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DLN: 93493122010553

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

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number B Check if applicable Learning Ally Inc Address change 13-1659345 Doing Business As E Telephone number Name change (609) 520-8010 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 21,479,853 20 Roszel Rd Terminated Amended return City or town, state or country, and ZIP + 4 Princeton, NJ 08540 Application pending Name and address of principal officer **H(a)** Is this a group return for andrew friedman affiliates? 20 ROSZEL RD Princeton, NJ 08540 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) Tax-exempt status **▼** 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number ► H(c) Website: ► www.learningallv.org K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1948 M State of legal domicile NJ Summary Part I Briefly describe the organization's mission or most significant activities To Promote personal achievement when access and reading are barriers to learning by advancing the use of accessible and effective educational solutions Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. 20 Number of independent voting members of the governing body (Part VI, line 1b) . 4 20 266 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 6 5,438 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 25,757,835 10,431,642 Program service revenue (Part VIII, line 2g) . 1,693,213 2,388,770 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 6,130,751 1,099,708 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -358,902 668,058 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 33,222,897 14,588,178 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 54,000 56,000 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 17,498,992 15,040,510 Expenses 551,160 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{3,027,754}{}$ b 10,995,215 10,142,482 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 28,548,207 25,790,152 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 $\,$. 19 4,674,690 -11,201,974 Assets or d Balances **Beginning of Current End of Year** Year 45,474,088 55,428,956 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 6,363,984 5,522,223 22 Net assets or fund balances Subtract line 21 from line 20 49,064,972 39,951,865 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	Signature of officer	Signature of officer						
Here	Andrew Friedman Presiden Type or print name and titl							
Paid Preparer's Use Only	Preparer's signature Scott Thompse	Check if self-employed	Preparer's taxpayer identification number (see instructions)					
	ıf self-employed),	elf-employed),						
		V YORK, NY 100174057	Phone no 🕨 (212) 599-0100					
May the IR	S discuss this return with	the preparer shown above?	(see instructions) .		Fyes FNo			

Par	Statement of Program Check if Schedule O contains				.
1	Briefly describe the organization's m	nission			
WHO DISA PRO regai	RNING ALLY (THE "ORGANIZATION CANNOT EFFECTIVELY READ STANBILITY THE ORGANIZATION IS DOMING THE EFFECTIVE USE OF, And and a sex, nation of the printed word sex, the printed word sex.	NDARD PRINT BECAUSE (EDICATED TO CREATE OF ACCESSIBLE EDUCATION nal origin, religion or ability	OF A VISUAL IMPA PPORTUNITIES FO AL MATERIALS to	AIRMENT, DYSLEXIA, OF DR INDIVIDUAL SUCCES all individuals in a non-dis	ROTHER PHYSICAL SS BY PROVIDING, AND scriminatory manner
2	Did the organization undertake any s the prior Form 990 or 990-EZ? . If "Yes," describe these new service:		during the year wh	ich were not listed on	┌ Yes ┌ No
3	Did the organization cease conductii		aes in how it condu	cts any program	
3	services?				┌ Yes ┌ No
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the)1(c)(4) organizations and s	ection 4947(a)(1)	trusts are required to repo	
4a	(Code) (Expenses	\$ 9,590,664 includ	ng grants of \$	0) (Revenue \$	0)
	Audiobook Recording and Production Learn has blossomed to become a critical resource learning disabilities (such as dyslexia) becounderstand or see printed words. Listening boost reading rate and build vocabulary by success. Learning Ally has already helped in volunteers can record audiobooks for the owho cant see or who struggle with reading volunteer opportunities, please refer to our	e to not only students in need, but me confident, independent learne can often bridge the gap. When upper listening and reading along. The realillions of students unlock their accordance in the learning. The value of these donated services in the learning.	t also their parents, fam rs Reading alone isn't t sed with text, it not onl esults can be life chang ademic potential Learni Ally had over 5,500 dec ces exceeded \$17 millio	niles, and educators Leaming A the answer for everyone Some y reinforces comprehension, but ing Audiobooks foster confiden ing Ally has offices and studios a dicated volunteers help more th	illy audiobooks help children with students struggle to read, t can increase word recognition, ce, independence and academic icross the country where an 300,000 students and adults
4b	(Code) (Expenses	\$ 7,525,433 include	ng grants of \$	56,000) (Revenue \$	3,537,117)
	Service Coordination Learning Ally provides parent workshops and tools for managing a our goal is to provide a community of suppreading and learning disabilities. In addition using one of the playback devices. The Lea Teaching Ally program. Revenues related to \$3,537,117	s a suite of services to parents, ed a learning difference to providing li ort online, on the phone, and in-p n, Learning Ally teaches schools or urning Ally is at the forefront of tec	ucators, students, volui nks to support network erson We help parents individuals how to use i hnological development	s, certifiers, and professionals ir manage the challenges that co its product and provides assistar ts as well - with such products a	rning assistance From delivering in the field of learning disabilities, me with supporting a child with a nce with downloading books or as its new Apple Apps and its
	(Code) (Evpopee	d uncludu	a ampte of t) (Payanya d	\
4c	(Code) (Expenses	\$ IIICludii	ng grants of \$) (Revenue \$)
4d	Other program services (Describe	•			
	(Expenses \$	including grants of \$) (Revenue \$)
40	Total program service expenses	1/116/10/			

