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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08-01-2009 and ending 07-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CISCO LEARNING INSTITUTE. Doing Business As. Number and street (or P O box if mail is not delivered to street address) Room/suite: PO BOX 1533. City or town, state or country, and ZIP + 4: GREENVILLE, NC 27835

D Employer identification number: 77-0518081. E Telephone number: (602) 343-1500. G Gross receipts \$ 4,115,544

F Name and address of principal officer: HELEN PARKE, PO BOX 1533, GREENVILLE, NC 27835

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3). J Website: WWW.CISCOLEARNING.ORG

K Form of organization: Corporation. L Year of formation: 2001. M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHANGING THE WAY TEACHERS TEACH AND STUDENTS LEARN THROUGH TECHNOLOGY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body: 7. 4 Number of non-voting members of the governing body: 4. 5 Total number of employees: 27. 6 Total number of volunteers: 0. 7a Total gross unrelated business revenue: 0. 7b Net unrelated business taxable income: 0.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-19 covering Revenue and Expenses.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22 covering Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: HELEN PARKE, Executive Director. Date: 2010-10-12.

Paid Preparer's Use Only: Preparer's signature: CAROLYN SECHLER. Date: 2010-10-12. Firm's name: SECHLER CPA PC, 921 E ORANGE DRIVE, PHOENIX, AZ 85014. Preparer's identifying number: (602) 230-2700.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED FEB 10 2011

RECEIVED JAN 27 2011 PHOENIX, AZ

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