

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **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)

2009 Open to Public

OMB No 1545-0047

	partment of	the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state repo	orting requirements	Inspection
A			ar year, or tax year beginning , 2009, and er		, 20
В	Check If	Pleas	Name of organization, number and street, city, town, state, and ZIP code	D Employer identific	ation number
П	applicable Address ci	luse IR	S	35-181	9914
Н	Name cha	nge print c		E Telephone number	
Н	Initial retur	ĭ   type.		574-22	
Н	Terminate	Specifi		G Gross \$	
Н	Amended	msuuc	MISHAWAKA IN 46545-7475	H(a) Is this a group	return
Н	Application		Name and address of principal officer TIM TAHARA	for affiliates?	Yes X No
Ш	pending	'	tario and addition of principal office.	H(b) Are all affiliates inclu	
$\overline{}$	Tay-eye	mpt status	X 501(c)( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No", attach a list (see instructions)	Yes No
_	Website	<del></del>	μ1 30 (C)( 3 ) 4 (most no )   434 (Δ)(1) 01   521	H(c) Group exemption nu	
	Form of org		Corporation Trust Association Other ▶ L Year of for	<del></del>	te of legal domicile
	art I	Summar		Tation (1) Sta	te or regar dorractie
	_		e the organization's mission or most significant activities.		<del></del>
			<del></del>	OLLABORATIO	
ø			NITIES FOR OUR EDUCATIONAL BROADBAND-RE	RVICE MEMBE	
Activities & Governance	-	JET ONTO	RECEIV	<del>F1) 33   1311321</del>	K CCHOOLD
er	1 2 -	Check this box	n 25% of Hs net assets		
90					4
8					4
es				<u> </u>	1
Ξ			of employees (Part V, line 2a) OGDEN.		т_
Act	1		Total Residence (Could also in House Soury)		
	1		elated business revenue from Part VIII, column (C), line 12	. 7a	
_	<u> </u>	tet unrelated t	ousiness taxable income from Form 990-T, line 34	.   7b	
				Prior Year	Current Year
91	1		nd grants (Part VIII, line 1h)	267704	240004
Revenue		=	e revenue (Part VIII, line 2g)	267704.	240994.
æ	1		ome (Part VIII, column (A), lines 3, 4, and 7d)	34269.	23857.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12117.	188.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289856.	265039.
			ilar amounts paid (Part IX, column (A), lines 1-3)	6299.	100000.
		• • • •	o or for members (Part IX, column (A), line 4)	41042	45746
S		-	compensation, employee benefits (Part IX, column (A), lines 5-10)	41943.	45146.
Expenses	1		ndraising fees (Part IX, column (A), line 11e)	- <del> </del>	
ă	1		ig expenses, (Part IX, column (D), line 25) ▶	***	****
ш			s (Part IX, column (A), lines 11a-11d, 11f-24f)	18243.	165248.
	18 T	otal expenses	- Add lines 13-17 (must equal Part IX, column (A), line 25)	66485.	310394.
	19 F	Revenue less (	expenses Subtract line 18 from line 12	223371.	<u>-45355.</u>
5 5	<u> </u>		<del> </del>	ginning of Current Year	End of Year
sets	20 T	otal assets (P		1129254.	1083319.
Net Assets or	21 T	otal liabilities	(Part X, line 26)	580.	
			und balances. Subtract line 21 from line 20	1128674.	1083319.
P	art II	Signature	Block -		
		Under penaltie	s of penury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my knowledge	
		and belief, it is	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which p	preparer has any knowledge	,
			(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	$\rightarrow$ / ·	1/12
Si			my my anara	//0	110
Hε	ere	1	ure of officer	Date	
		VIE			
		Туре о	r print name and title		ode identification
Pai	id	Preparer's		ICUN II /coo io	er's identifying number istructions)
	eparer's	signature	March A. Cats CPA 06/03/2010 en	nployed ▶     P20	0018654
	•	Firms name (or		EIN ▶ 35-	-2041906
	e Only	if self-employed address, and 2		Phone no. ► 574	4-534-6580
Ма	y the IRS	discuss this	return with the preparer shown above? (See instructions)		.X Yes No

