** PUBLIC DISCLOSURE COPY **

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

June 30, 2023

Pre	pared	For:

Pediatric Learning Center, Inc. 8496 Wilkinsville Rd 101 Millington, TN 38053-1556

Prepared By:

Henderson Hutcherson & McCullough PLLC 1755 Kirby Parkway, Suite 200 Memphis, TN 38120

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

Form **990-EZ**

** PUBLIC DISCLOSURE COPY ** Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2022 calendar year, or tax year beginning OCT 28 , 2022, and ending		
В	Check i applica	Gie: C Name of organization	D Employer identifi	cation number
L	Add	ress change	00 0750	0.4.0
<u></u>		e change PEDIATRIC LEARNING CENTER, INC.	92-0779	
12	Initia	The American	E Telephone numbe	
느	term	inated 0490 WILLVINSATITE KD	901-290	
<u>_</u>	Ame	Oity or town, state or province, country, and ZIP or foreign postal code	F Group Exemption	
_		MILLINGTON, TN 38053-1556	Number	
G	Accou	nting Method: X Cash Accrual Other (specify)	E	If the organization is
	Websi		not required to at	tach Schedule B
			(Form 990).	
		of organization: X Corporation Trust Association Other		
		ies 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	l, 🧳	
		1 (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	50,518.
LP	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	· j · · · · · · · ·	Check if the organization used Schedule O to respond to any question in this Part I		XI.
	1	Contributions, gifts, grants, and similar amounts received	1	26,500.
	2	Program service revenue including government fees and contracts		24,018.
	3	Membership dues and assessments		
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less; cost or other basis and sales expenses 50		
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<u>5c</u>	·····
	6	Gaming and fundraising events:		
•	a	Gross income from gaming (attach Schedule G if greater than		
ě		\$15,000) <u>6a</u>		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c	F.332	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	Ь	Less: cost of goods sold 7b		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule 0)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		50,518.
*******	10	Grants and similar amounts paid (list in Schedule 0)	10	
	11	Benefits paid to or for members		0.
(A	12	Salaries, other compensation, and employee benefits	12	18,624.
ses	13	Professional fees and other payments to independent contractors		475.
Expense	14	Occupancy, rent, utilities, and maintenance	3 2	
ŭ	15	Printing, publications, postage, and shipping		228.
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	13,062.
	17	Total expenses. Add lines 10 through 16	17	32,389.
***************************************	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18,129.
र्द्ध	19	Net assets or fund balances at beginning of year (from line 27, column (A))	···· 	
SSE	'	(must agree with end-of-year figure reported on prior year's return)	19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		0.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	18,129.
	16.1	THE MODEL OF THE PRINCIPLES BY DIES OF THE PRINCIPLE IN THE PART CO.		

	n 990-EZ (2022) PEDIATRIC LEARNING CENTER	, INC.		2-0	1126	49 Page 2
Pa	art II Balance Sheets (see the Instructions for Part II)					F
	Check if the organization used Schedule O to resp			Y	*********	
			(A) Beginning of year		(B) E	nd of year
22	***************************************		0.	22		5,614.
23	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE O	vaitaavaaasvaska (easvateta	0.	23		12,515.
24			0.	25		18,129.
25 26	Total assets Total liabilities (describe in Schedule 0)	200201200-140140140000004000	Ŏ.	26		0.
27			0.			18,129.
	art III Statement of Program Service Accomplishmen	ts (see the instruct	ions for Part III)		Ex	penses
!	Check if the organization used Schedule O to resp	ond to any question	n in this Part III [lequired	for section
Wha	nt is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses	. In a clear and concise		hers.)	***************************************
	ner, describe the services provided, the number of persons benefited, and other relevant information	tion for each program title.			<u></u>	
28	SEE SCHEDULE O					
				\ <u>_</u> _		20 054
	(Grants \$ 49,049.) If this amount includes foreign g	rants, check here		28	2	20,854.
29		/////////////////////////////////////				

	(Grants \$) If this amount includes foreign g	rante chack hara		_ 29		
30	(Grants \$) If this amount includes foreign g	iants, check here			-	
JŲ						
	(Grants \$) If this amount includes foreign g	rants, check here	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30	а	

