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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury

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

Open to Public Inspection

		The diguilled for the door a depy of the country of						
	For th	e 2009 calendar year, or tax year beginning , 2009, and endin	g		·			
В	Check if	applicable Please use C		D Employer Ident				
	Address change IRS label The Learning Lamp, Inc. 20-0306/45							
	Nat	ne change ortype. COILEGE FAIR FIAZA #100		E Telephone number				
	Init	See Johnstown, PA 15904		814-262	-073 <u>2</u>			
	Ter	Instruc- mination tions.						
	Am	ended return		G Gross receipts	s 2,658,084.			
	-	blication pending F Name and address of principal officer	H(a) Is this	a group return for aff				
	L. 4	modulo, portung		affiliates included?	Yes No			
$\overline{}$	Tav	exempt status X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527	If 'No,'	attach a list (see in:	structions)			
÷		site: Neww.thelearninglamp.org	Way Carrier	exemption number	•			
					legal domicile PA			
K			tion 200	4 IN State of	legal domicile LA			
1-6	rt I	Summary		The Teams	ving Tamp is			
		Briefly describe the organization's mission or most significant activities. The miss						
9	-	<u>to provide children with the support they need to succ</u>	seed Ti	i schoor a	ng mrtite			
пап	-			-				
Ver	٠ .	Check this box ► If the organization discontinued its operations or disposed of more	 ro than 25					
ဗိ		Number of voting members of the governing body (Part VI, line 1a)	ie man 23	3	13			
≪		Number of voting members of the governing body (Fart VI, line 1b)		4	13			
ties		Total number of employees (Part V, line 2a)		5	189			
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	80			
Ac	7a	Total gross unrelated business revenue from Part VIII, column (une PVF)]	7a	0.			
		Net unrelated business taxable income from Form 990 Tollne 34	1	7b	0.			
		N IIII M 7 ages 18	F	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		317,425.	290,558.			
Ĕ	1	Program service revenue (Part VIII, line 2g)		,994,193.	2,333,845.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 70 GDFM	A	2,812.	434.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,981.	17,466.			
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7	2,337,411.	2,642,303.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		99,876.	109,912.			
		Benefits paid to or for members (Part IX, column (A), line 4)		,				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	,162,215.	1,680,943.			
es	1	Professional fundraising fees (Part IX, column (A), line 11e)	_	.,	2,000.			
Expenses					2,000.			
쬬	l	Total fundraising expenses (Part IX, column (D), line 25) ► 30,813.						
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		L,026,705.	846,719.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	2,288,796.	2,639,574.			
	19	Revenue less expenses. Subtract line 18 from line 12		48,615.	2,729.			
5 8			Begi	nning of Year	End of Year			
	20	Total assets (Part X, line 16)		678,591.	720,319.			
Net Assets or Fund Balancee	21	Total liabilities (Part X, line 26)		486,814.	525,813.			
훋	22	Net assets or fund balances. Subtract line 21 from line 20		191,777.	194,506.			
P	urt II	Signature Block						
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and strue, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	atements, ar	nd to the best of my	knowledge and belief, it is			
		true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has an	y knowledge	•			
Sig	n	► (MA ~ MmOV)		6/2/10				
Here		Signature of officer	Da	ate				
		- Leah Spangler Executive Director						
		Type or print name and fitte						
_		Date		heck if P	reparer's identifying number see instructions)			
Pa	id	1, 100	s	elf mployed	see instructions)			
Pr		Preparer's signature ► Kris E. Cramer 1997 1997 1997 1997 1997 1997 1997 199			I/A			
	rer's	Widne Winlin	+	12,				
Us	e	yours if self		in ► N/A				
Or	ıly	employed), address, and address, address, and address, ad			1) 266-0004			
		ZIP+4 JONNSTOWN, PA 159U4	P	Phone no ► (81				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

TEEA0113L 12/29/09

Part III Statement of Program Service Accomplishments	0-0306745	Page 2
1 Briefly describe the organization's mission:		
	nnamt thau n	0+ book
The mission of The Learning Lamp is to provide children with the su	bborr ruea n	reed_ro_
succeed in school and in life.		
2 Did the organization undertake any significant program services during the year which were not listed on the prior		
Form 990 or 990-EZ?	Yes	X No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
If 'Yes,' describe these changes on Schedule O.		_
4 Describe the exempt purpose achievements for each of the organization's three largest program services by experi	nses Section 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	ons to others, the to	ítàl
expenses, and revenue, if any, for each program service reported.		
4a (Code. (Expenses \$ 1,234,360. including grants of \$) (Rever	ue \$ 1.37°	7 505 \
The Learning Lamp engages K-12 struggling learners in individual an	d emall drop	n
tutoring. Sessions are conducted by certified teachers using mater	Tars Consist	enc
with each student's school curriculum. The Learning Lamp works wit		ry
school_district_in_a three-county_area_to_provide_individual_and_sc		
tutoring and credit recovery programs. In 2009, the agency served		,000
children across all programs in its core service area of Cambria an	<u>d Somerset </u>	
Counties.		
		- -
4b (Code: (Expenses \$ 713,099. including grants of \$) (Rever	¢ 69	5,873.)
The Learning Lamp offers high quality child care for families of al	· — —	
		<u></u>
Its programs are licensed through the PA Department of Public Welfa		
Department of Education, ensuring they meet the highest health, saf		
standards. The agency's school-year programs for young children an		
students reach about 340 children annually. Its summer programs fo		
school-age and middle school students serve an additional 800 child		
these students attend on scholarship or with assistance from state-	<u>funded_child</u>	care
subsidy.		
(8.57) A.A.A.		
4c (Code: (Co		
The Learning Lamp provides high quality preschool experiences for c		
and rural communities in Bedford, Cambria and Somerset Counties. T		
offer a literacy-based early learning curriculum taught by qualified		
teachers. The agency's programs are licensed as private academic p	reschools th	rough
the PA Department of Education. Nearly 100 children participate in		
many on scholarship. In 2009, The Learning Lamp funded over \$100,0		
scholarships for students attending preschool at six different loca		
4d Other program services. (Describe in Schedule O.) See Schedule O		
(Expenses \$ 300,771. including grants of \$) (Revenue \$	207,137.)
4e Total program service expenses ► 2, 430, 170.		