art IV	Checklis	t 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," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
C	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
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		
	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		No
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		N o
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		N o
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b		No
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		N o
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		N o
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	Yes	
		F	orm 990	(2011)

•	<u> </u>	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 93			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
la	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u></u>		
,	were not tax deductible?	6b		
а	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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		 No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 20 Enter the number of voting members included in line 1a, above, who are 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Yes 10a Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, $\mathsf{KY}\,\mathsf{,ME}\,\mathsf{,MD}\,\mathsf{,MA}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MS}\,\mathsf{,MO}\,\mathsf{,MT}\,\mathsf{,NH}\,\mathsf{,NJ}\,\mathsf{,NM}\,\mathsf{,}$ NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT , VA, WA, WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHEILA WEEKS-BROWN 20 ROSZEL RD

Princeton, NJ 08540 (609) 520-8088

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 organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a				eck x, oth		(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	[종료 활 [종 [응효]							organiz:		
See A	dditional Data Table					+ -						
1b	Sub-Total						•					
_	Takal forms acousting as also as a											
	Total (add lines 1b and 1c)				<u></u>		▶		2,203,135	0		243,850
d	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın			ısted		>	o receiv	2,203,135 ed more tha			243,850
	Total (add lines 1b and 1c) . Total number of individuals (incl	uding but not lin sation from the	nited to organiza	those ation 1-1 rustee,	isted 6 key e	above) who		ed more tha	an ated employee	Yes 3 Yes	243,850
2	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compension of the organization list any form on line 1a? If "Yes," complete School organization and related organization and related organization.	uding but not lin sation from the mer officer, directive directions and the sum of the s	nited to organizator or to individu	those ation 1-1	key e	above employ sation) who	or highes	ed more that	ated employee in from the ch	3 Yes	
3	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compension). Did the organization list any form on line 1a? If "Yes," complete Sci.	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the control of a control of the cont	nited to organizator or to individual freportation \$15	rustee, able co	key empen	employ sation ess, co	ee, o	or highes • • other co ete Scheo • • lated or	ed more that st compens ompensation dule J for suc	ated employee in from the ch or individual for		
3 4 5	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compension line 1a? If "Yes," complete Scilor any individual listed on line 1 organization and related organization and related organization line 1 organization and related organization line 1 organization and related organization line 1 o	uding but not lin sation from the mer officer, directled at large and the dule J for such at large at	nited to organizator or to individual freportation \$15	rustee, able co	key empen	employ sation ess, co	ee, o	or highes • • other co ete Scheo • • lated or	ed more that st compens ompensation dule J for suc	ated employee in from the ch or individual for	3 Yes 4 Yes	No
3 4 5	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compensus). Did the organization list any form on line 1a? If "Yes," complete School of the compensus organization and related organization and related organization and related organization of the complete school of the compensus of the compensus organization and related organization and related on line 1a.	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of the ation? If "Yes," tractors highest compens the organization	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for su ganization o	ated employee in from the ch or individual for e than	3 Yes 4 Yes	No