	(Grants \$) If this amount includes foreign of			31		
00	79. 79.			3	9	20,854.
<u>32</u>	Total program service expenses (add lines 28a through 31a)	one process and the second	****************	Y	5.4	
Pέ	art IV List of Officers, Directors, Trustees, and Key E	nployees (list each one	even if not compensated - se	e the instr	uctions for	Part IV)
Pŧ	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each one pond to any question	even if not compensated - se n in this Part IV	e the instr	uctions for	Part IV)
Pa	Check if the organization used Schedule O to response	mployees (list each one poind to any question (b) Average hours	even if not compensated - se n in this Part IV (0) Reportable compensation (Forms	e the instr d) Health contribu	uctions for benefits, tions to	(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one pond to any question	even if not compensated - se in this Part IV (0) Reportable compensation (Forms W-2/1009-MISC) 1999-NEC)	e the instruction of the contribution of the c	benefits, tions to a benefit	Part IV)
Pē	Check if the organization used Schedule O to responsible (a) Name and title	mployees (list each one point to any question (b) Average hours per week devoted to	even if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC/	d) Health contributemployee	benefits, tions to a benefit	(e) Estimated amount of other
Pa AM	Check if the organization used Schedule O to responsive to the control of the con	point to any question (b) Average hours per week devoted to position	even if not compensated - se in this Part IV (0) Reportable compensation (forms W-2/1009-MSC/ 1099-MSC) (if not paid, enter -0-)	e the instruction of the contribution of the c	benefits, itons to a benefit deferred tastion	(e) Estimated amount of other compensation
Pa AM BO	Check if the organization used Schedule O to responsible (a) Name and title Y FOSTER ARD MEMBER	mployees (list each one point to any question (b) Average hours per week devoted to	even if not compensated - se in this Part IV (0) Reportable compensation (Forms W-2/1009-MISC) 1999-NEC)	e the instruction of the contribution of the c	benefits, tions to a benefit	(e) Estimated amount of other
AM BO HO	Check if the organization used Schedule O to respond to the companization used	point to any question (b) Average hours per week devoted to position	even if not compensated - se in this Part IV (0) Reportable compensation (forms W-2/1009-MSC/ 1099-MSC) (if not paid, enter -0-)	e the instruction of the contribution of the c	benefits, itons to a benefit deferred tastion	(e) Estimated amount of other compensation
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AM BO CH JU SE BO TR EL	Check if the organization used Schedule O to responsive to the organization used Schedule O to r	point to any question (b) Average hours per week devoted to position 1.00 3.50 1.50	even if not compensated - se in this Part IV (0) Reportable compensation (forms W-2/1009-MSC/ 1099-MSC) (if not paid, enter -0-) 0. 0.	e the instruction of the contribution of the c	benefits, benefits deferred teation O .	(e) Estimated amount of other compensation 0.
AM BO CH JU SE BO TR EL	Check if the organization used Schedule O to responsive to the organization used Schedule O to r	mployees (list each one point to any question (b) Average hours per week devoted to position 1.00 3.50 1.50 5.00	even if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1009-MISC/ 1099-NEC) (if not paid, enter -o-) 0. 0.	e the instruction of the contribution of the c	benefits, itons to a benefit deferred session O .	(e) Estimated amount of other compensation 0. 0.
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232172 12-16-22

PEDIATRIC LEARNING CENTER, INC. Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes,* complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under-0 . ; section 4912 0 . ; section 4955 section 4911 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T TN 41 List the states with which a copy of this return is filed CADE CPA FIRM, PLLC 42 a The organization's books are in care of 5293 GETWELL RD, SUITE B2 , SOUTHHAVEN, MS Located at 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)? and the state of t If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A43 Yes No

44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		
	Form 990-EZ	448	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		
	of Form 990-EZ	44b	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		
	in Schedule O	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	

X Yes

Form 990-EZ (2022)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PEDIATRIC LEARNING CENTER, INC.