Form 990 (2009) The Learning Lamp, Inc.
Part IV Checklist of Required Schedules

- 1,41	TIV Oncomist of frequined contouries		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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_	_	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
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 ⁷ If 'Yes,' complete Schedule G, Part I	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_	
	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
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

Form 990 (2009) The Learning Lamp, Inc.
Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	_	-
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	_25a		Х
k	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? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	_	Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ЗАА		Form	990 (2009)

.i	1 Totalements regulating other into 1 imags and Tax compliance			
_			Yes	No
	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 100			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 189			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4	a 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)?	4a		Х
	b If 'Yes,' enter the name of the foreign country. ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	***************************************		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
,	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
- 1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
- 1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	Ī	х
9	Sponsoring organizations maintaining donor advised funds.	1		
i	a Did the organization make any taxable distributions under section 4966?	9 a		
ı	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	
	Section 501(c)(12) organizations. Enter.	- 1		
	a Gross income from other members or shareholders.	1	1	
	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		ļ	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
!	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
		_		

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.

Sec	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body	3	1.00	
		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . See Schedule 0	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
-	,	١.		,,,
5 6	and a second and a second and a second and a second as the original and a second as the second as th	6		X
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the			
1	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
;	a The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	_
	Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at the		,	.,
Sac	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Interr	9		X
	ction B. Policies (This Section B requests information about policies not required by the Interrepreted by Interre	iai		
7107	shub code./		Yes	Ma
10:	a Does the organization have local chapters, branches, or affiliates?	10a	165	No X
		100		
	of If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	<u> X</u>	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
1	• Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers of key employees of the organization See Schedule O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ı	of the state organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed ► _ PA			
18	inspection. Indicate how you make these available. Check all that apply.	allable	or put	olic
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public. See Schedule 0	cy, and	financ	cial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization The Learning Lamp, Inc. 108 College Park Plaza, Johnstown, PA 15904 814)
•	The received rempt inc. The correspondent read, commercial, FA _ 15304_614		0/32	<u></u> -

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee (A) (B) (c) (D) (E) (F)										
(A)	(B)			•	•			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		Rey emptoyee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Leah S. Spangler Secretary	40	Х		Х	Х			61,200.	0.	1,500.
Sheryl Safina-Pharr	1 10	-		23				01,200.	· · · · · · · · · · · · · · · · · · ·	1,300.
Director	1	X						0.	0.	0.
Stephanie Stohon									•	· ·
Treasurer	2	X		Х				0.	0.	0.
Bob Knipple										
Chairman	2	Х		Х				0.	0.	0.
Karen Azar										
Director	1	X						0.	0.	0.
Susan Tomera Angeletti										
Director	11	X						0.	0.	0.
Lorraine Sylvia	. 🔟									
Director	1	Х						0.	0.	0.
<u>Lisa Boyd</u>	. 🚽									
Director	1	Х						0.	0.	0.
Becky Zips										
Director	11	X		_				0.	0.	0.
Dr Glenn Thompson								_		
Director	1	X						0.	0.	0.
Matt Bost								_		
Director	1	X						0.	0.	0.
Michele Bonerigo				Ì				_	_	_
Director	1	X	_	_				0.	0.	0.
Barbara Fortunato		3,		,				•		
ViceChairman	_ 1	Х	_	Х	-			0.	0.	0.
Doug Miller		v						0		0
Director Dr. Lorraine Nulton	1	X						0.	0.	
President	- ₁	Х	ł	х				0.	0	0
Dr. Larry Nulton	1 -1	_^_	\dashv	^			\vdash	U.	0.	0.
Vice President	- 1	Х		Х				0.	0.	0.
Aice liestdent				^				U.	U.	
	-									
							اــــا			

Part VIII Section A. Officers, Directors, Trus		∧ey I	Er			es	, ar			npioye		ont.)
(A)	(B) Average	Posi	tion (-	call i	hat a	nnlvì	(D)	(E)		(F)	
Name and Title	hours per week			Officer	_	Highest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	am	Estimated ount of out of otompensation the from the rganization and relaterganization	ther on on ed
												
					<u> </u>							
1 b Total							<u> </u>	61,200.	0			500
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted	abo	/e) '	who	rece	eived more than \$	3100,000 in reporta	ible con	ıpensat	ion
										£	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	idividual	'	•	•	•			•		3		Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable nan \$150	com 0,000	pen 0? <i>I</i> :	isatı f 'Ye	on a	and o	othe <i>lete</i>	r compensation fr Schedule J for si	om uch	4	. !	Х
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	froi suct	m aı 1 <i>pei</i>	ny u rsor	nrel	ated	l organization for	services	5		Х
Section B. Independent Contractors												
 Complete this table for your five highest compensate compensation from the organization. 	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of			
(A) Name and business addres	s							Description (of Services	Comp	(C) ensatio	n.
							•					
2 Total number of independent contractors (including l \$100,000 in compensation from the organization ►		ımıte	ed to	o the	se	liste	d ab	ove) who receive	d more than			