3 4 5	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compension line 1a? If "Yes," complete School on line 1a? If "Yes," complete School of compension and related organization and related organization and related organization compension line 1a services rendered to the organization complete this table for your five \$100,000 of compensation from or within the organization's tax years.	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of the ation? If "Yes," tractors highest compens the organization	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for sur ompensation ceived more	ated employee in from the ch or individual for e than	3 Yes 4 Yes	No No
3 4 5 See 1	Total (add lines 1b and 1c) Total number of individuals (incl \$100,000 of reportable compension line 1a? If "Yes," complete Science or any individual listed on line 1 organization and related organization and related organization and related organization line 1 organization and related organization line 1 organization line	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of "Yes," tractors highest compendate organization (A)	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for sur ompensation ceived more	ated employee in from the ch or individual for e than ng with (B) ription of services	3 Yes 4 Yes 5	No No
2 3 4 5 See 1 planm 10 bo CINCI DATA 11 DU BETHE	Total (add lines 1b and 1c) Total number of individuals (incl \$100,000 of reportable compensor on line 1a? If "Yes," complete Sch For any individual listed on line is organization and related organization and related organization and related organization included in the image of the image	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of "Yes," tractors highest compendate organization (A)	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for su ganization of	ated employee in from the ch or individual for e than ng with (B) ription of services	3 Yes 4 Yes 5	No No nsation
2 3 4 5 5 1 planm 10 bo CINCI DATA 11 DU BETHI CCS (PO BC NEW)	Total (add lines 1b and 1c) Total number of individuals (incl \$100,000 of reportable compension line 1a? If "Yes," complete Scheme on line 1a? If "Yes," complete Scheme organization and related organization and related organization and related organization services rendered to the organization of the org	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of "Yes," tractors highest compendate organization (A)	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for su ompensation ceived more	ated employee in from the ch in rindividual for individual for i	3 Yes 4 Yes 5	No No No 20 nsation 301,020 285,137
2 3 4 5 See 1 planm 10 bo CINCI DATA 11 DU BETHE CCS CONEW 13 STE MILLS conifer to the conifer	Total (add lines 1b and 1c) Total number of individuals (incl \$100,000 of reportable compens on line 1a? If "Yes," complete Scilor on line 1a? If "Yes," complete Scilor on line 1a? If "Yes," complete Scilor organization and related organization and related organization and related organization in line 1a services rendered to the organization or line 1a services rendered to the organization or within the organization from organization from organization from organization from organization from organization	uding but not lin sation from the mer officer, direct hedule J for such 1a, is the sum of ations greater the constant of "Yes," tractors highest compendate organization (A)	nited to organizator or to individual freportation \$15	those ation 1 ation 2	key e	above employ sation 'es," cc many for such) who	or highes other co ete Scheo lated or son	ed more that st compens ompensation dule J for succeived more ar year endi Descritext convers CONSULTing Temporary S consulting	ated employee in from the ch in rindividual for individual for i	3 Yes 4 Yes 5	No No No S) nsation 301,020 285,137 270,240 155,902
planm 10 bo CINCI DATA 11 DU BETHI CCS (O PO BO NEW) JLJ BU JLJ BU JLJ BU G7 E r CHIC/	Total (add lines 1b and 1c) Total number of individuals (incl \$100,000 of reportable compension line 1a? If "Yes," complete Scilor any individual listed on line 1a organization and related organization and related organization and related organization in the organization services rendered to the organization services rendered to the organization or within the organization from organization from organization fr	uding but not lin sation from the mer officer, directly and is the sum of ations greater the constant of "Yes," tractors highest compens the organization and business additional additional and business additional addit	nited to organizator or to individual freportation \$15	those ation in the state of the	key e	above employ sation 'es," cc m any contra) who	or highes other coe te Scheo lated or son that re calenda	ed more that st compens ompensation dule J for sur ganization of research CONSULTing Temporary S consulting research	ated employee in from the ch or individual for e than ng with (B) ription of services staffing	3 Yes 4 Yes 5	No No No 20 nsation 301,020 285,137

