C#	ANGE FOF	⁴ X CCC	UNTING	PERIOD				674		/411205		
Forn	aan	•	ļ	Return of C	Organizat	ion Exemp	t From Inc	ome Tax		OMB No 1545-0047		
	tment of the Treasur		Under so			of the Internal Reve numbers on this fo			dations)	2016 Open to Public		
	al Revenue Service	,y 	سيستر			and its instruction			100	Inspection		
<u>A</u> _	For the 2016 c		ear, or tax yea		1/01/17	, and onemig	06/30/1	7	·			
	theck if applicable	C Name of	f organization	LITTLE CA					D Employe	r Identification number		
^	Address change			DEVELOPME	NT CENTE	R, INC.			d			
_} \	lame change		and street (or P O b	ox if mail is not delivere	d to street address	;)		Room/suite	E Telephone	154846 e number		
ir	nitial return		BOX 208			· 				746-9642		
	inal retum/ erminated	City or to	own, state or province									
	mended return		ESIA		NM 8821	<u> 1</u>			G Gross reco	eipts \$ 1,143,245		
=	Application pending		nd address of principa					H(a) Is this a gr	oup return for si	ubordinates? Yes X No		
	phication pending		R LANDECI 10 VILLA									
			ESIA	DRIVE	NTM	88210	•	H(b) Are all sub		(see instructions)		
1 7	Tax-exempt status	- FE		01(c) () <	(insert no)	_		,		(000 - 110 -		
		/A	301(0)(3)	01(c) 1	(insert no)	4947(a)(1) or	527	H(c) Group exe	motion number	. .		
	Form of organization		rporation Trus	t Association	Other >		- TL Ye		015	M State of legal domicile NM		
		ımmary		, coodan	ODIGI P	·	, , , , , ,	ar or ionitation		III Otate Or logal dolinione		
				nission or most s	ignificant activ	ities	-					
	=	Sched	-		-							
Governance												
Ë												
١٥	2 Check thi	s box 🕨	🔲 ıf the organı	zation discontinue	ed its operation	ns or disposed of r	more than 25% o	of its net assets	s			
æ	3∰Number o	of voting n	nembers of the g	governing body (F	Part VI, line 1a)			3	5		
ies	4 ≛Number o	of indepen	ident voting mer	nbers of the gove	rning body (Pa	art VI, line 1b)			4			
Activities	5 Total num	nber of inc	dividuals employ	ed in calendar ye	ar 2016 (Part	V, line 2a)			5	51		
ا د	, -		lunteers (estima						6	0		
				rom Part VIII, colu		2			7a	0		
		ated busir	ness taxable inc	ome from Form 9	90-T, line 34			Prior Ye	7b	Current Year		
	ஓ 8∈ Contributi	one and	grants (Part VIII,	line 1h)			<u> </u>		9,281	699,668		
Revenue			evenue (Part VIII)				<u> </u>		4,677	443,577		
ě	. •		•	nn (A), lines 3, 4,	and 7d)		-			0		
₩	(C)		•	A), lines 5, 6d, 8c,	•	11e)				0		
	12 Total reve	enue – ad	d lines 8 through	n 11 (must equal l	Part VIII, colur	nn (A), line 12)	٦ [54	3,958	1,143,245		
	13 Grants an	nd sımılar	amounts paid (F	Part IX, column (A art IX, column (A)), lines (73)	FIVELY	اد اد			0		
	14 Benefits p	oald to or	for members (Pa	art IX, column (A)	line 4	Year P	<u>SS</u>			0		
န္	15 Salaries,	other com	npensation, emp	loyee benefits (Pa IX, column (A), lii	art IX, column	(A), tme3(6+80)		38	3,149	288,602		
Expenses	16a Professio	nal fundra	aising fees (Part	IX, column (A), lıı	nedale) MAI					0		
ă l	b Total fund	draising e	xpenses (Part IX	(, column (D), line	257	DEN, UT	194		4 000	140 470		
۳	17 Other exp	enses (P	art IX, column (/	A), lines 11a–11d,	, 11f-24e)	المستعلية	_		1,237	143,472		
- 1						line 25)	-		4,386 9,572	432,074 711,171		
_ s	19 Revenue	iess expe	enses Subtract I	ine 18 from line 1	2			Beginning of Cu		End of Year		
Net Assets or Fund Balances	20 Total asse	ets (Part)	X, line 16)						5,478	791,234		
Ass	21 Total liabi	•	•						7,867	62,452		
差	22 Net asset	s or fund	balances Subtr	act line 21 from lii	ng/20			1	7,611	728,782		
P£	art II Sig	gnature	∕≸lock									
Un	der penalties of p	perjury, /d	clare mai i have	examined this fetur	ncluding acc	companying schedul	les and statement	s, and to the be	st of my kno	wledge and belief, it is		
tru	e, correct, and co	ompleté Ø	eclaration of prep	arer (other than off	cer) us based or	n all information of w	which preparer has	any knowledge) ————————————————————————————————————	1111		
	X	JUV	1 (/	0					<u> </u>	2/12/2018		
3ig	''	idiature of 6					A		Date	/ /		
Her	, , , ,		LANDECK				CHAIRM	AN		_		
		<u> </u>	name and title		Description:	71 d		l Deta	<u> </u>	T PTIN		
aid	. 1	preparer's r			Preparer's signa	/////		Date OF /1.4	Check	U"		
	arer OOMIAL	HAN L S		than I o	JOHNATHAN	P.C.			/18 self-em	85-0435604		
	Only	ne •		than L. S Texas Av	human,	F.C.			irm's EIN	03-0433004		
	- 1			ia, NM 8	8210-20	183	-	١.	lhono	575-748-1213		
	Firm's add	ress P	TT CES	- CI / 1414 O					hone no			