Limi		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a		revenue		512, 513, 01 514
ATS.	b Membership dues 1b				
şõ	c Fundraising events 1c				
R A	d Related organizations				
₽₹	e Government grants (contributions) 1 1 113,616.				
SIS	e dovernment grants (contributions)				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 176, 942.				
SS	g Noncash contribns included in lns 1a-1f: \$	000 550			
"	h Total. Add lines 1a-1f	290,558.			
Ñ	Business Code	2 222 045	0 333 045		
Ĕ	2a Program revenues	2,333,845.	2,333,845.		
ä	<u></u>		-		
<u> </u>	<u></u>				
S.	<u> </u>				
¥.	f All other program service revenue.				
õ	g Total. Add lines 2a-2f	2 222 045			
		2,333,845.			
	Investment income (including dividends, interest and other similar amounts)	434.	434.		
	4 Income from investment of tax-exempt bond proceeds		101.		
	5 Royalties				
	(i) Real (ii) Personal		-		
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$	······································			
	of contributions reported on line 1c).				
OTHER REVE	See Part IV, line 18 a 32, 998.				
Ë	b Less. direct expenses b 15,781.				
6	c Net income or (loss) from fundraising events	17,217.	17,217.	•	
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory		İ	i	}
	Miscellaneous Revenue Business Code			······· · · · · · · · · · · · · · · ·	
	11a Miscellaneous income	249.	249.	İ	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	249.			
	12 Total revenue. See instructions	2,642,303.	2,351,745.	0.	0.

Form 990 (2009) The Learning Lamp, Inc.

[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) b	but are not required to complete columns (B), (C), and (D).
--	---

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			***************************************	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	109,912.	109,912.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,200.	18,360.	30,600.	12,240.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,468,316.	1,422,192.	32,945.	13,179.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes	151,427.	142,342.	7,571.	1,514.
11	Fees for services (non-employees)				
á	a Management				
ì	Legal	380.	· 	380.	
•	Accounting	8,063.		8,063.	
•	1 Lobbying				2 000
•	Prof fundraising svcs. See Part IV, In 17	2,000.			2,000.
1	Investment management fees			7 454	
9	g Other	7,454.	10 176	7,454.	
12	Advertising and promotion	13,476.	13,476.	0.612	
13	Office expenses	16,022.	6,409.	9,613.	
14	Information technology	3,926.	1,963.	1,963.	
15	Royalties		71 002	5 045	<u> </u>
16	Occupancy	76,338.	71,093.	5,245.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local	12,575.	10,688.	1,887.	
10	public officials	5,316.	4,519.	797.	
	Conferences, conventions, and meetings	12,760.	12,760.	, , , , ,	
20	Interest	12,700.	12,700.		
21	Payments to affiliates Depreciation, depletion, and amortization	36,498.	18,249.	18,249.	
23	• • • • • • • • • • • • • • • • • • • •	45,868.	22,934.	22,934.	
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	10,000.		,	
	Tutoring	261,088.	261,088.		
	ь 21st Centrury Program	182,567.	182,567.		
	Supplies	140,362.	126,326.	14,036.	
	d Miscellaneous	9,338.		9,338.	
	Business expenses	7,516.		7,516.	
	f All other expenses	7,172.	5,292.		1,880.
25	Total functional expenses. Add lines 1 through 24f	2,639,574.	2,430,170.	178,591.	30,813.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA			<u> </u>	<u> </u>	Form 990 (2009)

Part X Balance Sheet (B) End of year (A) Beginning of year 219,110 384,162. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 270,425. 129,234. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net. 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a 303,088 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D **b** Less, accumulated depreciation. 10b 104,614 188,408. 10 c 198,474. Investments - publicly-traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 8,449.15 Other assets See Part IV, line 11 648. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 678,591. 16 720,319. 17 140,156. 17 19,802. Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 184,260. 413,287. 19 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities, Complete Part X of Schedule D 162,398. 25 92,724. Total liabilities. Add lines 17 through 25 486,814. 525,813. 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 76,995 27 Unrestricted net assets 27 81,025. 114,782. 28 Temporarily restricted net assets 28 113,481. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and 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, and equipment fund

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33

720,319. Form **990** (2009)

194,506.

32

33

34

191,777.

678,591.

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances.

Total liabilities and net assets/fund balances.

omraso (2003) The Learning Lamp, Inc.	20-0306/45	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. \square Cash \square Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2ь	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both.	re issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	he required audit		

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Form **990** (2009)

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

		earning									306745			
Par	[]	Reason f	or Pu	blic Charity Stat	us (All organizations	s must	comp	ete thi	s part	.) See	instruc	ctions		,
he o	orga	nization is no	ot a pri	vate foundation becau	se it is (For lines 1 throu	igh 11, c	heck on	ly one b	ox.)					
1	П	A church, co	onventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)(1)(A)(i).					
2	П	A school de	scribed	i in section 170(b)(1)(A)(ii). (Attach Schedule E	ī.)								
3	П	A hospital o	r coope	erative hospital service	e organization described	ın sectic	n 170(b	х1хахіі	i).					
4	П	A medical re	esearch	n organization operate	ed in conjunction with a ho	ospital d	escribed	in sect	on 170	(ΒΧ1ΧΑ)	(iii) Ente	er the hosp	ıtal's	
	_	name, city,			•						` '	•		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)												
6	Ш	A federal, st	tate, or	local government or	governmental unit describ	oed in s e	ection 17	70(b)(1)(A)(v).					
7		in section 1	70(b)(1)(A)(vi). (Complete Pa			_	ernmen	tal unit	or from	the gene	ral public d	escrib	ed
8	닖				1 70(b)(1)(A)(vi). (Complete									
9	X	from activitie	es relai income	ted to its exempt func	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III)	exception	ons, and	(2) no i	more th	an 33-1/	3 % of it	s support fr	rom gr	oss
10		An organiza	tion or	ganized and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	1).				
11		more publici	ly supp	orted organizations d	exclusively for the benefi escribed in section 509(a cation and complete lines)(1) or s	ection 5	09(a)(2)	tions of See s	, or carr ection 5	y out the 09(a)(3).	purposes Check the	of one box th	or nat
	_	a Type I		b Type II	c Type II	I — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	Ш	By checking than foundar 509(a)(2).	this bo	ox, I certify that the or anagers and other tha	ganization is not controlle n one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribe	r more o d in sect	disqualification 509(a	ed persons a)(1) or sec	other tion	r
f		If the organi check this b	zation ox	received a written det	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g		Since Augus	st 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	m any of	f the fol	lowing p	ersons?	_		
													Yes	No
		(i) a person below,	on who the go	o directly or indirectly overning body of the s	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii) a famil	ly mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35%	contro	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
h		Provide the	followir	ng information about t	he supported organization	ns.				· · · · · · · · · · · · · · · · · · ·				
	(1)	Name of Suppo Organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	Is the tion in col d in your erning ment?	(v) Did you the organ col (ization in (i) of	organızat (i) organı	s the ion in col zed in the S ?	(vii) Amoun	t of Sup	port
						Yes	No	Yes	No	Yes	No			
							L							
							-							
												-		
	_						 							
												_		
otal														