Part \		Statement o	f Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
뿔쓷	1a	Federated camp	paigns 1a					
屋置	b	Membership du	es 1b					
% €	c	Fundraising eve	ents 1c	95,417				
£₩	d	Related organiz	ations 1d					
<u>~</u>	e	Government grants	s (contributions) 1e	3,245,871				
<u>8</u> .2	f	All other contribution	ons, gifts, grants, and 1f	7,090,354				
きゅ	'	similar amounts no						
≘专	g		butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$			10 101 510			
०ँ ल	h	Total. Add lines	s1a-1f	🟲	10,431,642			
œ.				Business Code				
П	2a	MEMBERSHIP FEE	REVENUE	900099	2,388,770	2,388,770		
ج وي	b		_					
ē.	c							
ž	d							
ď		-						
Program Serwce Revenue	e •	Λ II o+bo======	m convec rever					
Š	f	An other progra	m service revenue					
ᇫ	g	Total. Add lines	2a-2f		2,388,770			
	3	Investment inc	ome (including dividend	ds, interest				
		and other simila	aramounts)	▶ [1,261,960			1,261,960
	4	Income from invest	tment of tax-exempt bond p	oroceeds 🕨	0			
	5	Royalties		▶ ↑	83,613			83,613
		[(ı) Real	(II) Personal				
	6a	Gross rents	130,928					
	ь	Less rental						
	_c	expenses Rental income	130,928					
		or (loss)	·		420.020			420.020
	d	Net rental incor	me or (loss)		130,928			130,928
	l_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	5,792,745	2,206				
		assets other than inventory						
	b	Less cost or	5,954,197	3,006				
		other basis and sales expenses						
	c	Gain or (loss)	-161,452	-800				
	d	Net gain or (los	s)		-162,252			-162,252
Other Revenue	8a	Ψ						
ě		See Part IV, lın						
<u>.</u>	l <u>.</u>		a	183,474				
美	b		penses b	183,474	٥			
O	C		loss) from fundraising (events 🟲	9			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b		penses b					
	C		loss) from gaming activ	/ities►	0			
	10a	Gross sales of i returns and allo	* *	1,148,347				
	b	Less cost of go	oods sold b	750,998				
	С	Net income or (loss) from sales of inve	entory 🟲	397,349			397,349
		Miscellaneous	s Revenue	Business Code				
	11a	POSTAGE AND	SHIPPING	900099	14,019			14,019
	ь	OTHER INCOM	 1E	900099	42,149			42,149
	c							
	d	All other revenu	ue					
	e		: 11a-11d					
	12		See Instructions	▶	56,168			
	1				14,588,178	2,388,770		1,767,766

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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	56,000	56,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,452,302	536,596	719,248	196,458
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			
7	Other salaries and wages	10,479,724	7,209,648	1,966,219	1,303,857
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,386	118,613	45,728	12,045
9	Other employee benefits	1,830,617	1,232,374	367,469	230,774
10	Payroll taxes	1,101,481	733,102	229,944	138,435
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	108,990	53,447	55,543	
c	Accounting	142,429		142,429	
d	Lobbying	191,221	61	191,160	
e	Professional fundraising See Part IV, line 17	551,160			551,160
f	Investment management fees	32,744		32,744	<u></u>
g	Other	2,680,119	2,065,708	395,109	219,302
12	Advertising and promotion	0			
13	Office expenses	683,015	523,211	70,478	89,326
14	Information technology	546,061	58,128	420,091	67,842
15	Royalties	0	,		· · ·
16	Occupancy	2,146,184	2,026,900	111,016	8,268
17	Travel	648,859	290,702	228,299	129,858
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	·	,	· · · · ·
19	Conferences, conventions, and meetings	73,213	56,706	3,334	13,173
20	Interest	68,941	65,807	3,134	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,121,359	924,966	194,329	2,064
23	Insurance	97,683	84,682	13,001	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TAPES & PRODUCTION	435,567	435,567		
b	BOOKS & PUBLICATIONS	350,872	350,872		
c	STAFF RECRUITMENT/TRAINING	424,245	2,713	419,285	2,247
d	REPAIRS AND MAINTENANCE	287,141	285,576	1,565	
e					
f	All other expenses	103,839	4,718	36,176	62,945
25	Total functional expenses. Add lines 1 through 24f	25,790,152	17,116,097	5,646,301	3,027,754
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 5.657 4,857 1 1 4.281.971 107.062 2 2 3 5,372,417 2,218,083 3 262,665 4 185.727 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 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 0 0 6 0 7 0 151.835 8 29.190 563,254 9 641.956 Prepaid expenses and deferred charges 10a 26,787,570 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 17,853,393 9,397,004 b Less accumulated depreciation 10c 8,934,177 11,444,703 6,088,715 11 11 23,258,881 23,405,369 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . ol 0 14 Intangible assets 14 690,569 15 3,858,952 15 55,428,956 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 45,474,088 3,246,934 2,002,828 17 17 Accounts payable and accrued expenses . 18 18 19 1,206,496 19 1,696,326 20 ol 20 Ω 21 Escrow or custodial account liability Complete Part IV of Schedule D . . ol 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 1.910.554 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1,823,069 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 6,363,984 26 5,522,223 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 31,543,393 19,732,953 Unrestricted net assets 7,566,458 28 8,755,743 28 Temporarily restricted net assets Fund 29 9,955,121 29 11,463,169 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 49.064.972 33 39.951.865 Total net assets or fund balances 55.428,956 34 Total liabilities and net assets/fund balances 34 45,474,088