Employer identification number

	PEDI	ATRIC LEAR	NING CENTER,	INC.			9	2-0779249
Part I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructions	3.	
The orga	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	An organization operated f section 170(b)(1)(A)(iv).		llege or university owned	or operat	ed by a go	overnmental un	it describe	ed in
6	A federal, state, or local go An organization that norma section 170(b)(1)(A)(vi). (0	ally receives a substa				* *	e general	public described in
8	A community trust describe An agricultural research or or university or a non-land-	ed in section 170(b) ganization described	in section 170(b)(1)(A)(ix) operat		Valley Street College		
10 X	university:	ally receives (1) more	than 33 1/3% of its supp	ort from c	ont ribu tior	ns, membershi	p fees, an	d gross receipts from
	activities related to its exer income and unrelated busing See section 509(a)(2). (Co	ness taxable income implete Part III.)	(less section 511 tax) fro	m busine:	sse s ac quí	red by the orga		
11	An organization organized An organization organized more publicly supported or	and operated exclusing ganizations describe	ively for the benefit of to d in section 509(a)(1) o	perform t	he functio 509(a)(2) .	ns of, or to car See section 5	09(a)(3). (
a [lines 12a through 12d that Type I. A supporting orgathe supported organization	anization operated, son(s) the power to re	upervised, or controlled gularly appoint or elect a	by its supp	ported org	anization(s), ty	pically by	= =
b [organization. You must of Type II. A supporting org control or management of organization(s). You must	anization supervised of the supporting orga	or controlled in connect anization vested in the sa			▼		-
с [Type III functionally inte	grated. A supportin	g organization operated				y integrate	ed with,
d [Type III non-functionally that is not functionally interest (see instructional	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	_	•
е 🗀	requirement (see instruct Check this box if the orgation functionally integrated, or	anization received a v	written determination from	m the IRS	that it is a		, Type III	
	er the number of supported o			**********	***********	********	*******	
g Pro	vide the following information (i) Name of supported organization	about the supporte (ii) EIN	d organization(s). (Iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the org in your govern Yes	unization listed ing document? No	(v) Amount of support (see in:		(vi) Amount of other support (see instructions)
	non anno magneta di santa na		and the state of t					· · · · · · · · · · · · · · · · · · ·
		- Indiana and a second a second and a second a second and					·····	

Schedule A (Form 990) 2022 PEDIATRIC LEARNING CENTER, INC. 92-0779 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			,			
***************************************	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				15/252		
•	membership fees received. (Do not		ĺ				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					<u> </u>	
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	<u>: </u>					
•	furnished by a governmental unit to						
	the organization without charge		:				
4	Taket Add to a distance of o						
-	The portion of total contributions						
3	by each person (other than a	5000					
	governmental unit or publicly					44.	
	supported organization) included	5000				177	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			A second			
				,			
				1	 		
	Public support. Subtract line 5 from line 4.				577	<u> </u>	
. ————	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10/2010	(0) 2019	(C) 2020	(0) 2021	(e) zozz	ty rotes
8	Gross income from interest,				ľ		
•	dividends, payments received on			**************************************			
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital	<i>(</i>					
	assets (Explain in Part VI.)	1988					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	eto lega instructio	ne)	200000000000000000000000000000000000000		12	
	First 5 years. If the Form 990 is for the					\$	······································
,0	organization, check this box and stor	_		•		······	
Sec	tion C. Computation of Publi			******************	·····	*********************	
	Public support percentage for 2022 (I	······································		column (fi)		14	. %
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies	~		•			
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual	_		-			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•			
b	10% -facts-and-circumstances test	-		• ,,	-		
~	more, and if the organization meets th						· · · · ·
	organization meets the facts-and-circu				• •		[
18	Private foundation. If the organization		•		• • •		
<u></u>					w		0001 0000