	Complete and formulation				ι (νι)(τ)(τ)(τ) α	170(b)	ハ・ハヘ	((VI)	
Sec	(Complete only if you checker tion A. Public Support	ed the box on line	5, /, or 8 of Part	1.)					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Tota	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								_
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3						1		
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								
Sec	tion B. Total Support					-			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV.)								
11	Total support. Add lines 7 through 10	<u>.</u>							
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	•			12		
	First five years. If the Form 990 i organization, check this box and	stop here	·	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		>
	tion C. Computation of Pu						1		
	Public support percentage for 20		1.	e 11, column (f)			14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15		<u> %</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did i qualifies as a pub	not check the box licly supported or	on line 13, and t ganization.	the line 14 is 33-1	/3 % or more	e, chec	k this box	▶ 🔲
b	33-1/3 support test — 2008. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box of licly supported or	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or mor	e, che	ck this box	► 🗌
17 a	10%-facts-and-circumstances tes or more, and if the organization the organization meets the 'facts'	meets the 'facts-ai	nd-circumstances	test, check this b	oox and stop here	. Explain in	Part IV	how	► □
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ai I-circumstances'	nd-circumstances test. The organiz	t' test, check this t ation qualifies as	oox and stop here a publicly support	. Explain in ed organiza	Part IV tion	how the	► 🗌
18	Private foundation. If the organiz	ation did not ched	k a box on line,	13, 16a, 16b, 17a,	or 17b, check this	box and se	e instr	uctions	▶
BAA					Sc	hedule A (F	orm 90	90 or 990-F7	2009

Page 3

Schedule A (Form 990 or 990 EZ) 2009 The Learning Lamp, Inc.