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

Form **990** (2009)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1 2	<u>X</u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	۱.		Х
_	Part II	4		
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	<u> </u>		
U	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,"	<b>-</b>		
	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	<u> </u>		
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		j	
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			<del></del> -
	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,			
• •	VII, 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		1	
	Schedule D, Part VI.	1.		-
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		, .	30.23
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1000		100
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	)	•	į
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			250
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l is		4 S 16.3
	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.	CI *	-	4 = 1 - 1
•	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.	1		~ 52 4
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete		ζ., ., .,	3 27 4
	Schedule D, Parts XI, XII, and XIII.	12		X_
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	1 -		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
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		<u>X</u>
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		X_
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مر ا		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	m <b>990</b>	(2009)
		1-0	111 230	(2009)

VIEWS ON LEARNING INC 35-1819914 Form 990 (2009) Page 4 **Checklist of Required Schedules** (continued) Yes No 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," X complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to guestion 25 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year X to defease any tax-exempt bonds? . . 24c . . Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 25a 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 X 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 Х 990EZ? If "Yes," complete Schedule L, Part I 25b 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 X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 X 32 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 X 33 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 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 ..... .... .... .... .... 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 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 . . . . . . X 37

Form **990** (2009)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O . . . . . . . .

1. 6	art V Statements Regarding Other IRS Filings and Tax Compliance				Yes	No
1a	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_	0	100	<i></i>	mess.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1 7 24	7.54 C	art it
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le	Ein,	يار ايار عيستان دياري	
	gaming (gambling) winnings to prize winners?			. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					٠.
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		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	e instruc	ctions)	e igni	******	8 8 . C.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	red by		The same	IM.	Arana.
	this return?			. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country:			· · · · · · · · · · · · · · · · · · ·		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	n Bank				
	and Financial Accounts			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
5a	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 transa	ction?		5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	y Regai	rding			ĺ
	Prohibited Tax Shelter Transaction?			5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or				ĺ
	gifts were not tax deductible?		•	6b		· · · · · · · · · · · · · · · · · · ·
7	Organizations that may receive deductible contributions under section 170(c).			ا مادهای استان مادهای استان		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		1 1		
	and services provided to the payor?	•		7a		<b>——</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•		7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as				
	required to file Form 8282?	1 1		7c		11-12-22-22
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Y That	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persona	al .			1 Table
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		••	. 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	quirea	7h		2.542° J
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				a a san	
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	g organi	zation,	المراقعة الم		
_	have excess business holdings at any time during the year?	• ••	• • •	8		
9_	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	•	• • •	9a		-
ხ 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(a)(7) organizations. Enter	•		9b		
10	Section 501(c)(7) organizations. Enter.			100	· Charles	
a h	Initiation fees and capital contributions included on Part VIII, line 12			-	Late of	
b 11	· · · · · · · · · · · · · · · · · · ·			_1	· · · · · · · · · · · · · · · · · · ·	
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			; arm,	1.02	·
a h	Gross income from members or shareholders					- <u>-                                  </u>
Þ	against amounts due or received from them.)			\$ 400 m	·	~
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		. 12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			}		<u></u>
Ť	Table					(2009)

Governance, Management, and Disclosure

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 circun	nstances, processes, or changes in Schedule O. See instructions

Secti	on A. Governing Body and Management		Yes	No
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, s-	
1a	Enter the number of voting members of the governing body	,5 <sup>50</sup> , - 4~	1987,2 No. 1	1
b	Enter the number of voting members that are independent	1 2	ija ne mg.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	, ,		, 1
_	any other officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
_	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5		6	-	X
6	Does the organization have members or stockholders?			<del></del>
/a		7a		Х
	of the governing body?			X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	. 1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			43
	the year by the following		4 3k.44 *	X
a	The governing body?	8a 8b		$\frac{\lambda}{X}$
b	Each committee with authority to act on behalf of the governing body?	8D		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40.	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	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?	10b		77
	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	11	لمشتعطمة	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	and the second		* * * * *
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u>X</u>	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	_X_	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	الاستنامات	X
15	Did the process for determining compensation of the following persons include a review and approval by		\$35°	2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1227	
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	k Tana 199	Section 2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4 ,44 , 4		
	with a taxable entity during the year?	16a	policionarionario	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		N S	\$ 3 T
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			المهنية
	the organization's exempt status with respect to such arrangements?	16b		Ĺ
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ►KIM MANN ELKHART IN 46517 574-226-	126	2	