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,5	588,17
2	Total expenses (must equal Part IX, column (A), line 25)	2			790,15
3	Revenue less expenses Subtract line 2 from line 1	3		-11,2	201,97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,0	064,97
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,0	88,86
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		39,9	951,86
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2-	Schedule O		2-		l _{N-}
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a 2b	Yes	No
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	he	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Learning Ally Inc

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

13-1659345

Po	ILT T	Reason for Public Charity Status (All organizations must complete this part.) See instruc	ctions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Enter t	:he	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unisection 170(b)(1)(A)(iv). (Complete Part II)	t described	ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	ন	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	ie general p	ublic	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Ē	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	np fees, and	gros	S
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fi	om busines	ses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section by 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 T	, ,	(3).	Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III su check this box	pporting org	janiza	ition,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	Г	res	No No
		and (III) below, the governing body of the the supported organization?	11g(i)	3	-140
		(ii) a family member of a person described in (i) above?	11g(ii)	\dashv	
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	\dashv	
h		Provide the following information about the supported organization(s)	5()		
		· · · · · · · · · · · · · · · · · · ·			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ander Fart III. II ti	ie organization	rails to quality t	illuel the tests	iisted below, pi	case co	Tiplete i	art 111.)																																
	ection A. Public Support	1	1	I I	1																																			
Car	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total																																
1	Gifts, grants, contributions, and																																							
_	membership fees received (Do	30,475,37	14,465,212	23,820,966	25,757,835	10	,431,642	104,951,026																																
	not include any "unusual	30,473,37	14,403,212	23,820,900	23,737,633	10	,431,042	104,931,020																																
	grants ")																																							
2	Tax revenues levied for the																																							
	organization's benefit and either																																							
	paid to or expended on its behalf																																							
3	The value of services or facilities																																							
•	furnished by a governmental unit																																							
	to the organization without																																							
	charge																																							
4	Total. Add lines 1 through 3	30,475,37	14,465,212	23,820,966	25,757,835	10	,431,642	104,951,026																																
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																																							
6	(f) Public Support. Subtract line 5																																							
O	from line 4							104,951,026																																
S	ection B. Total Support	•	•		<u>'</u>																																			
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(0) 20	.1.1	(f) Total																																
	beginning in)	(a) 2007	(b) 2008	(6) 2009	(u) 2010	(e) 20	111																																	
7	A mounts from line 4	30,475,371	14,465,212	23,820,966	25,757,835	10,	431,642	104,951,026																																
8	Gross income from interest,																																							
	dividends, payments received																																							
	on securities loans, rents,	984,487	771,768	622,383	1,325,301	1,476,499		1,476,499		1,476,499		1,476,499		1,476,49		1,476,49		1,476,49		1,476,49		1,476,49		1,4/6,49		1,476,49		1,4/6,49		1,476,49		1,476,499		1,4/6,495		1,476,49		1,476,495		5,180,438
	royalties and income from																																							
9	similar sources Net income from unrelated																																							
9	business activities, whether or																																							
	not the business is regularly																																							
	carried on																																							