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.
DAA

(-32)

Yes No Form 990 (2018)

	LITTLE CASTLE LE		47-5154846	Page 2
	Statement of Program Serv			
		s a response or note to any line	in this Part III	X
	cribe the organization's mission. HEDULE O			
				•
				•
				_
		program services during the year which v	were not listed on the	
•	990 or 990-EZ?	115.0		Yes X No
	escribe these new services on Sched	lule O e significant changes in how it conducts,	any program	
services?	anization sease conducting, or make	e significant changes in now it conducts,	any program	Yes X No
If "Yes," de	scribe these changes on Schedule (O.		<u></u>
4 Describe th	ne organization's program service ac	complishments for each of its three large	est program services, as measured by	
		anizations are required to report the amo	ount of grants and allocations to others,	
the total ex	penses, and revenue, if any, for eac	h program service reported		
4- (0.4-) (<u>F</u>	130, 880		450 602
4a (Code		130,880 including grants of \$) (Revenue \$ HILD CARE AND CHILD	
NEEDS E	BY OFFERING THE OP	PORTUNITY FOR REDUC	ED AND SUPPORTED COS	ST CHILD
			IDUAL PHYSICAL, SOCI	
	IVE NEEDS IN A SAF HILD'S UNIQUE NEED		NVIRONMENT WHILE COM	ISIDERING
EACH CE	TILD S ONIQUE MEED	5 .		
4b (O.d.	\/ /) (D	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
				•
4c (Code) (Expenses \$	including grants of \$) (Revenue \$.)
				•
				•
				•
				••
4d Other progr	ram services (Describe in Schedule	0)		
(Expenses	•	uding grants of \$) (Revenue \$)
	am service expenses ▶	430,880	, ,	
AA				Form 990 (2018)

Page 3

Part IV Checklist of Required Schedules

F-6	art 19 Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ļ)
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	'	
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_	'	37
_	Part III	_5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	(
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			₹.
_	"Yes," complete Schedule D, Part I	6	{	<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	,		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			X
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			14
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>		1	
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ļ <u>.</u>		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ü	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	The state of the s			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	i	-	ĺ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes " complete Schedule G. Part III	19	, ,	X

Part IV Checklist of Required Schedules (continued)

	`		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		. [
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		. }	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	į		
	to defease any tax-exempt bonds?	24c		
d	, , , , , , , , , , , , , , , , , , ,	24d		
25a			-	
		25a	∤	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ł	
		25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		l	37
	disqualified persons? If "Yes," complete Schedule L, Part II	26	 +	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ı	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200	•	X
a		28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	ĺ	X
_		200	-+	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		 -	
30	conservation contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
_	complete Schedule N. Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u>l</u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

DAA

14a

14b

X

13b

13c

Form 990 (2016) LITTLE CASTLE LEARNING & 47-5154846 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7<u>a</u> one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure MM List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > 20

512 W. TEXAS AVE

575-748-1213 Form 990 (2016)

ARTESIA

JOHNATHAN L SHUMAN, PC

Earm 000 /2016\	T.TOOT.E	CACTLE	LEARNING	c.
rom 990 (2016)		CHOILE	TEAKNING	Œ

47-5154846

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

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

(A) (B) Name and Title Average hours per week (list any hours for		bo	x, uni	Pos check ess pe	erson (than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21 1035-W13C)	organization and related organizations
(1) SANDRA BORGES										
	0.00									
DIRECTOR	0.00	X	 	<u> </u>	-	_	_	0	0	0
(2) MICHAEL BUNT	0.00		İ		ł					
T T T T C M C T	0.00	.				İ		o	o	0
DIRECTOR (3) GEORGE GANDY	0.00	X	-		├	 				
(3) GEORGE GANDI	0.00		Ī	l	ĺ					
DIRECTOR	0.00	x						o	0	0
(4) PER LANDECK		† <u></u>	\vdash	 	\vdash					
(,,====================================	0.00		1	1	1					
CHAIRMAN	0.00	x		X	l			o	0	0
(5) PHILIP TROOST										
• ,	0.00									
DIRECTOR	0.00	X	<u> </u>					0	0	0
(6) ASHLEIGH ANDERSO										
	0.00									
SECRETARY/TREASURER	0.00	_	<u> </u>	X	<u> </u>			0	0	0
(7)					ļ					
(8)	_	Ì								
(9)										
(10)		-		-						
(11)		-			-					
DAA			<u> </u>							Form 990 (2018)