US990\$\$6

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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 organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization'scurrent 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'scurrent key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)		(C) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours pe week			Officer	Key employee	Highest compensated to 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
DOUG FARMWALD								_	_	_
DIRECTOR	1	X						0	0	0
LES TURNER		١								0
DIRECTOR	4	X		ļ.,	_			00	0	0
TIM TAHARA		٠,,							_	0
PRESIDENT	4	X						0	0	0
DAN RICE		V			1			0	0	0
DIRECTOR	11	X			<del> </del>				<u> </u>	
KIM MANN OFFICE MANAGER	40				X	Х		32450.	o	10783
		<u> </u>								
		_								
		1								

	(A)	(B)	(C)				(D)	(E)	(F)		
Nai	me and title	Average		ion (ct			hat ap		Reportable	Reportable	Estimated
		hours per week	or d	Inst	Officer	ey E	emp High	Former	compensation from	compensation from related	amount of other
		week	recu	tutio	ह्	em	nest	ner	the	organizations	compensation
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		organization	(W-2/1099-MISC)	from the
			uste	trus		ee	per		(W-2/1099-MISC)	,	organization
			Ö	tee			nsat				and related
							8				organizations
		1									
	·····						ļ				
<del> </del>											
						<u> </u>		_			
	<del> </del>	1									
· · · · · · · · · · · · · · · · · · ·											
		-									
1b Total	<u> </u>		•	· ·				<b>•</b>	32450.	0	10783.
	f individuals (including but n	ot limited to	o thos	e liste	d ab	ove)	who r	ece	ved more than \$100	,000 in reportable co	mpensation
from the organiz	zation 🕨	· · · · · · · · · · · · · · · · · · ·								<del></del>	
3 Did the organiza	ation list any <b>former</b> officer,	director or	truetos	a kov	emn	love	e orb	nohe	set compensated		Yes No
	ne 1a? If "Yes," complete Sc										. 3 X
• •	ual listed on line 1a, is the su										The state of the s
the organization	n and related organizations (	greater tha	n \$150	0,0001	? If "`	Yes,	" com	olete	Schedule J for such	1	
indıvidual											4 X
• •	listed on line 1a receive or a					-			=		- 1
	ed to the organization? If "Y	es," compl	ete Sc	hedul	e J to	or su	uch pe	rson	<u> </u>	<u> </u>	. 5 X
Section B. Indepen  1 Complete this ta	able for your five highest cor	nnensated	ınden	ender	nt co	ntra	ctors t	hat r	eceived more than \$	100,000 of	<del></del>
•	rom the organization	riporiodico	паср	0.1001	00		0.0.0			100,000	
<u> </u>	(A)								(B)		(C)
	Name and business	address							Description of s	ervices	Compensation
				-							
<del></del>		<del></del>									
2 Total number of	f independent contractors (in	icluding bu	ıt not l	mited	to th	nose	listed	abo	ve) who received mo	ore than	
	mpensation from the organiz	-							,	•	