Schedule A (Form 990) 2022 PEDIATRIC LEARNING CENTER, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	16/2010	10,20.0	10/2020	(U) EVE	(6) 2022	<u>II) TOTAL</u>
,	membership fees received. (Do not						
	include any "unusual grants.")					26,500.	26,500.
2	Gross receipts from admissions,					20,500.	20,300.
~	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the					24 010	24 010
_	organization's tax-exempt purpose			<u> </u>	i	24,018.	24,018.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		ļ				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1			4		
	or expended on its behalf		<u> </u>		(1)		· · · · · · · · · · · · · · · · · · ·
5	The value of services or facilities						
	furnished by a governmental unit to	ľ					
	the organization without charge						
6	Total. Add lines 1 through 5					50,518.	50,518.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0 .
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 196 of the						
	amount on line 13 for the year				2000000		0
c	Add lines 7a and 7b		. 11	<u> 1899</u>			0
	Public support. (Subtract line 7c from line 6.)		,,,,				50,518.
Sec	tion B. Total Support	•				,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2018	(ь) 2019	(e) 2020	(d) 2021	(e) 2022 50,518.	(f) Total 50,518.
9	Amounts from line 6 Gross income from interest,	(a) 2018	(ь) 2019	(c) 2020	(d) 2021		
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties.	(a) 2018	(ы) 2019	(c) 2020	(d) 2021		
9	Amounts from line 6 Gross income from interest,	(a) 2018	(ь) 2019	(e) 2020	(d) 2021		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties.	(a) 2018	(b) 2019	© 2020	(d) 2021		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2018	(b) 2019	© 2020	(d) 2021		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2018	(b) 2019	© 2020	(d) 2021		
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2018	(b) 2019	(c) 2020	(d) 2021		
9 10a b c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					50,518.	50,518.
9 10a b c 111	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and step here		rst, second, third, 1		ear as a section 5	50,518.	50,518.
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and step here	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	50,518.	50,518.
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ne organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 5	50,518.	50,518.
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines e, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2021	e organization's fir c Support Per ine 8, column (f), d Schedule A, Part	est, second, third, for centage ivided by line 13, coll., line 15	ourth, or fifth tax y	ear as a section 50	50,518. 50,518. 01(c)(3) organization	50,518. 50,518.
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines e, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (lines e, 10c, 11).	e organization's fir c Support Per ine 8, column (f), d Schedule A, Part	est, second, third, for centage ivided by line 13, coll., line 15	ourth, or fifth tax y	ear as a section 50	50,518. 50,518. 01(c)(3) organization	50,518. 50,518. X
9 10a b c 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage for 2022 (lipublic support percentage from 2021 tion D. Computation of Investing Investment income percentage for 2021 (lipublic support percentage for 2021)	c Support Per ine 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colum	rst, second, third, for centage ivided by line 13, colling 15. Percentage in (f), divided by line 15.	ourth, or fifth tax y	ear as a section 5	50,518. 50,518. 01(c)(3) organization	50,518. 50,518. X
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage from 2021 (investment income percentage from 2021) (investment income percentage from 2021)	c Support Per ine 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colum 2021 Schedule A,	rst, second, third, ficentage ivided by line 13, c III, line 15 Percentage nn (f), divided by line Part III, line 17	ourth, or fifth tax y	ear as a section 5	50,518. 50,518. O1(c)(3) organization 15 16	50,518. 50,518. X % % %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage for 2022 (lipublic support percentage from 2021 tion D. Computation of Investing Investment income percentage for 2021 (lipublic support percentage for 2021)	c Support Per ine 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colum 2021 Schedule A,	rst, second, third, ficentage ivided by line 13, c III, line 15 Percentage nn (f), divided by line Part III, line 17	ourth, or fifth tax y	ear as a section 5	50,518. 50,518. O1(c)(3) organization 15 16	50,518. 50,518. X % % %
9 110a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage from 2021 (investment income percentage from 2021) (investment income percentage from 2021)	c Support Perine 8, column (f), d Schedule A, Part tment Income 122 (line 10c, colum 2021 Schedule A, organization did n	rst, second, third, for the state of the sta	courth, or fifth tax y	ear as a section 50	50,518. 50,518. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17	50,518. 50,518. X % % %
9 110a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage for 2022 (Investment income percentage from 201 investment income percentage from 33 1/3% support tests - 2022. If the	e organization's file C Support Per ine 8, column (f), d Schedule A, Part tment Income 122 (line 10c, colume 12021 Schedule A, organization did n Ind stop here. The	rst, second, third, for centage ivided by line 13, colling line 15. Percentage in (f), divided by line 17 of check the box coorganization qualification qualification in the coorganization qualification qualification in the coorganization qualification in the coorganization qualification	courth, or fifth tax y	ear as a section 50	50,518. 50,518. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion	50,518. 50,518. X % % % is not
9 110a b c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public support percentage from 2021 tion D. Computation of Investives in the computation of Investment income percentage from 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%, check this box and stop here than 34 1/3%.	c Support Per ine 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colum 2021 Schedule A, organization did n ind stop here. The organization did n	est, second, third, for the second se	courth, or fifth tax y column (f)) ne 13, column (f) on line 14, and line ies as a publicly su line 14 or line 19a,	ear as a section 50 15 is more than 30 1pported organizat and line 16 is more	50,518. 50,518. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion re than 33 1/3%, an	50,518. 50,518. X % % % is not