10	Other income (Explain in Part																																							
	IV) Do not include gain or loss	6,443,314	3,451,344	5,216,177	108,749		239,642	15,459,226																																
	from the sale of capital	0,110,011	3, 132,311	3,213,177	100,7.15		235,012	13,133,223																																
	assets																																							
11	Total support (Add lines 7							125,590,690																																
12	through 10) L Gross receipts from related activity	ties etc (See ins	tructions)			12		22.021.027																																
	·		•		. C. L	12		32,031,937																																
13	First Five Years If the Form 990 is check this box and stop here	or the organization	lion's iirst, second	, thira, lourth, or i	iitii tax year as a	501(0)(3	o) organiz	.ation, ►																																
	eneck and box and beep nere							-,																																
S	ection C. Computation of Pu	blic Support	Percentage																																					
14	Public Support Percentage for 201	l 1 (lıne 6 column	(f) divided by line	11 column (f))		14		83 566 %																																
15	Public Support Percentage for 201	LO Schedule A, P	art II, line 14			15		88 205 %																																
16a	33 1/3% support test—2011. If th	e organization die	d not check the bo	x on line 13, and l	ine 14 is 33 1/3%	or more	, check t	hıs box																																
	and stop here. The organization qu						-	► ✓																																
b	33 1/3% support test—2010. If th	-			a, and line 15 is	33 1/3%	or more,	check this_																																
	box and stop here. The organization							▶																																
17a	10%-facts-and-circumstances test																																							
	is 10% or more, and if the organization me							· a d																																
	in Part IV how the organization me	ecs the "racts ar	iu circumstances"	test ine organiz	ation qualifies as	a publici	y support	ed ▶□																																
h	organization 10%-facts-and-circumstances tes	t—2010 Ifthe or	nanization did not	check a hov on lin	e 13 16a 16h 4	nr 172 an	d line	F1																																
	15 is 10% or more, and if the orga																																							
	Explain in Part IV how the organiz																																							
	supported organization				J	•		▶ ┌																																
18	Private Foundation If the organiza	tion did not chec	k a box on line 13,	, 16a, 16b, 17a oi	17b, check this	box and	see																																	
	instructions							▶ □																																

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493122010553

OMB No 1545-0047

Open to Public

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

f the Se Se f the	ction 501(c)(3) organizations that oction 501(c)(3) organizations that e organization answered "Ye	s," to Form 990, Part IV, Line 4, or It have filed Form 5768 (election under stance NOT filed Form 5768 (election urs," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Co nder section 501(h	omplete Part II-A Do n)) Complete Part II	not co -B Do	omplet not co	e Part II-B Implete Part	
Na	ction 501(c)(4), (5), or (6) organization me of the organization rning Ally Inc	zations Complete Part III		Employ	,		ition numbe	<u>.</u> :r
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c				janizatio	n.
1	in opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	vities on behalf of (or	_		
2	Political expenditures				>	\$ <u></u>		
3	Volunteer hours					_		
ar	t I-B Complete if the or	ganization is exempt under s	ection 501(c)(3).				
1		e tax incurred by the organization und			>	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	.	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720) for this year?				┌ Yes	
4a	Was a correction made?						┌ Yes	┌ No
Ь	If "Yes," describe in Part IV							
ar		ganization is exempt under s	ection 501(c) except section	on 50	1(c)	(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	; þ	\$		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	er organizations i	for section 527	>	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	F	đ		
4	Did the filing organization file F	Form 1120-POL for this year?				₽ —	☐ Yes	
5	Enter the names, addresses are organization made payments if amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and dii political action committee (PAC) If a	amount paid fron rectly delivered to	n the filing organiz o a separate politio	atıon's cal org	funds anızat	which the fill Also ente tion, such a	r the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	d from		Amount of	•