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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) but are not required to complete columns (B), (C) and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
			expenses	general expenses	expenses							
1	Grants and other assistance to governments and	100000.	100000.									
_	organizations in the U.S. See Part IV, line 21	100000.	100000.	Ť	*							
2	Grants and other assistance to individuals in		} !									
_	the U.S. See Part IV, line 22			•	* * *							
3	Grants and other assistance to governments,	ĺ	•		·							
	organizations, and individuals outside the			1.3°	r., , 3 !							
	U S See Part IV, lines 15 and 16		<del></del> :		,							
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	20450		22450								
	trustees, and key employees	32450.		32450.								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions) .											
9	Other employee benefits	10783.		10783.								
10	Payroll taxes	1913.		1913.								
11	Fees for services (non-employees):											
а	Management											
b	Legal	4618.		4618.								
С	Accounting	10351.		10351.								
d	Lobbying											
е	Professional fundraising services See Part IV, line 17		, ,									
f	Investment management fees											
g	Other											
12	Advertising and promotion											
13	Office expenses	547.		547.	<del></del> -							
14	Information technology				·							
15	Royalties .											
16	Occupancy											
17	Travel .	467.		467.								
18	Payments of travel or entertainment expenses				<del></del>							
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	82.		82.								
20	Interest			32.								
21	Payments to affiliates				-							
22	Depreciation, depletion, and amortization .	10986.		10986.	·····							
	· · · · · · · · · · · · · · · · · · ·	1999.		1999.								
23	Insurance	+ 777.1										
24	Other expenses Itemize expenses not											
	covered above (Expenses grouped together											
	and labeled miscellaneous may not exceed	* *	1.69	, * * * * * *								
	5% of total expenses shown on line 25 below )	122000	133000.	<del></del>								
а	NIESC CONSORTIUM EXP	133000.	133000.	1.622	<del></del>							
b	DUES & SUBSCRIPTIONS	1623.		1623.								
C	TELEPHONE	1163.		1163.								
d	POSTAGE	123.		123.								
е	GAIN/LOSS ON ASSETS	162.		162.	· · · · · · · · · · · · · · · · · · ·							
f	All other expenses	127.		127.								
25	Total functional expenses. Add lines 1 through 24f	310394.	233000.	77394.								
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											
_				<del></del>								

Balance Sheet (A) (B) Beginning of year End of year 39450. 75375. 1 Cash - non-interest-bearing 1 1088753. 804656. 2 Savings and temporary cash investments . . . 2 Pledges and grants receivable, net 3 4 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Sch. L. Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L .... . 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 42. Prepaid expenses and deferred charges 9 Land, buildings, and equipment, cost or other 218173. basis Complete Part VI of Schedule D 10a 1051. 14927. 203246. 10b **b** Less accumulated depreciation 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets . . . Other assets. See Part IV, line 11 15 15 1129254. 1083319. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 580. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 25 Other liabilities, Complete Part X of Schedule D ... 580. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ complete lines 27 through 29, and lines 33 and 34. ...:. Vet Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ego, a vego e and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1128674. 1083319. 32 Retained earnings, endowment, accumulated income, or other funds 32 1128674. 1083319. 33 33 Total net assets or fund balances 1129254. 1083319. 34 Total liabilities and net assets/fund balances

Form **990** (2009)