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

(Complete only if you checked the box on line 9 of Part I)											
Sect	ion A. Public Support										
Calen	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	132,566.	229,099.	283,682.	317,425.	290,558.	1,253,330.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
6	Total. Add lines 1 through 5	132,566.	229,099.	283,682.	317,425.	290,558.	1,253,33 <u>0</u> .				
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the				0	0.	0				
	year	0.	0.	0.	0. 0.	0.	0.				
	Add lines 7a and 7b	0.	0.	0.	<u> </u>	<u> </u>	<u> </u>				
8	Public support (Subtract line			, , , , , , , , , , , , , , , , , , , 			1 252 220				
	7c from line 6.)						1,253,330.				
700	ion B. Total Support										
		4 3 0005	4.2.0006	(=) 2007	(4) 2000	(a) 2000	(n) Total				
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
Caler 9	idar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 132, 566.	(b) 2006 229, 099.	(c) 2007 283, 682.	(d) 2008 317, 425.	(e) 2009 290, 558.	(f) Total 1,253,330.				
Caler 9	ndar year (or fiscal yr beginning in)	132,566.	229,099.	283,682.	317,425.	290,558.	1,253,330.				
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form					290,558. 434.	9,322. 0.				
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	132,566.	229,099.	283,682.	317,425.	290,558.	9,322.				
Caler 9 10a b	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	132,566.	229,099.	2, 925.	317,425. 2,812.	290,558. 434.	9,322. 0.				
Caler 9 10a b	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is	132,566.	229,099.	2, 925.	317,425. 2,812.	290,558. 434.	9,322. 0. 9,322. 0.				
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.)	132,566. 182.	229,099. 2,969. 2,969.	2, 925. 2, 925.	317,425. 2,812. 2,812.	290,558. 434. 434.	9,322. 0. 9,322. 0. 1,262,652.				
Caler 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	132,566. 182. 182. s for the organizal stop here.	229,099. 2,969. 2,969.	2, 925. 2, 925.	317,425. 2,812. 2,812.	290,558. 434. 434.	9,322. 0. 9,322. 0. 1,262,652.				
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Caler 9 10 a 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 form 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 inline 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 IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	132, 566. 182. 182. 18bic Support Food on the Support Food of the Support Food on the Support Food On t	2, 969. 2, 969. 2, 969. lion's first, second Percentage (f) divided by line	283, 682. 2, 925. 2, 925.	317,425. 2,812. 2,812.	290, 558. 434. 434. a section 501(c)(3	1,253,330. 9,322. 0. 9,322. 0. 1,262,652.) ▶ □				
Caler 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of PuPublic support percentage from 20	132, 566. 182. 182. 182. 182. 182. 182. 182.	2, 969. 2, 969. 2, 969. tion's first, second ercentage (f) divided by line Part III, line 15	2, 925. 2, 925. 2, 925.	317,425. 2,812. 2,812.	290, 558. 434. 434.	9,322. 0. 9,322. 0. 1,262,652.) ►□				
Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the computation of Invition D. Computation of Invitor D. Computation of Invitor D. Computation of Invitor D. Computation D. Com	132, 566. 182. 182. 182. 182. Is for the organizate stop here. Iblic Support Five 109 (line 8, column 2008 Schedule A, vestment Inco	2,969. 2,969. 2,969. alion's first, second Percentage (f) divided by line Part III, line 15 me Percentage	283, 682. 2, 925. 2, 925. third, fourth, or 13, column (f))	317, 425. 2, 812. 2, 812.	290, 558. 434. 434. a section 501(c)(3	9,322. 0. 9,322. 0. 9,322. 0. 1,262,652.) ► □				
Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Income Investment Income percentage from Income Investment Incom	132, 566. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182.	2,969. 2,969. 2,969. 2,969. tion's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	283, 682. 2, 925. 2, 925. third, fourth, or 13, column (f)) by line 13, column	317, 425. 2, 812. 2, 812.	290, 558. 434. 434. 15 16	9,322. 0. 9,322. 0. 1,262,652.) 99.3% 99.1%				
Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from it investment income percentage finese.	132,566. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182. 182.	2,969. 2,969. 2,969. 2,969. 2,969. 4 olivided by line Part III, line 15 7 me Percentage column (f) divided e A, Part III, line 1	283, 682. 2, 925. 2, 925. , third, fourth, or 13, column (f)) by line 13, column 7	317, 425. 2, 812. 2, 812. r fifth tax year as	290, 558. 434. 434. a section 501(c)(3 15 16 17 18	9,322. 0. 9,322. 0. 1,262,652.) 99.3% 99.1% 0.7% 0.9%				
Caler 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from investment income percentage from 1. Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box.	132,566. 182. 183. 184. 185. 186. 18	2,969. 2,969. 2,969. 2,969. 2,969. 4 Original Part III, line 15 4 Original Part III, line 15 5 Original Part III, line 1 6 Original Part III, line 1 7 Original Part III, line 1 8 Original Part III, line 1 9 Original Part III, line 1 9 Original Part III, line 1 9 Original Part III, line 1 9 Original Part III, line 1 9 Original Part III, line 1 9 Original Part III, line 1	283, 682. 2, 925. 2, 925. third, fourth, or 13, column (f)) by line 13, column c on line 14, and qualifies as a put	317, 425. 2, 812. 2, 812. 2, 812. Inn (f)) line 15 is more the blicity supported or	290, 558. 434. 434. 434. 15 16 17 18 nan 33-1/3%, and ganization	9,322. 0. 9,322. 0. 1,262,652.) 99.3% 99.1% 0.7% 0.9% line 17 is not X				
Caler 9 10 a b c c 11 12 13 14 Sec 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from the support investment income percentage for 20. Investment income percentage from 33-1/3 support tests = 2009 If the suppo	132, 566. 182. 183. 184. 185. 186. 186. 187. 188. 1	2,969. 2,969. 2,969. 2,969. 2,969. 2,969. 4 Ovided by line Part III, line 15 The Percentage column (f) divided e A, Part III, line 1 inot check the boothe organization of the organization of the organization of the check a box of here. The organization of the	2, 925. 2, 925. 2, 925. , third, fourth, or 13, column (f)) by line 13, column c on line 14, and qualifies as a put on line 14 or 19a, ation qualifies as	317, 425. 2, 812. 2, 812. 2, 812. Inn (f)) Iline 15 is more the blicly supported or and line 16 is more a publicly supported or a publicly suppor	290, 558. 434. 434. 434. 15 16 17 18 nan 33-1/3%, and ganization ore than 33-1/3%, ted organization	9,322. 0. 9,322. 0. 1,262,652.) 99.3% 99.1% 0.7% 0.9% line 17 is not X				

Schedule A	(Form 990 or 9	90-EZ) 2009	The	Learnin	g Lamp,	Inc.	·	20-0306745	Page 4
Part IV	Supplemen Part II, line	tal Inform 17a or 17	nation. (b: and	Complete t Part III. lin	his part t e 12. Pro	o provide vide anv	e the explanati other addition	ons required by Part II, ling all information. See instru	ne 10; ıctions.
	<u> </u>			· · · · · · · · · · · · · · · · · · ·			<u>-</u>		
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ➤ See separate instructions

Open to Public Inspection

OMB No 1545 0047

Employer Identification number

The Learning Lamp

111	e Learning Lamp, Inc.		20-0306745
Pa	rt Organizations Maintaining Dong	or Advised Funds or Other Similar Fu	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	ov vises and osmpress
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	, , , ,		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in doi	nor advised Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or for a	s may be
D'a	rt II Conservation Easements Compl		
	Purpose(s) of conservation easements held by		to Form 990, Fart IV, line 7.
•			of an historically important land area
	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
	Preservation of open space		of certified historic structure
2	' '	n hald a gualified aggregation and the high ag	ha farm of a companyation accompant on the
2	Complete lines 2a through 2d if the organization last day of the tax year.	on neid a qualified conservation contribution in t	ne form of a conservation easement on the
			Held at the End of the Year
	a Total number of conservation easements		2a
١	b Total acreage restricted by conservation easer	nents .	2b
•	c Number of conservation easements on a certif	ied historic structure included in (a)	2c
(d Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the organization during the tax
4	year ► Number of states where property subject to co	nservation easement is located	_
5	Does the organization have a written policy regand enforcement of the conservation easemen	garding the periodic monitoring, inspection, han til holds?	dling of violations,
6	Staff and volunteer hours devoted to monitorin during the year ►	g, inspecting, and enforcing conservation easer	ments
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easement	\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	include, if applicable, the text of the footnote to conservation easements.		
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in furtherar	nt and balance sheet works of art, historical ace of public service, provide, in Part XIV,
ı	amounts relating to these items:	c exhibition, education, or research in furtherar	ice of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	►\$ ►\$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar amounts required to be reported under SFAS		r financial gain, provide the following
ć	a Revenues included in Form 990, Part VIII, line	1 .	* \$
ı	Assets included in Form 990, Part X		↑ \$