Part VII Section A. Officers	, Directors, Trus	stee	s, Ke	y E	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unli ficer a	Pos check ess pe nd a c	erson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations		
- NA-L-V-												
								,				
1b Sub-total c Total from continuation shee	ts to Part VII, Se	ectio	on A				<u> </u>					
d Total (add lines 1b and 1c) 2 Total number of individuals (inc				ose	listed	abo	ve) v	 who received more than \$10	[00,000 of			
reportable compensation from t 3 Did the organization list any for			O or tru	ıstee	e, ke	y em	ploye	ee, or highest compensated		Yes No		
 employee on line 1a? If "Yes," of For any individual listed on line organization and related organization 	1a, is the sum of	repo	rtab	le co	mpe	nsat	on a		n the	3 X		
 individual Did any person listed on line 1a for services rendered to the org 	anization? If "Yes								ıvıdual	5 X		
Section B. Independent Contractor Complete this table for your five	highest compen											
compensation from the organization	Ation Report com (A) business address	npen	satio	n for	r the	cale	ndar		ne organization's tax year (B) on of services	(C) Compensation		
				·				•				
		••										
2 Table weeks of the section						ha /'		Baland above North				
2 Total number of independent correceived more than \$100,000 or DAA	f compensation for	rom (the o	rgan	neo izati	on 🕨	use	iisted above) who	0	Form 990 (2016		

Pa	rt V	Stater Check	ment of Reve	nue O cor	ntains a	response o	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated can	npaigns	1a	1		,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership d	· -	1b						ila
S,E	c	Fundraising ev		1c						
iifts ar A	d	Related organi		1d		691,168				
S, G	е	_		1e						
Sis	f	All other contribution								
her		and similar amounts		1f	1f 8,500					
ĒÖ	g	Noncash contributio	ns included in lines 1a-		\$	691,168				:
Sol	h	Total. Add line			•	▶	699,668			•
		100011710011110	70 14 11			Busn. Code	555,655			
enu	2a	STATE/O	THER PROGRAM	SVC	TNC	1 2 2 2 2	215,251	215,251	•	
Rev		2a STATE/OTHER PROGRAM SVC INC b PRIVATE TUITION					149,254	149,254		· -
ice		C STATE TUITION					79,072	79,072		-
ēΖ	d		V-1-011					,		**.
Program Service Revenue	e					1				
gra	-	All other progr	am service rever			 	-			
Pro	a a	-		iuc		•	443,577			
$\overline{}$	3		ome (including d	ıvıden	ds interes		220,011			
	•	and other simil				▶				
	4		vestment of tax-	exemp	ot bond or	roceeds				
	5	Royalties			,	•				
	_		(ı) Reat		(11)	Personal				.994
	6a	Gross rents				İ				*
	b	Less rental exps								
	c	Rental inc or (loss)								į
	d	Net rental inco	me or (loss)			—	İ	•	•	-
	7a					ı) Other				
		sales of assets other than inventory								XX
	b	Less cost or other								
	-	basis & sales exps								
	С	Gain or (loss)		-						
		Net gain or (los	ss)			•	Ī			•
		•	om fundraising ever	ıts İ						~
		(not including \$				İ				<i>.</i>
ē		-	eported on line 1c)			l				
Other Revenue		See Part IV, line		а		l				÷
Ē	b	Less direct ex		ь						
O			(loss) from fundr	aisina	events	•				•
			m gaming activities	_						
		See Part IV, line	• •	а		l				
	b	Less. direct ex	penses	b						
			(loss) from gamı	ng acti	vities			İ		
		Gross sales of								<u>.</u>
		returns and alle	•	а						
	b	Less cost of g	oods sold	ь						
	С	Net income or	(loss) from sales	of inv	entory	•				
			cellaneous Revenue			Busn. Code				* *
	11a									<u> </u>
	b									
	С									
	d	All other reven	ue							
ĺ	е	Total. Add line	s 11a-11d			•				
	12	Total revenue	. See instruction	s.		▶ [1,143,245	443,577	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) (B) (C) (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 259,249 259,249 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,716 Other employee benefits 2,716 26,637 10 Payroll taxes 26,637 Fees for services (non-employees) a Management **b** Legal 25,501 25,501 c Accounting d Lobbying Professional fundraising services, See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 584 584 12 Advertising and promotion 7,129 13 Office expenses 7,129 14 Information technology 15 Royalties 6,629 6,629 16 Occupancy 1,181 17 1,181 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 24,823 24,823 10,380 23 Insurance 10,380 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 17,979а **MEALS** 17,979 REPAIR & MAINTENANCE 12,107 12,107 JANITORIAL 10,534 10,534 9,056 **EDUCATION** 9,056 e All other expenses 17,569 16,375 1,194 432,074 25 Total functional expenses. Add lines 1 through 24e 430,880 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 139,800 124,123 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 58,025 30,162 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 762,204 153,118 other basis Complete Part VI of Schedule D 10a 135,516 609,086 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 791,234 12,452 305,478 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 50,000 266,852 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 21,015 25 of Schedule D 62,452 287,867 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Balances 728,782 17,611 27 Unrestricted net assets 28 28 Temporanly restricted net assets 29 Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 728,782 791,234 17,611 33 Total net assets or fund balances 305,478 Total liabilities and net assets/fund balances

Form	1 990 (2016) LITTLE CASTLE LEARNING & 47-5154846			Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$-\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,14	3,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	2,074
3	Revenue less expenses Subtract line 2 from line 1	3	71	1,171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	7,611
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	72	8,782
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			,	Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			I
	Schedule O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			I
	reviewed on a separate basis, consolidated basis, or both			I
	Separate basis Consolidated basis Both consolidated and separate basis			-
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			I
	separate basis, consolidated basis, or both			I
	Separate basis Consolidated basis Both consolidated and separate basis			-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			ı
	Schedule O			-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2016

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.