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other MODIF CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	}		
	Schedule O		, <del>-</del>	
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?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	l	1
	If the organization changed either its oversight process or selected process during the tax year, explain in			٠ ١.
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
-	issued on a consolidated basis, separate basis, or both	10	٠,	~
	Separate basis Consolidated basis Both consolidated and separate basis			*5
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		i —	<del>                                     </del>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Na		of the organization			•				er ident			,	
	_	EWS ON LEAR					<u> </u>		5-181				
	ari		r Public Charity					) See ins	structions	5.			
The 1 2 3	e org	A church, convention A school described in A hospital or a cooper	of churches, or assoc section 170(b)(1)(A)( rative hospital service	se it is. (For lines 1 through 11, clation of churches described iii). (Attach Schedule E) corganization described insecti	section	170(b)(1 b)(1)(A)(	i)(A)(i). lii).		– .				
4	Ш		rganization operated i	in conjunction with a hospital c	escribed	dırsectio	n 170(b	)(1)(A)(ii	i) Enter	the hosp	utal's na	ne,	
5	П	city, and state  An organization opera	ated for the benefit of	a college or university owned	or opera	ted by a	governn	nental ur	nit descri	bed sec	tion		
-	ш	170(b)(1)(A)(iv). (Com		,	•	•	_						
6		A federal, state, or loc	al government or gov	rernmental unit described insec	tion 170	)(b)(1)(A	)(v).						
7													
	_	described in section 1	170(b)(1)(A)(vi). (Com	plete Part II )									
8	Н			(b)(1)(A)(vi) (Complete Part II									
9	Ш			more than 33 1/3 % of its supp							ss		
		•		t functions - subject to certain									
		• • • •		unrelated business taxable in				ax) from	business	ses			
40	$\Box$		-	1975 Seesection 509(a)(2) (	-		•						
10	Н			clusively to test for public safe clusively for the benefit of, to p				or to car	n, out the				
11	Ш	-	•	- · · · · · · · · · · · · · · · · · · ·									
e	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or section 5					_						
f				nination from the IRS that it is	a Type I,	Type II	or Type	III suppo	orting				Г
_		organization, check th					ha falla					•	L
g		- ·	·	n accepted any gift or contribu ols, either alone or together w		-		• •	SUIS			Yes	No
				e supported organization?	iui perse	nis desc	indea iir	ליי)			11g(i)	162	NO
		(ii) A family member			•		•		•	•	11g(iı)		$\vdash$
				cribed in (i) or (ii) above?		••	•	•	•	•	11g(iii)		<del>                                     </del>
h				supported organization(s)				••			9(/		
	(i)	lame of supported	(ii) EIN	(iii) Type of organization	(iv) is t	he organ-	(v) D	id you	(vi) l:	s the	(vii) A	\moun	nt of
		organization		(described on lines 1-9	ization		notif	y lhe	organiz	ation in		pport	
				above or IRC section	(i) listed	ın your	organiz	ation in	col	(i)			
				(see instructions))	gove	rning	col (i)	of your	orgai	nized			
					docur	nent?		port?	in the	US?			
_					Yes	No_	Yes	No	Yes	No			
			}		ł	}		ł					
								<b>-</b>					<del></del>
						ŀ							
_				<del></del>	<del> </del>			<del>                                     </del>	<del>  </del>				
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				_									
				·				L			<u></u>		
Tot	al		· }					-					

Rev 1

	art II Support Schedule for Organ	izations Des	cribed in Sec	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked the bo				.,(,(,		,
<u>Sec</u>	tion A. Public Support	5x 611 11110 0, 1 , 0	00114111		·	·	·
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(2) 2002	(6) 2001	(-/	1,5,200	
•	membership fees received (Do not	j		]	j	ļ	
	include any "unusual grants.")	10000.					10000.
2	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	ıts behalf	1	1			1	1
3	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge	1				ļ	1
4	Total. Add lines 1 through 3 .	10000.					10000.
5	The portion of total contributions by each		<u> </u>	<del></del>	L	<del></del>	
•	person (other than a governmental unit	:					
	or publicly supported organization)	i					
	included on line 1 that exceeds 2% of	1	-			-	
	the amount shown on line 11,					•	
	column (f)	1					1
6	Public support. Subtract line 5 from line 4.		.*				10000.
	ection B. Total Support	<u></u>	·		······		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	10000.		\		<u> </u>	10000.
8	Gross income from interest, dividends,					-	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	892128.	172023.	228853.	289856.	265039.	1847899.
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	44.3	All Santa	,	48 2. 3	\.3 \.	1857899.
12	Gross receipts from related activities, etc. (se					12	<u> </u>
13	First five years. If the Form 990 is for the org	•	second, third, for	urth, or fifth tax ye	ear as a section		
	organization, check this box andstop here .			•			▶ □
Se	ction C. Computation of Public Sup						
14	Public support percentage for 2009 (line 6, co	olumn (f) divided	by line 11, colum	nn (f)) .		14	0.54 %
15	Public support percentage from 2008 Schedu	ile A, Part II, line	14				0.58 %
16a	33 1/3% support test - 2009. If the organization	on did not check	the box on line 1				
	and stop here The organization qualifies as	a publicly suppor	ted organization				▶ ∏
b	33 1/3% support test - 2008. If the organization	on did not check	a box on line 13	or 16a, and line	15 is 33 1/3% or	more, check thi	s box
	and stop here. The organization qualifies as a	a publicly suppor	ted organization				▶ []
17a	10% facts-and-circumstances test - 2009. if	the organization	did not check a t	oox on line 13, 10	6a, or 16b, and I	ne 14	_
	is 10% or more, and if the organization meets	the "facts-and-c	ircumstances" te	st, check this bo	x an <b>stop here</b> . E	Explain	
	in Part IV how the organization meets the "fac	cts-and-circumsta	ances" test. The	organization qua	lifies as a public	ly supported	
	organization						▶ 🗍
b	10%-facts-and-circumstances test - 2008. If	the organization	did not check a t	oox on line 13, 1	6a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organization me	ets the "facts-an	d-circumstances	" test, check this	box anstop her	e	
	Explain in Part IV how the organization meets				•		
	supported organization	-					▶ 🗍
18	Private foundation. If the organization did no	t check a box on					U
	instructions						▶ 🏻
		· · ·	<del></del>			e A (Form 990 o	