3cheddie D (Form 990) 2009 - THE	rearning r	amp, inc.		20-030	16/4 <u>5</u>		Page 2
Part III Organizations Mainta	aining Collec	tions of Art, Hist	torical Treasures, o	or Other Similar As	ssets ('conti	nued)
 Using the organization's acquisit items (check all that apply). 	ion accession an	d other records, chec	ck any of the following th	at are a significant use	of its co	ollectio	n
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future gene	rations	_					
4 Provide a description of the organ Part XIV.					e in		
5 During the year, did the organiza assets to be sold to raise funds in	ation solicit or rec rather than to be	ceive donations of art maintained as part o	, historical treasures, or f the organization's colle	other similar ection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amount	al Arrangeme ount on Form	nts Complete if 990, Part X, line	organization answe : 21.	red 'Yes' to Form	990, P	art IV	′, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or othe	r assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the following	ng table.		Amoun	<u> </u>	<u> </u>
c Beginning balance				1c	Amoun		
d Additions during the year				1 d			
e Distributions during the year				1e			
f Ending balance	16						
2a Did the organization include an a	mount on Form	990 Part Y line 212		<u></u>	Yes		No
b If 'Yes,' explain the arrangement		550, 1 att X, iiile 21;			☐ ies	Į.	
Part V Endowment Funds Co		lanization answei	red 'Yes' to Form 9	90 Part IV line 10	<u> </u>		
mar t j = mas t mont i una o	(a) Current yea					Four year	re back
1a Beginning of year balance	(a) barront yea	(b) Thorycan	(c) I wo years back	(u) Tillee years back	<u>(e)</u> '	our year	3 Dack
b Contributions					+		
c Net Investment earnings, gains, and losses						***************************************	······································
d Grants or scholarships					-	~~~~~	***************************************
e Other expenditures for facilities and programs			7 7777771777	// II // // // // // // // // // // // /		• • • •	
f Administrative expenses			::::::::::::::::::::::::::::::::::::::	 	<u> </u>		
g End of year balance							***************************************
2 Provide the estimated percentage	e of the year end	I balance held as.	<u>, , , , , , , , , , , , , , , , , , , </u>		•		
a Board designated or quasi-endov		ક્					
b Permanent endowment ►	8	.					
c Term endowment ►	8						
3a Are there endowment funds not a organization by.	n the possessior	of the organization t	hat are held and adminis	stered for the	Г	Yes	No
(i) unrelated organizations					32(i)	163	110
(ii) related organizations	•				3a(i) 3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations list	ed as required on Sch	nedule R?		3b		
4 Describe in Part XIV the intended					20		1
Part VI Investments—Land, B				line 10			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) B	Book V	alue
1 a Land		, ,	- · · /-				
b Buildings							
c Leasehold improvements			88,662.	7,611.		81	,051.
d Equipment			86,609.	55,063.			,546.
e Other			127,817.	41,940.			, 877.
otal. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X. co					, 474.
BAA	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		School	lule D Œ		90) 2009

Schedule D (Form 990) 2009 The Learning Lamp	Inc.	20-0306745 Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, line	12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .		
Closely-held equity interests		
Other		
		
		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) ►		
Part VIII Investments-Program Related (See	Form 990, Part X, line	e 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(b) Dook value	Cost or end-of-year market value
		
		
····		
		
	 	
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13)	<u> </u>	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	
	scription	(b) Book value
	3cription	(a) Book value
	<u> </u>	
		
		
Total. (Column (b) must equal Form 990, Part X, col (B), lii		
Part X Other Liabilities (See Form 990, Part		1
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Current portion of long-term debt	11,313.	
Long-term debt	45,422.	
OTHER PAYABLE	3,936.	
Payroll Liability	32,053.	,
]
		,
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	92,724.	
2. FIN 48 Footnote. In Part XIV, provide the text of the footn		nancial statements that reports the organization's liability
for uncertain tax positions under FIN 48.	<u> </u>	