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- c 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:
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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,
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

		Yes	No
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	3a		
	3b		
			VA.
	3с		
	4a		
-	4 b		
	4c		
			2.5
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	9c		
	10a		
			. 20
	10h		

11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either actine or together with persons described on line 11b and 11b below, the governing body of a supported organization? A 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide Bection B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly exported organization in the organization of lines, direction, or trustees at all times during the xxy series of the supported organization organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees organization organization organization organization organization organizati	Sche	dule A (Form 990) 2022 PEDIATRIC LEARNING CENTER, INC. 92-0	779249 Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either actine or together with persons described on line 11b and 11b below, the governing body of a supported organization? A 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a acre 11b above? If "Yes" to line 11a, 11b, or 11c, provide Bection B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly exported organization in the organization of lines, direction, or trustees at all times during the xxy series of the supported organization organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees organization organization organization organization organization organizati	LPa	TIV Supporting Organizations (continued)	,
b A Saffs controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "yes" to line 11a, 11b, or 11c, provide statal in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, emibers of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of efficers, disectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of efficers, disectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of efficient and one supported organization of the organization of the organization of the organization of the powers of expendite and organization of the train the supported organization of the train the supported organization of the train the supported organization of the purposes of the supported organization of the part of the purposes of the supported organization of the purposes of the supported organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organizations, if "No," describe in Part VI how control or management of the supporting organization's use vested in the same persons that controlled or management of the supporting organization's use vested in the same persons that controlled or management of the supporting organization's use vested in the same persons that controlled or management of the supporting Organization's controlled organization organization's powering documents in effect on the date of notification, to this person of the relationship described on line 2, above, or tr		A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	Yes No
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Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
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Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			26
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		· · · · · · · · · · · · · · · · · · ·	""
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		•	
		· · · · · · · · · · · · · · · · · · ·	3a
of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this repard.		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 repard.	3b

	edule A (Form 990) 2022 PEDIATRIC LEARNING CENTE	R,	INC. 9	2-0779249 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
,	All other Type III non-functionally integrated supporting organizations must co			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a	,	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	.1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number

]	EDIATRIC LEARNING CENTER, INC.	92-0779249
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
1	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ag the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i)	d that received from any one
or (ii) Form 990-E	Z, line 1. Complete Parts I and II.	
For an organizati	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from	any one
	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	
	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts ! (e (b) instead of the contributor name and address), II, and III.	ntering
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sectoral sectora	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, Iir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

PEDIATRIC	LEARNING	CENTER,	INC.

92-0779249

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, dife en	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PEDIATRIC LEARNING CENTER, INC.