(Complete only if you checked the box on line 9 of Part I.)

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

Sec	tion A. Public Support			<del></del>		<sub>r</sub>	<del></del>
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	883980.					883980.
3	Gross receipts from activities that					·	
	are not an unrelated trade or business						
4	under section 513	·	<del>_</del>	<u> </u>			<del> </del>
4							
	benefit and either paid to or expended on						
_	Its behalf						<del> </del>
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	883980.			<del></del>	<del> </del>	883980.
6	Total. Add lines 1 through 5	003300.					003900.
/ a	Amounts included on lines 1, 2, and 3	1			Ì		
	received from disqualified persons	- <del></del>				<del> </del>	<del></del>
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line					İ	
	13 for the year	ļ					
С	Add lines 7a and 7b	L					00000
8	Public support (Subtract line 7c from line 6)	}		*		*	883980.
	tion B. Total Support	<del>, </del>		<del></del> -	<del></del>	<del></del>	<del>,</del>
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	883980.					883980.
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30,1975						
С	Add lines 10a and 10b						ļ
11	Net income from unrelated business						
	activities not included in line 10b, whether					ŀ	
	or not the business is regularly carried on .						,
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, & 12)	883980.					883980.
	First five years. If the Form 990 is for the orga	anization's first, se	econd, third, fou	rth, or fifth tax ye	ar as a section	501(c)(3)	
	Organization, check this box and stop here			,			▶ 🛮
Sec	tion C. Computation of Public Suppo	ort Percentag	e				<del>- : · · · · · · · · · · · · · · · · · · </del>
	Public support percentage for 2009 (line 8, col			n (f))		15	100.00 %
	Public support percentage from 2008 Schedul		-			16	0.00 %
	tion D. Computation of Investment I		_				<del>-</del>
	Investment income percentage for2009 (line 1			column (f))		17	0.00 %
	Investment income percentage from2008 Sche				• • • • • • • • • • • • • • • • • • • •	18	0.00 %
	33 1/3 % support tests - 2009. If the organizat						
	not more than 33 1/3 %, check this box and sto						▶ 🏻
h	33 1/3 % support tests - 2008. If the organizat		•	· · · · · · · · ·			
U	is not more than 33 1/3 %, check this box and						
20		· · · · · · · · · · · · · · · · · · ·	- '	-			[H
∠∪	Private foundation. If the organization did not	CHECK B DOX OU II	me 14, 19a, or 1	BD, CHECK THIS DO	JA and see mstr	ucuons	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