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

OMB No 1545-0047 2016

> Open to Public Inspection

Name of the organization

LITTLE CASTLE LEARNING & DEVELOPMENT CENTER, INC.

Employer identification number 47-5154846

ne hospital's name,										
-										
in										
iblic										
on 170(b)(1)(A)(vi). (Complete Part II) described in section 170(b)(1)(A)(vi). (Complete Part II)										
I research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
or										
gross										
its										
rposes 9(a)(3).										
and 12g										
giving										
5·····3										
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ported										
ed with,										
zation(s)										
reness										
y (vI) Amount of										
other support (see										
instructions)										
										

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sec	tion A. Public Support				<u></u>		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				61,466	783,943	845,409
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				61,466	783,943	845,409
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		<u> </u>				845,409
$\overline{}$	tion B. Total Support			,			
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		-	 	61,466	783,943	845,409
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		}				
11	Total support. Add lines 7 through 10		<u> </u>				845,409
12	Gross receipts from related activities, etc. (s	see instructions)				12	484,313
13	First five years. If the Form 990 is for the o	rganization's first	, second, third, four	th, or fifth tax year a	as a section 501(c)(3)	. —
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su					77.1	
14	Public support percentage for 2016 (line 6, o			(f))		14	100.00%
15	Public support percentage from 2015 Scheo					15	%_
16a	33 1/3% support test—2016. If the organiz				1/3% or more, check	this	▶ 🗓
	box and stop here. The organization qualifi	•	• • •		22 4/20/	ما محاد	. •
b	33 1/3% support test—2015. If the organization must be a separated at the companion of the				is 33 1/3% or more, 0	cneck	▶ □
17a	this box and stop here. The organization quality-facts-and-circumstances test—201				or 16h and line 14 i	¢	. • 🗆
1/4	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		<u>-</u>		•		
	organization	3-and-circumstar	ices lest the orga	mzation qualifics at	a a publicly supported	•	▶ □
b	10%-facts-and-circumstances test—201	5. If the organizat	ion did not check a	hox on line 13, 16a	16b or 17a and line	a	🗆
-	15 is 10% or more, and if the organization in	•		•		•	
	Explain in Part VI how the organization mee				•		
	supported organization	, und		trgameanorr			▶□
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b.	17a, or 17b. check	this box and see		
	instructions		-,,,	. , , , , , , , , , , , , , , , , , , ,			▶ □
						Schodulo A (Form 99	

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

<u> </u>	If the organization fails to	quality under tr	ne tests listed t	elow, please c	omplete Part II.	.)	
	tion A. Public Support	(-) 6040	(1) 0040	(-) 0011	(4) 65:5	(-) 0040	/ (D.T.)
	Gifts, grants, contributions, and membership	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 🗸	(f) Total
1	fees received (Do not include any "unusual grants")					A Company	
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					p. A. T.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513				- 2		
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			got			
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						1
<u> </u>	line 6)	<u> </u>	<u> </u>				
	tion B. Total Support	(2) 2012	/ (b) 2013	(2) 2014	(4) 2015	(a) 2016	(f) Total
9	Amounts from line 6	(a) 2012	// (b) 2013	(c) 2014	(d) 2015	(e) 2016	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,	A A A					-
b	royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	<i>1</i>					
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 VI)				:		
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, fourt	h, or fifth tax vear a	is a section 501(c)	(3)	
	organization, check this box and stop here	•				· ·	> []
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8,		-	(f))		15	%
16	Public support percentage from 2015 Schei					16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2016 (Iir			olumn (f))		17	%
18	Investment income percentage from 2015 \$					18	%_
19a	33 1/3% support tests—2016. If the organ						⊾ □
L	17/is not more than 33 1/3%, check this box		= -		• • •		
b	33 1/3% support tests—2015. If the organ line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did			•	•		> [

Schedule A (Form 990 or 990-EZ) 2016 **Supporting Organizations**

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and comp	lete Part V.)		
ect	ion A. All Supporting Organizations			
4	Are all of the expensely all accounted accounts to be lated by some of the counter to	ſ	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			•
2	class or purpose, describe the designation if historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
٥.	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	:		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	ŀ		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authorty under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	•		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

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Schedule A (Form 990 or 990-EZ) 2016 LITTLE CASTLE LEARNING &		47-5154	1846	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Organizatio</u>	ons		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970	(explain in Part VI) See		
instructions. All other Type III non-functionally integrated supporting organizations	must complete	Sections A through E	 _	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current	
1 Net short-term capital gain	1			
2 Recovenes of pnor-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4		· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or			****	
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
Aggregate fair market value of all non-exempt-use assets (see			(optiona	•/
instructions for short tax year or assets held for part of year)				
a Average monthly value of secunties	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c	· .		·
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	-			
factors (explain in detail in Part VI)				
2 Acquisition indebtedness applicable to non-exempt-use assets	2	* -		
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		.		
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Ye	ear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-	·
2 Enter 85% of line 1	2			
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	· · ·			