BAA	TEEA3304L	02/02/10 S	chedule D (Form 990) 2009
			
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ınforı	mation.		•
line 4	4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XI	II, lines 2d and 4b. Also complete this part to	provide any additional
	plete this part to provide the descriptions required for Part II, lines 3,	5 and 9: Part III lines 1a and 4: Part IV line	es 1h and 2h Part V
	XIV Supplemental Information		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Par	t I, line 18)	5 2,639,574.
	Add lines 4a and 4b		4c
	Other (Describe in Part XIV)	4b	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	-
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,033,314.
	Subtract line 2e from line 1	·	3 2,639,574.
	Add lines 2a through 2d		2e 618,758.
	Other (Describe in Part XIV). See Part XIV	2d 15,781.	1
	Other losses	2b 2c	
	Denated services and use of facilities Prior year adjustments	2a 602,977.	+
	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	1 2-1 602 077	
	Total expenses and losses per audited financial statements	-	1 3,258,332.
	* XIII Reconciliation of Expenses per Audited Financial	Statements with Expenses per Return	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part		5 2,642,303.
	Add lines 4a and 4b	<u>-</u>	4c
	Other (Describe in Part XIV)	4b	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Subtract line 2e from line 1	, ,	3 2,642,303.
	e Add lines 2a through 2d	<u> </u>	2e 620,059.
	Other (Describe in Part XIV) See Part XIV	2d 17,082.	
	Recoveries of prior year grants	2c	
	Donated services and use of facilities	. 2ь 602,977.	
	Net unrealized gains on investments	2a	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1
	Total revenue, gains, and other support per audited financial statem	ents .	1 3,262,362.
	TXII Reconciliation of Revenue per Audited Financia		
	Excess or (deficit) for the year per audited financial statements. Con		2,729.
9	Total adjustments (net). Add lines 4 through 8		
8	Other (Describe in Part XIV).		
7	Prior period adjustments		
6	Investment expenses		
5	Donated services and use of facilities		
4	Net unrealized gains (losses) on investments		2,123.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		2,729.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2,639,574.
1	Total revenue (Form 990, Part VIII,column (A), line 12)	an Joo to i manolar otatements	2,642,303.
Pai	Reconciliation of Change in Net Assets from Fo	orm 990 to Financial Statements	0306/45 Page 4
- CI () !	SUDIC 14 II UIIII 77(1) /UUY - LIIC - LICA (1111111 - LAIIII) LIIC	/!! -	11 3110 / 4 3 Page 4

Schedule D (Form 990) 2009 The Learning Lamp, Inc.	20-0306745 Pa	age 5
Schedule D (Form 990) 2009 The Learning Lamp, Inc. Part XIV Supplemental Information (continued)		
		-
		
		-

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	
The Learning Lamp, Inc.	_				ļ	20-030674	5
Fundraising Activities. Complete Form 990EZ filers are not requ	ete if the organ aired to comple	ization an: te this par	swered 'Ye t	es' to Form 990, Part IV	, line 17	•	
1 Indicate whether the organization r	aised funds thr	ough any	of the follo	wing activities. Check a	all that a	oply.	
Mail solicitations				Solicitation of non-			
Internet and email solicitations				Solicitation of gove	-	-	
Phone solicitations				Special fundraising	-	,	
In-person solicitations				opecial fundraising	events		
2a Did the organization have written o	r oral agreeme	nt with an	v individua	l (including officers, dire	actors to	ustees or key	
employees listed in Form 990, Part	VII) or entity ii	n connectí	on with pro	ofessional fundraising s	ervices?	usices of key	Yes X No
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	lividuals or ent e organization.	ities (fundi	raisers) pu	rsuant to agreements u	nder wh	ch the fundrais	er is to be
		T				nount paid to	
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	(or r	etained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	ibutions?	from activity	fundraiser listed in col.(i)		organization
1.01		Yes	No			.,	
		103	110				
			•				
-		 					
						· -	
		<u> </u>			<u> </u>		
							
	<u></u>						
Total			•				0.
3 List all states in which the organiza or licensing.	tion is register	ed or licen	sed to soli	cit funds or has been n	otified it	is exempt from	
					_		
	·				-		
							
				-	-		
			- -				
		-					-
			- -				

Sche	důle	G (Form 990 or 990-EZ) 2009 The Lea	rning Lamp, In	с.	20-030	
Par	1 11	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	nswered 'Yes' to F Sa. List events with	orm 990, Part IV, aross receipts are	line 18, or ater than \$5.000.
R			(a) Event #1 Door-to-door (event type)	(b) Event #2 Pasta sale (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col. (c))
REVENUE	1	Gross receipts	16,012.	8,907.	5,702.	30,621.
-	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)	16,012.	8,907.	5,702.	30,621.
	4	Cash prizes				
D	5	Noncash prizes		-	 	
D-RECT	6	Rent/facility costs				
1	7	Food and beverages		м		
X P	8	Entertainment	_			
EXPERSES	9	Other direct expenses	10,386.	4,370.	750.	15,506.
3	10 11	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3, combine lines 4, combine lines	15,506.			
Par	15,115. eported more than					
		\$15,000 on Form 990-EZ, line 6a	•			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ĕ	1	Gross revenue				
E D X I P	2	Cash prizes				
DIRECT	3	Non-cash prizes				
s	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	_ 8	Net gaming income summary. Combine lii	nes 1, column (d) and li	ne 7	>	
а	Is th	er the state(s) in which the organization ope e organization licensed to operate gaming o,' explain.		_		9a YES NO
		e any of the organization's gaming licenses	s revoked, suspended o	r terminated during the	tax year?	10a
11	 Doe:	s the organization operate gaming activities	s with nonmembers?			
12	ls th adm	e organization a grantor, beneficiary or tru inister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12

schedule G (Form 990 or 990-EZ) 2009 The Learning	Lamp, Inc.	20-03067	45	_ P	'age ₃
				YES	NO
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility		13a %	_		
b An outside facility		13b %	_		ŧ
14 Enter the name and address of the person who prepares	the organization's gaming/sp	ecial events books and records.			Ė
Name. ►					
Address. <u> </u>		· 			
15a Does the organization have a contact with a third party fr b If 'Yes,' enter the amount of gaming revenue received by	•	3 3	15a		
of gaming revenue retained by the third party \$		and the amount			
c If 'Yes,' enter name and address of the third party.	<u> </u>				
The roof of the finance and dual cost of the time party.					ļ
Name. ►					
					ĺ
Address					į
16 Gaming manager information					
Name. -					
Gaming manager compensation ► \$					
Description of services provided. ▶					į
Director/officer Employee	Independent cor	ntractor			
17 Mandatory distributions					
a Is the organization required under state law to make char state gaming license?	_	- ,	17a		
b Enter the amount of distributions required under state law		empt organizations or spent in the			
organization's own exempt activities during the tax year.					
BAA	TEEA3703L 02/05/10	Schedule G (Form 9	90 or 99	30-EZ)	2009