2009

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	ne of the organization	Employer Identification number 35-1819914
	IEWS ON LEARNING INC  art I Organizations Maintaining Donor Advised Funds or Other Similar	
Pa		rulius of Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6  (a) Donor advised funds	(b) Funds and other accounts
4		(b) 1 dilas and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	por advised funds
5	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
U	for charitable purposes and not for the benefit of the donor or donor advisor or other impermis	
D٥	art II Conservation Easements. Complete if the organization answered "Yes" to	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		servation of an historically important land area
		servation of certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation easement on the
	last day of the tax year	
	,	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
	the taxable year ▶	
4	Number of states where property subject to conservation easement is located	_
5	Does the organization have a written policy regarding the periodic monitoring, inspection, repo	
	and enforcement of the conservation easements it holds?	Yes 🛚 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	<del></del>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	include, if applicable, the text of the footnote to the organization's financial statements that des	scribes the organization's accounting for
	conservation easements.	an Other Similar Assets
Рa	organizations Maintaining Collections of Art, Historical Treasures,	, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	at and balance shoot wades of art historical
ı a	a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in furtherant	
	text of the footnote to its financial statements that describes these items.	ce of public service, provide, in Fart XIV, the
	text of the foothole to its infancial statements that describes these items.	
_	h If the experience elected, as permitted under SEAS 116, to report in its revenue statement as	ad halance sheet works of art, historical trea
	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement ar	
	sures, or other similar assets held for public exhibition, education, or research in furtherance o	public service, provide the following amounts
	relating to these items:	▶ €
	(i) Revenues included in Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for	
2		mandar gam, provide the following amounts
_	required to be reported under SFAS 116 relating to these items  Revenues included in Form 990, Part VIII, line 1	▶ €
	b Assets included in Form 990, Part VIII, line 1	
Q	# maada iildiddd iil i Ullii aau, i all A	· · · · · · · · · · · · · · · · · · ·

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2009

b ii res to sa(ii), are the related organizations is	sted as required on oched	uie iv.							
4 Describe in Part XIV the intended uses of the organization's endowment funds									
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
Description of investment	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value					
	basis (investment)	basis (other)	Depreciation						
1a Land,									
b Buildings									
c Leasehold improvements									
d Equipment	218,173.		14,927.	203,246.					
e Other									
Total. Add lines 1a through 1e. (Column (d) should eq	ual Form 990, Part X, colu	ımn (B), line 10(c).).		203,246.					

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 VIEWS ON LEARNING INC		35-18199	914 Page 4
Pa		Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1	265,039.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	310,394.
	Excess or (deficit) for the year Subtract line 2 from line 1	• • •	3	(45, 355.)
3			. 4	(40,000.)
4	Net unrealized gains (losses) on investments		5	
5	Donated services and use of facilities		6	
6	Investment expenses			<del> · · · · · · · · · · · · · · · · ·</del>
7	Prior period adjustments	••	7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	(45,355.)
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	265,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 * [	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	265,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:			<del> · · · · · · · · · · · · · · · · · · </del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 i	
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	45	4c	
5	Total revenue. Add lines3 and 4c. (This should equal Form 990, Part I, line 12)	•	5	265,039.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Evnense		
1	Total expenses and losses per audited financial statements	III WILL EXPONSE	. <u></u>	310,394.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.			310,394.
2		ا ما		
а	Donated services and use of facilities	2a		
þ	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	310,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	<u> </u>	. 5	310,394.
Par	XIV Supplemental Information			
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4; Part IV, lin	es 1b and 2b; I	Part V, line 4,
	(, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp			
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Department of the Treasury Internal Revenue Service

VIEWS

Part I

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 Open to Public Inspection 2009

Employer identification number 35-1819914 ▶ Attach to Form 990. General Information on Grants and Assistance ON LEARNING INC Name of the organization

	Yes	
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Grants and Other Assistance to Governments and Organizations in the United States.

<b>A</b> . :	(h) Purpose of grant	or assistance	CONSORTIUM								Schedule I (Form 990) 2009
	(g) Description of	non-cash assistance							•	•	Sched
:	(f) Method of valuation	(book, FMV, appraisal, other)				,	`			:	
	(e) Amount of non-cash (f) Method of valuation	assistance									
	(d) Amount of cash	grant	133,000.								Form 990.
Part IV and Schedule I-1 (Form 990) if additional space is needed	(c) IRC	section if applicable							ment organizations	:	see the Instructions for
-1 (Form 990) if add	NI3 (q)								01(c)(3) and govern	anizations	luction Act Notice,
Part IV and Schedule I	1 (a) Name and address of	organization or government	NORTHERN INDIANA EDUCAT 46545- IN M						2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### SCHEDULE 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

Name of the organization VIEWS ON LEARNING INC	Employer identification number 35-1819914
EXPLANATION OF PAGE 6, PART VI, SECTION B, LINE 11	
THE PRESIDENT REVIEWS THE FORM 990 BEFORE IT IS FILED.	THE REST OF THE
BOARD OF DIRECTORS REVIEW THE 990 AFTER IT IS FILED.	