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

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016

8

Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Excess distributions carryover to 2017. Add lines 31

Schedule A (Form 990 or 990-EZ) 2016

LITTLE CASTLE LEARNING &

47-5154846

age 8

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

2016

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

Open to Public Inspection

OMB No 1545-0047_

	of the organization	1	Employer	dentification	numt	ber	
	ITTLE CASTLE LEARNING &	1					
	EVELOPMENT CENTER, INC.			15484	6_		
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	Accounts.					
_		(a) Donor advised funds		(b) Funds and	other a	accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)					_	
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year	<u> </u>					
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised			_	1	
	funds are the organization's property, subject to the organization's exclus	•			L	Yes	∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	• •					
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose			_	1	С.
-	conferring impermissible private benefit?					Yes	No.
 -	Conservation Easements. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check al	ll that apply)		-	_		
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically imports	ant land	area			
	Protection of natural habitat	Preservation of a certified historic st	ructure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n				
	easement on the last day of the tax year		ļ	Held at th	e End	of the	Tax Year
а	Total number of conservation easements		2a	.			
b	· ·		2b	ļ			
C		` ·	2c			_	
d	*, *	i, and not on a	۱				
_	historic structure listed in the National Register		2d	<u> </u>			
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization d	uring the	e			
	tax year >	and N					
4	Number of states where property subject to conservation easement is loc						
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, nandling or				Yes	No
_	violations, and enforcement of the conservation easements it holds?	volations, and enforcing consequation easem	ante du	ana the ve	ar	163	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	notations, and emorcing conservation easem	ents du	illy life yea	ai		
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	one and enforcing consequation easements	durina t	he vear			
•	S	ons, and emorally conservation casements	adining t	inc your			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)					
Ĭ	and section 170(h)(4)(B)(ii)?	requirements or section in equiption				Yes	No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and	i i				
-	balance sheet, and include, if applicable, the text of the footnote to the organization	•					
	organization's accounting for conservation easements						
Pa	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F		nilar /	Assets.			
4 -			na ch '				
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not works of art, historical treasures, or other similar assets held for public ex			L			
	works of art, historical treasures, or other similar assets held for public ex- public service, provide, in Part XIII, the text of the footnote to its financial:		e ui				
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		heet				
U	works of art, historical treasures, or other similar assets held for public ex	•					
	public service, provide the following amounts relating to these items	and a second of the section in turnerand	- UI				
	(i) Revenue included on Form 990, Part VIII, line 1			· \$			
	(ii) Assets included in Form 990, Part X			. ς	-		
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial cain, provide	he -	Ψ	•		
_	following amounts required to be reported under SFAS 116 (ASC 958) re	- · · ·					
2	Revenue included on Form 990, Part VIII, line 1	ioning to triese items	_	· \$			
	Assets included in Form 990, Part X		•	· \$	٠		

Sche		ASTLE LEAR					154846			Page 2
Pa	art III Organizations Maintainin	g Collections of	Art, H	istorical Tr	easures, c	or Other	Similar As	sets (continue	<u>d)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records	check a	ny of the follow	ing that are a	ı sıgnıficani	use of its			
а	Public exhibition	d \square	Loan or	exchange prog	irams					
b	Scholarly research	е 🗍	Other	5 ,						
С										
4	Provide a description of the organization's co	ollections and explain	now they	further the ora	anization's ex	remot pum	ose in Part			
	XIII		,	rantinor tino org		compt purp	ooc iiii aii			
5	Dunng the year, did the organization solicit o	r receive donations of	art, histo	oncal treasures	, or other sim	ılar				
	assets to be sold to raise funds rather than to	o be maintained as pa	rt of the	organization's	collection?				Yes	No_
Pa	art IV Escrow and Custodial Ar	_								
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes	on Fo	rm 990, Pa	rt IV, line 9	, or repo	rted an amo	ount o	n Form	
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for co	ntributions or o	ther assets n	nt				
	included on Form 990, Part X?	an or other micrimodic	.,		1101 03301311	01			Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the follo	wina tah	ilo						
	in res, explain the arrangement in rate Am	and complete the lond	wing tab	iic					Amount	
	Beginning balance						10		74110411	
	Additions during the year						1c			
	• •						1d			
e	• •						1e			
f							1f			
	Did the organization include an amount on F					-			Yes	No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation	has been prov	ided on Part	XIII				
Ha	ert ∀ Endowment Funds.	1.00	. –	000 B		•				
	Complete if the organizatio				· ·	ĭ				
		(a) Current year	(b) Pnor year	(c) Two yea	irs back	(d) Three years	back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions								<u> </u>	
C	Net investment earnings, gains, and									
	losses		ļ							
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g,	column (a)) he	ld as					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posses		on that a	re held and ad	ministered for	r the				
	organization by	•							Ye	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	\neg
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	d on Sch	nedule R?					3b	\neg
	Describe in Part XIII the intended uses of the								<u></u>	
	ert VI Land, Buildings, and Equ									
	Complete if the organizatio		on Fo	rm 990 Par	t IV. line 1	1a. See	Form 990 F	Part X	. line 10.	
	Description of property	(a) Cost or other		(b) Cost or o			cumulated	T	(d) Book valu	.e
		(investment)		(othe	J		preciation			
12	Land							1		
	Buildings			5	49,102		48,558	1	500	,544
	•				,			 		,,,,,,,
	Leasehold improvements Equipment	-		2	13,102		104,560		108	3,542
	Other				/			+		70
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part)	Column	(R) line 10c \				. †	609	,086
- Cual		rquar i orini boo, i arti	., coluiili	. (5), 100.)				٠		

