	
April 24 2006	Columbus	Celestine at Movie	24	
May 12 2006	Australia	May 12 Program	114	
May 13 2006	Reynoldsburg	Conscious Parenting	15	
May 16 2006	Australia	May 16 Program	85	
May 21 2006	Serenity Now Florida	Nuwati Healing	35	
May 22 2006	Earth Spirit Florida	Human Consciousness/Times of Change	33	
May 23 2006	Awakenings Florida	Consciously Navigate Your Future	22	
June 2006	Chicago Expo June 2006	Expo	115	
June 18-25, 2006	Vision Quest	Cherokee, NC	23	
July 20-26, 2006	Sun Ceremony	All Peoples Celebration (Indigneous)	205	
Aug 5-8 2006	Friendship Village	Tawah Leadership Program	10	
Aug 13 & 20	Reynoldsburg	Massage Raindrop Technique	18	



The Learning Center for Human Development, Inc.
A Non-Profit Organization
49862 Batesville Rd • Summerfield OH 43788-9704
740- 838-4033 • www.cfhd.org
E-mail info@cfhd.org

2006				
Aug 18-20 2006	Summerfield	Open House Networking	56	
Aug 25-27 2006	Chicago	Quantum Nuwati	20	
October 14-15 2006	Columbus	Universal Light Expo 2006	2	
Oct 13-15 2006	FV Blue Heron Meditation Group	Meditation (Their Program)	23	
Nov 3-5 2006	FV The Spirit of Kairos	Hocking College Group	42	
Nov 2006	Columbus	Self-Health & Awareness Expo Nov 2006	79	
Dec 5 2006	Florida	Manifesting Abundance	35	
Dec. 7-9, 2006	Puerto Rico	Peace Alliance	3	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- 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.**

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization CENTER FOR HUMAN DEVELOPMENT, INC.	Employer identification number 34 1635492
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 910 PAIGE MARTIN 77 OUTER BELT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OHIO 43213-1548	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ PAIGE MARTIN

Telephone No. ▶ (614) 577.0488 FAX No. ▶ (614) 751.7905

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8-15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2006 or

▶ tax year beginning _____, 20____, and ending _____, 20_____.

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

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

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

5/11/07

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization CENTER FOR HUMAN DEVELOPMENT, INC	Employer identification number 34-1635492
	Number, street, and room or suite no. If a P.O. box, see instructions 96 PAIGE MARTIN 77 OUTERBELT STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions COLUMBUS, OHIO 43213-1548	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-PF
- Form 1041-A
- Form 6069
- Form 990-BL
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 4720
- Form 8870
- Form 990-EZ
- Form 990-T (trust other than above)
- Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **PAIGE MARTIN**
Telephone No **(614) 577-0488** FAX No. **(614) 751-7905**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20**07**
- 5 For calendar year **2006**, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **COMPUTER RECORDS HAVE TO BE COMBINED AND ACCOUNT BALANCES VERIFIED. THIS ORGANIZATION IS STAFFED COMPLETELY BY VOLUNTEERS WITH LIMITED TIME AVAILABLE TO HELP IN THIS PROCESS.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name THOMAS J. KEPTNER
	Number and street (include suite, room, or apt. no.) or a P.O. box number 5001 MAYFIELD ROAD #206
	City or town, province or state, and country (including postal or ZIP code) LYNDHURST, OHIO 44124-2609

Sent copy to Paige

m 8/2/07