#### OMB No. 1545-0172 **Depreciation and Amortization** Form 4562 2009 (Including Information on Listed Property) Attachment Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No. 67 Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return 35-1819914 VIEWS ON LEARNING INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- ... 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr (d) Recovery (g) Depreciation (f) Method (a) Classification of property year placed in (business/investment use period Convention deduction service only - see instructions) 19a 3-year property 213,344. 5 $\overline{\mathtt{SL}}$ MM 10,667. **b** 5-year property 7-year property 10-year property d е 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs MM S/L Residential rental MM 27 5 yrs S/L property

#### property Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12 yrs 12-year S/L 40 yrs 40-year Part IV Summary (See instructions)

Nonresidential real

21	Listed property. Enter amount from line 28 .						•	2
22	Total. Add amounts from line 12, lines 14 through 17,	lines 19 a	nd 20 in column	(g)	), ar	nd line 21		

	Enter here and on the appropriate lines of your return. Partnerships and S corporations - s	s <u>ee</u> in	structions	
23	For assets shown above and placed in service during the current year, enter the			
	portion of the basis attributable to section 263A costs	23		

10,986.

39 yrs

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### Form **8868**

(Rev April 2009) Department of the Treasury

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

OMB No 1545-1709

Internal Revenue Service	File a separate application for each return.	
<ul> <li>If you are filing</li> </ul>	for an Automatic 3-Month Extension, complete only Part I and check this box	X
<ul> <li>If you are filing</li> </ul>	for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).	_
Do not complete	Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 886	8
Part I Au	omatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation requ	ired to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I	only . ▶
All other corporation	ons (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	of time
to file income tax r	eturns	
Electronic Filing (	e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to	file one of the returns
noted below (6 mg	nths for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) yo	ou want the additional
(not automatic) 3-r	nonth extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated F	form 990-T Instead,
you must submit th	e fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this fo	rm, visit www irs gov/efile
and click on e-file	or Charities & Nonprofits	
· · · · · · · · · · · · · · · · · · ·		er identification number
	IEWS ON LEARNING INC 35-1	819914
filing your 5	aber, street, and room or suite no. If a P.O. box, see instructions. 6535 MAGNETIC DRIVE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	town or post office, state, and ZIP code. For a foreign address, see instructions.	
	rn to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation) Form 472	0
Form 990-BI	H i i i	7
Form 990-E	H H	9
Form 990-PI	H H	0
<b>-</b>		
<ul> <li>The books are</li> </ul>	in the care of ▶ KIM MANN	
Telephone No	► 574-226-1262 FAX No. ►	
<ul> <li>If the organiza</li> </ul>	ion does not have an office or place of business in the United States, check this box	▶ 🗍
<ul> <li>If this is for a C</li> </ul>	roup Return, enter the organization's four digit Group Exemption Number (GEN) If this is fo	or the whole group,
check this box 🕨	If it is for part of the group, check this box 🕨 📗 and attach a list with the names and EINs of all memb	ers the extension
will cover.		
1 I request an au	tomatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	
	AUG $15$ , 20 $10$ , to file the exempt organization return for the organization named above.	The extension is for the
organization's	eturn for	
► X calend	ar year 20 <u>09</u> or	
► tax yea	r beginning , 20 , and ending	, 20
2 If this tax year	s for less than 12 months, check reason 🔲 Initial return 📗 Final return 🔲 Change in accounting	ng period
3 a If this applicati	on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable	
credits See in	structions.	3a \$
b If this application	on is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include	
any prior year	overpayment allowed as a credit.	3b \$
c Balance Due.	Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD	
coupon or, if re	quired, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$
Caution. If you are	going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	payment instructions.
For Privacy Act an	d Paperwork Reduction Act Notice, see Instructions.	orm <b>8868</b> (Rev 4-2009)