Schedule D (F	form 990) 2016 LITTLE CASTLE LEARNI	NG &	47-51548 <u>46</u>	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or		_	
i	(a) Description of secunty or category (including name of secunty)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial of			 	
	eld equity interests			
(3) Other	ou equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col_(B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	aluation
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u></u>	
(8)	_			
_(9)				·····
	n (b) must equal Form 990, Part X, col_(B) line 13) ▶			<u> </u>
Part IX	Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Pa	rt X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" or line 25	n Form 990, Part IV, lin	e 11e or 11f See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes		1	
(2)			7	
(3)			1	
(4)				
(5)]	
(6)				
(7)] ,	
(8)			·	
(9)			_	
	n (b) must equal Form 990, Part X, col. (B) line 25) ▶			

Sche	dule D (Form 990) 2016 LITTLE CASTLE LEARNING &	47	7-5154846	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		`
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	et XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE CASTLE LEARNING & DEVELOPMENT CENTER, INC.

Employer identification number 47-5154846

(a) Check of Number of ceremonor or Recomposition (Annaber of ceremonor or Recomposition (Annaber of ceremonor or Recomposition (Annaber of ceremonor or Recomposition (Annaber of ceremonor or Recomposition (Annaber of ceremonor or Recomposition (Annaber of Ceremonor or Recomposition (Annab	2 3 4 5 6 7 8 9	Art — Historical treasures Art — Fractional interests	Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining		·	
Art — Works of art	2 3 4 5 6 7 8 9	Art — Historical treasures Art — Fractional interests			amounts reported on	·			
and the process of art and the process of ar	2 3 4 5 6 7 8 9	Art — Historical treasures Art — Fractional interests	applicable	items contributed		pancash contribution amou			
1 Aft—Works of art 2 Art — Historical irreasures 3 Art — Fractional interests 4 Books and publications 5 Columns and household goods 6 Cars and other vehicles 8 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Publicly traded 10 Securities — Publicly traded 11 Securities — Partnership, LLC, or frust interests 12 Securities — Miscellaneous 13 Qualiffied conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Commercial 16 Real estate — Commercial 17 Real estate — Commercial 18 Real estate — Commercial 19 Food inventory 10 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 3 Scientifies Specimens 3 Art — Historical artifacts 3 Coller ▶ () 2 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 3 Scientifies Specimens 3 Art — Forms \$283 received by the organization during the tax year for contributions for which the organization completed form \$2823, Part IV, Donee Acknowledgement 29 Number of Forms \$283 received by the organization and property reported in Part I, lines 1 through 28, that it must hold for a fleast three years from the date of the mittal contribution, and which isn't required to be used for exempl purposes for the entire holding penod? If Yes. Teleschbe the arrangement in Part II 10 Does the organization have a grill acceptance policy that requires the review of any nonstandard	2 3 4 5 6 7 8 9	Art — Historical treasures Art — Fractional interests				I TIOTICAST CONTINUOUS AND	unts		
Art — Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities — Publicly traded Securities — Publicly traded Securities — Publicly traded Securities — Partnership, LLC, or frust interests Securities — Miscellaneous Qualified conservation contribution — Historic structures Qualified conservation contribution — Other Real estate — Readential Real estate — Commercial Travidermy Drugs and medical supplies Travidermy Historical artifacts Other ▶ (Ot	3 4 5 6 7 8 9	Art — Fractional interests						_	
4 Books and publications 5 Colthing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicity traded 10 Securities — Publicity traded 11 Securities — Publicity traded 12 Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Other	4 5 6 7 8 9								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicky traded 10 Securities — Publicky traded 11 Securities — Publicky traded 12 Securities — Publicky traded 13 Cloudified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Corner and the structures 17 Real estate — Other 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 11 Taxidemy 12 Taxidemy 12 Taxidemy 13 Taxidemy 14 Historical artifacts 15 Coller ► () Coller	5 6 7 8 9	Books and publications							
goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 1 Securities — Closely held stock 11 Securities — Closely held stock 12 Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ()) 27 Other ▶ ()) 28 Other ▶ ()) 30 Drug they ear, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions and which isn't required to be used for exempt purposes for the entire holding period? 20 If 'Yes,' déscribe the arrangement in Part II. Ilines 1 through 1 If yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement i	6 7 8 9						_		
goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 1 Securities — Closely held stock 11 Securities — Closely held stock 12 Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ()) 27 Other ▶ ()) 28 Other ▶ ()) 30 Drug they ear, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions and which isn't required to be used for exempt purposes for the entire holding period? 20 If 'Yes,' déscribe the arrangement in Part II. Ilines 1 through 1 If yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement in Part II. Ilines 1 through 2 If Yes describe the arrangement i	6 7 8 9	Clothing and household					_		
6 Cars and other vehicles 7 Boats and planes 1 Intellectual property 9 Securities — Publicly traded 10 Securities — Publicly traded 11 Securities — Publicly traded 12 Securities — Partnership, LLC, or trust interests 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Commercial 16 Real estate — Commercial 17 Real estate — Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () 39 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form \$223, Part IV, Donee Acknowledgement 29 Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through to the used for exempl purposes for the entire holding period? 20 If "Yes," describe the arrangement in Part II and the organization have a gift acceptance policy that requires the review of any nonstandard	6 7 8 9	_							
8	7 8 9	~							
8 Intellectual property 9 Securities — Publicity traded 10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests 12 Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () 30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 Lital it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding penod? 20 If Yes () Securities and which isn't required to be used for exempt purposes for the entire holding penod? 29 If Yes () Securities and which isn't required to be used for exempt purposes for the entire holding penod? 20 If Yes () Securities and which isn't required to be used for exempt purposes for the entire holding penod?	8 9		,					-	
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or trust interests Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 11 Taxdermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes 10 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding penod? 10 If "Yes," describe the arrangement in Part II 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard									
12 Securites — Miscellaneous Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes 10 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding penod? 29 If "Yes," describe the arrangement in Part II 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard		· ·							
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b If "Yes," describe in Part II.				(0) (0	and the second second	-hhd		ı	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		If the organization didn't report an amo	ount in colu	mn (c) for a type of prope	erry for which column (a) is	cnecked,			,