Open to Public Inspection OMB No 1545 0047 X Yes Employer identification number 20-0306745 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments and Individuals in the United States Part | General Information on Grants and Assistance The Learning Lamp, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

ջ □

2009

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United	procedures for monit	oring the use of grainents and Organ	Le of grant funds in the United States. Organizations in the United States. Complete if the organization answered 'Yes' to Form	ites. Ted States. Compl	ete if the organiza	ation answered "	Yes' to Form
ר	ny recipient that	received more t	more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	this box if no one	recipient received	d more than \$5,0	00. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if add	litional space is	needed				×
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
	-						
		-					
- 1	- 4	_					
	s) and government orc	janizations					
3 Enter total number of other organizations	ons					•	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıction Act Notice, see	the Instructions fo	r Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 (Form 990) 2009 The Learning Lamp, Inc. (Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Tuition rates (d) Amount of non cash assistance 109,912. (c) Amount of cash grant 101 (b) Number of recipients (a) Type of grant or assistance Preschool scholarship awards Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

BA BA

SCHÈDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

	Employer identification number
The Learning Lamp, Inc.	20-0306745
Form 990, Part III, Line 4d - Other Program Services Description	
Other_program_services	
Other programsschool aged children	
DPW_licensed_school_age_programs	
Learning Lamp To Go	
<u>Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Director</u>	rs, Etc.
Dr. Larry Nulton, Vice President, and Dr. Lorraine Nulton, Pres	ident are husband
and_wife	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Learning Lamp board of directors received a draft of the IR	S Form 990 prior to
their_regularly_scheduled_board_meeting. They were given time	to review the
document and respond with questions or comments before submission	on to the IRS
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	
The executive director monitors compliance by requiring annual of	disclosures and
investigates all reported conflicts of interest.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
The personnel committee meets annually to determine salary for	the executive
director and top management.	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
The Learning Lamp, Inc.	20-0306745
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	9
The Organization states on their website that these documents	are available upon
request.	
- -	
	-
	
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Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
The Learning Lamp, Inc.	20-0306745
	- -
BAA	Schedule O (Form 990) 2009

\$ 15,781. 114,741.
114,741.
114,741.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
\$ 15,781. 1 \$ 15,781.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No 1545 1709

nternal Revenue Serv	ice	rite a separate application	i ioi each retuin.			
If you are filing	ng for an Automatic 3-Month E	extension, complete only Part I	and check this box			► X
•	-	matic) 3-Month Extension, com		e 2 of this for	rm)	
		ly been granted an automatic 3-				
			•			
Part I Aut	comatic 3-Month Extens	ion of Time. Only submit	original (no copies	needed).		
A corporation red	quired to file Form 990-T and r	equesting an automatic 6-montl	n extension — check this	box and com	plete Part I only	▶ 🗌
All other corpora income tax returi		partnerships, REMICS, and trus	sts must use Form 7004 t	to request an	extension of time	to file
Electronic Filing returns noted be the additional (no Form 990-T. Inst	(e-file). Generally, you can ele low (6 months for a corporatio ot automatic) 3-month extension ead, you must submit the fully	ectronically file Form 8868 if you in required to file Form 990-T). For on or (2) you file Forms 990-BL, completed and signed page 2 file for Charities & Nonprofits.	lowever, you cannot file l 6069, or 8870, group reti	Form 8868 el urns, or a co	lectronically if (1) mposite or consol	you want Iidated
Nan	ne of Exempt Organization				Employer identification	number
Type or						
print	o loarning lamp T	n.c].	20-0306745	
File by the Nur	ne Learning Lamp, I mber, street, and room or suite number	If a P.O. box, see instructions			20 0300743	
due date for 1						
filing your return See CC	ollege Park Plaza #	108 de For a foreign address, see instructions				
instructions City	r, town or post office, state, and ZIP co-	de For a foreign address, see instructions	5			
Jo	hnstown, PA 15904					
Check type of re	turn to be filed (file a separate	application for each return).				
X Form 990	` Г	Form 990-T (corporation)	Γ	☐ Form 4720		
Form 990-BL	-	Form 990-T (section 401(a) or	r 408(a) trust)	Form 5227	,	
H	_	-	- · · · · · · · · · · · · · · · · · · ·	Form 6069		
	H was a second and					
Form 990-PF	·	Form 1041-A		Form 8870		
 If the organiz If this is for a check this bo the extension 	a Group Return, enter the organization $\triangleright \square$. If it is for part of the null cover.	FAX No or place of business in the Unit	nption Number (GEN) and attach a list with th	If the names and	his is for the wholed EINs of all mem	e group,
until _ <u>8 /</u>		the exempt organization return				
	endar year 20 09 or					
		20 and and	20			
► tax	year beginning	, 20, and ending	_ '	- •		
2 If this tax y	rear is for less than 12 months	, check reason. Initial re	turn Fınal return	Ch	ange in accountin	ig period
	ication is for Form 990-BL, 990 able credits. See instructions	0-PF, 990-T, 4720, or 6069, ente	er the tentative tax, less a	iny	3a \$	0.
b If this applimade Incli	ication is for Form 990-PF or 9 ude any prior year overpayme	990-T, enter any refundable cred nt allowed as a credit	lits and estimated tax pay	yments	3ь\$	0.
deposit wit See instruc	h FTD coupon or, if required, ctions	Ba. Include your payment with the by using EFTPS (Electronic Fed	leral Tax Payment Syster		3c \$	0.
Caution. If you a payment instruct		c fund withdrawal with this Form	n 8868, see Form 8453-E0	O and Form	8879-EO for	
BAA For Privac	y Act and Paperwork Reduction	on Act Notice, see instructions.			Form 8868 ((Rev 4-2009)