92-0779249

T	Noncash Property (see instructions). Use duplicate copies of Part II if a	1	r
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization Employer identification number PEDIATRIC LEARNING CENTER, 92-0779249 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 92-0779249 PEDIATRIC LEARNING CENTER, INC. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 12. BANK FEES 688. INSURANCE-D & O 986. INSURANCE-PROFESSIONAL LIABILITY 5,274. PAYROLL-TAXES 2,913. SOFTWARE SUBSCRIPTIONS 2,790. TESTING SUPPLIES 110. EMPLOYEE RECRUITING 37. LICENSING & CREDENTIALS 252. WEBSITE 13,062. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION 12,515. 0. ACCOUNTS RECEIVABLE FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF PLC IS TO PROVIDE A COMPREHENSIVE, EVIDENCE-BASED TEAM APPROACH TO THERAPY AND EDUCATION AND INTERVENTION THAT ALLOWS FOR COLLABORATION WITH COMMUNITY PARTNERS WHILE FOCUSING ON SERVICES FOR CHILDREN AND THEIR FAMILIES IN A FAMILY-CENTERED ENVIRONMENT. OUR SERVICES INCLUDE PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, FEEDING PROGRAMS AND SOME GROUP PROGRAMS.

Schedule O (Form 990) 2022	Page 2
Name of the organization PEDIATRIC LEARNING CENTER, INC.	Employer identification number 92-0779249
THE MISSSION OF PLC IS TO PROVIDE A COMPREHENSIVE,	
EVIDENCE-BASED TEAM APPROACH TO THERAPY AND EDUCATION AND	
INTERVENTION THAT ALLOWS FOR COLLABORATION WITH COMMUNITY	
PARTNERS WHILE FOCUSING ON SERVICES FOR CHILDREN AND THEIR	R FAMILIES IN
A FAMILY-CENTERRED ENVIRONMENT. OUR SERVICES INCLUDE PHYSI	CIAL THERAPY,
SPEECH THERAPY, OCCUPATIONAL THERAPY, FEEDING PROGRAMS AND	SOME GROUP
PROGRAMS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	IDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTE	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

232212 10-28-22

Schedule O (Form 990) 2022

Form **8868** (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contracts, 10	below with the exception of Form 8870, Information for which an extension request must be sent to the IR	S in baper	format (see instructions). For mor	Personal I	Ronofit	;
ming or tris i	form, visit www.irs.gov/e-file-providers/e-file-for-char c 6-Month Extension of Time. Only subm	ities-and-r	on-profits.			
All corporation	o world Extension of Time. Offly Subit	iit origin	ai (no copies needed).			
must use For	ons required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T e tax retui	(including 1120-C filers), partnersi ns.	nips, REMIC	Os, and trusts	
Type or N	PEDIATRIC LEARNING CENTER, INC.		Taxpay	Taxpayer identification number (TIN)		
File by the				92-0779249		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so B496 WILKINSVILLE RD, 101					
N	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILLINGTON, TN 38053-1556					
Enter the Ret	urn Code for the return that this application is for (file	a separa	e application for each return)			011
Application		Return	Application		4***********	Return
ls For		Code	Is For			Code
Form 990 or F	Form 990-EZ	01	Form 1041-A			08
Form 4720 (Individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (s	sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (tr	rust other than above)	06	Form 8870			12
Form 990-T (c	corporation) CADE CPA FIRM, P	07				
Telephone If the organ If this is for	are in the care of ► 5293 GETWELL RD No. ► 662-867-0215 nization does not have an office or place of business a Group Return, enter the organization's four digit of the for part of the group, check this box ►	in the Uni Iroup Exer	Fax No. ed States, check this box	. If this is fo	or the whole a	oun, check this
the orga	an automatic 6-month extension of time until anization named above. The extension is for the organization year or tax year beginning OCT 28, 2022	nization's	return for:		npt organizatio	on return for
	x year entered in line 1 is for less than 12 months, che nange in accounting period	eck reaso	n: X Initial return	Final retu	rn	
3a If this ap	oplication is for Forms 990-PF, 990-T, 4720, or 6069, refundable credits. See instructions.	enter the	entative tax, less			^
	plication is for Forms 990-PF, 990-T, 4720, or 6069,	enter co	rafi radahla aradita and	3a	\$	0.
estimate	id tax payments made. Include any prior year overpa	umant alla	returnuable credits and			'n
	due. Subtract line 3b from line 3a. Include your pay			3b	\$	0.
using EF	TPS (Electronic Federal Tax Payment System). See in a going to make an electronic funds withdrawal (c	nstruction	s no form, ir required, by S.	3c	s	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)