Schedule M (Form 990) (2016)

Part II

LITTLE CASTLE LEARNING &

47-5154846

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-ÈZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE CASTLE LEARNING & DEVELOPMENT CENTER, INC.

47-5154846

Form 990 - Organization's Mission or Most Significant Activities.

OUR MISSION - THE MISSION OF LITTLE CASTLE LEARNING & DEVELOPMENT CENTER IS

TO PROVIDE THE OPPORTUNITY, THROUGH PLAY, FOR EVERY CHILD AND THEIR FAMILY

TO ENGAGE IN A DEVELOPMENTAL AGE APPROPRIATE LEARNING ENVIRONMENT, WHERE

THEY CAN GROW TO BE INDEPENDENT LEARNERS, CREATIVE AND DIVERGENT THINKERS,

AND WHERE THEY WILL BE WILLING TO TAKE RISKS, ASK QUESTIONS, AND PRACTICE

SELF-CONTROL. IT IS OUR HOPE THAT LITTLE CASTLE WILL "INSPIRE LEADERS OF

TOMORROW" AND THAT GRADUATES OF LITTLE CASTLE TAKE WITH THEM A LOVE OF

LEARNING.

Form 990, Part VI, Line 7a - Election of Members and Their Rights ELECTION OF OFFICERS:

ELECTION OF OFFICERS SHALL BE BY BALLOT FOR A TWO (2) YEAR TERM. THE TERM OF OFFICE SHALL BEGIN JULY 1 OF THE ELECTION YEAR.

REMOVAL FROM OFFICE:

UPON SUBMISSION OF A PETITION SIGNED BY TWO-THIRDS (2/3) OF THE MEMBER/DIRECTORS PRESENTLY SERVING, A SPECIAL ELECTION MAY BE HELD TO REMOVE ANY SPECIFIC OFFICER OR DIRECTOR.

POWERS OF THE BOARD OF DIRECTORS:

SUBJECT TO THE LIMITATIONS OF THE ARTICLES OF INCORPORATION AND OF THE GENERAL NON PROFIT CORPORATION LAW OF NEW MEXICO ON ACTIONS TO BE AUTHORIZED OR APPROVED BY THE BOARD OF DIRECTORS, ALL CORPORATE POWERS SHALL BE EXERCISED BY, OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND

LITTLE CASTLE LEARNING &

47-5154846

BOARD OF DIRECTOR:

AFFAIRS OF THE CORPORATION SHALL BE CONTROLLED BY THE BOARD OF DIRECTORS.

WITHOUT PREJUDICE TO THESE GENERAL POWERS, BUT SUBJECT TO THE SAME

LIMITATIONS, IT IS EXPRESSLY DECLARED THAT THE BOARD OF DIRECTORS SHALL

HAVE THE FOLLOWING POWERS:

- A. TO APPOINT AND REMOVE OFFICERS, AGENTS, AND EMPLOYEES, AS MAY BE CONSISTENT WITH LAW, WITH THE ARTICLES OF INCORPORATION, OR WITH THESE BYLAWS.
- B. TO CONDUCT, MANAGE AND CONTROL THE AFFAIRS AND BUSINESS OF THE CORPORATION, AND TO MAKE SUCH RULES AND REGULATIONS AS ARE CONSISTENT WITH THE LAW, WITH THE ARTICLES OF INCORPORATION, OR WITH THESE BYLAWS.
- C. TO ADOPT, MAKE, AND USE A CORPORATE SEAL AND TO ALTER THE FORM OF THE SEAL FROM TIME TO TIME AS IN THEIR JUDGEMENT THEY DEEM BEST, PROVIDED THE SEAL SHALL COMPLY AT ALL TIMES WITH THE PROVISIONS OF THE LAW.
- D. TO MAKE AND PUBLISH HOUSE RULES, CONSISTENT WITH THESE BYLAWS, TO GOVERN THE OPERATION AND USE OF CORPORATE FACILITIES.

DUTIES OF THE OFFICERS:

CHAIRPERSON: THE CHAIRPERSON SHALL PRESIDE AT ALL MEETINGS OF THE ENTIRE MEMBERSHIP OF THE BOARD OF DIRECTORS. AT THE ANNUAL MEETINGS OF THE MEMBERS/DIRECTORS, THE CHAIRPERSON SHALL MAKE A REPORT OF THE GENERAL BUSINESS OF THE ORGANIZATION. THE CHAIRPERSON SHALL NOMINATE ALL STANDING COMMITTEES IN ACCORDANCE WITH THESE BYLAWS, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS AND SHALL BE AN EX-EFFICIO MEMBER OF ALL COMMITTEES.

VICE CHAIR PERSON: THE CHAIR PERSON SHALL, IN THE ABSENCE OR DISABILITY OF THE PRESIDENT, PERFORM ALL DUTIES OF THE PRESIDENT, AND WHEN SO ACTING HAVE

Employer identification number 47-5154846

THE POWERS OF, AND BE SUBJECT TO THE RESTRICTIONS OF THE CHAIRPERSON.

SECRETARY/TREASURER: THE SECRETARY SHALL BE RESPONSIBLE FOR KEEPING AND MAINTAINING A BOOK OF MINUTES OF ALL MEETINGS OF THE EXECUTIVE COMMITTEE, BOARD OF DIRECTORS AND GENERAL MEMBERSHIP MEETINGS, AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE REQUIRED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. THE TREASURER SHALL BE RESPONSIBLE FOR KEEPING AND MAINTAINING THE FINANCIAL RECORDS AND ACCOUNTS OF THE ORGANIZATION AND SHALL KEEP AND MAINTAIN ADEQUATE AND CORRECT BOOKS OF ACCOUNTS SHOWING THE RECEIPTS AND DISBURSEMENT OF THE ORGANIZATION AND AN ACCOUNT OF ITS CASH AND OTHER ASSETS. THE TREASURER SHALL DEPOSIT ALL MONEY OF THE ORGANIZATION WITH SUCH DEPOSITORIES AS ARE DESIGNATED BY THE BOARD OF DIRECTORS AND SHALL DISBURSE THE FUNDS TO THE ORGANIZATIONS AS MAY BE ORDERED BY THE BOARD OF DIRECTORS. THE TREASURER SHALL RENDER TO THE BOARD OF DIRECTORS ON REQUEST, A STATEMENT OF THE FINANCIAL CONDITION OF THE ORGANIZATION, PROVIDED THAT STATEMENTS OF CONDITION SHALL BE RENDERED AT LEAST SEMI-ANNUALLY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 COPIES OF THE COMPLETED DRAFT FORM 990 (INCLUDING REQUIRED SCHEDULES) WILL BE DISTRIBUTED TO THE TREASURE IN EITHER ELECTRONIC OR PAPER FORM FOR REVIEW AND APPROVAL. ANY QUESTIONS OR CONCERNS WILL BE NOTED AND ADDRESSED ENSURING THAT CHANGES ARE INCORPORATED INTO FORM 990 AS APPROPRIATE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official ALL COMPENSATION OF MANAGEMENT, OFFICERS, AND KEY EMPLOYEES IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS VIA NORMAL OR SPECIAL MEETING.

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

ALL COMPENSATION OF MANAGEMENT, OFFICERS, AND KEY EMPLOYEES IS SUBJECT TO

REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS VIA NORMAL OR SPECIAL

MEETING.

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

A MEMBER OF THE PUBLIC MAY REQUEST TO INSPECT ORGANIZATIONAL DOCUMENTS AT

THE PRINCIPAL OFFICE OF THE ORGANIZATION. THE ENTITY MUST PROVIDE THE

INFORMATION REQUESTED THAT SAME DAY. HOWEVER, IF THE REQUEST PLACES AN

"UNREASONABLE BURDEN" ON THE ORGANIZATION, THE REQUESTED INFORMATION WILL

BE PROVIDED NO LATER THAN THE NEXT BUSINESS DAY AFTER THE UNUSUAL

CIRCUMSTANCE CEASES TO EXIST (LIMITED TO A MAXIMUM OF FIVE BUSINESS DAYS

AFTER THE REQUEST).

WRITTEN REQUESTS MADE BY FAX, MAIL, EMAIL, OR OVERNIGHT SERVICE, WHICH INCLUDES THE REQUESTER'S ADDRESS WILL BE PROVIDED WITHIN 30 DAYS OF REQUEST RECEIPT.