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

-	medale 6 (1 61111 556 61 556 EE) E011					
E	Part II-A	1	Complete if the organization is exempt under section $501(c)(3)$ and funder section $501(h)$.	iled Form 5768	(election	
A	Check	Γ	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated giexpenses, and share of excess lobbying expenditures)	roup member's name	address, EIN,	
В	Check	Γ	if the filing organization checked box A and "limited control" provisions apply			
			Limite on Labbring Francistrus	(a) Filing	(b) Affiliated	

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
.a	Total lobbying expenditures to influence public of	ppinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	191,220	
c	Total lobbying expenditures (add lines 1a and 1	o)	191,220	
d	Other exempt purpose expenditures		25,735,219	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	25,926,439	
f	Lobbying nontaxable amount Enter the amount columns	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1 f from line 1 c. If zero or less, ente	νr - Λ-		

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	Yes	┌ No
---	-----	------

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_с	Total lobbying expenditures	617,605	414,885	199,474	191,220	1,423,184		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures							

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)	
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493122010553

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Inspection ► Attach to Form 990. ► See separate instructions. Employer identification number

	me of the organization	Employer identification number				
Lea	irning Ally Inc		13-1659345			
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99					
		(a) Donor advised funds	(b) Funds 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					
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit					
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.			
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic	on or pleasure) Preservation of an Preservation of a c	ertified historic structure			
			Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during			
	the taxable year 🛌					
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ►			
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year			
	▶ \$					
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes No			
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial				
Par	rt III Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.			
1a						
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
	(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 art, histo	orical treasures, or other similar assets fo	r financial gain, provide the			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asures, or O	<u>the</u>	<u>r Similar A</u>	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing th	at are a significa	nt u	se of its colle	ction	ı	
а	Public exhibition		d	\vdash	Loan or	exchange progr	ams				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	y further	the organization	's ex	cempt purpose	: in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	ation answere		es" to Form	990),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	dıary	for c	ontributi	ons or other ass	ets i	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able	Г		Δ	mou	ınt	
С	Beginning balance					-	1c		mou		
d	Additions during the year										
e											
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 000 Bart V I.s.	2 2 1 2			L			一	Yes	
	-	·	21,						1	res) NO
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete		2 200	oro	ad "Voc'	' to Form 000	Dar	+ IV line 10			
FG	Endowinient Funds. Complete	(a)Current Year)Prior		(c)Two Years Back				:)Four Y	ears Back
1a	Beginning of year balance	13,745,990			2,223,514	10,981,1	_	.,	1	·/· - ··· ·	
b	Contributions				0	17,3	84		+		
С	Investment earnings or losses	403,963		1	.,522,476	1,231,0	06				
d	Grants or scholarships								\top		
e	Other expenditures for facilities and programs					6,0	00				
f	Administrative expenses										
g	End of year balance	14,149,953		13	3,745,990	12,223,5	14		\top		
2	Provide the estimated percentage of the yea	r end balance held a	as		•						
а	Board designated or quasi-endowment	0 %									
b	Permanent endowment ► 65 000 %										
С	Term endowment ► 35 000 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation '	that a	are held a	and administered	d for	the			
	organization by									Yes	No
	(i) unrelated organizations								a(i)		No
	(ii) related organizations							· · · -	ı(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•					•	[]	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	, line 10) <u>.</u>			$\overline{}$		
	Description of property				Cost or of ost or of ost or of			(c) Accumulate depreciation		(d) Bo	ok value
1 a	and					1,637	,419				1,637,419
b i	Buildings		-			9,302	,477	4,250,	949		5,051,528
c l	easehold improvements					509	,075	282,	931		226,144
d i	Equipment					7,241	,812	6,286,	561		955,251
_e (Other	<u></u>				8,096	,787	7,032,	952		1,063,835
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)			►	丁		8,934,177
								Schedule	D (F	orm 9	90) 2011

(a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) FUND OF FUNDS	23,405,369	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	> 23,405,369	
Part VIII Investments—Program Related. S	201.001000	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (h) should asked Form 000, Book V, and (B) has 12.)	•	
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Desc		(b) Book value
(1) PERPETUAL TRUSTS		2,208,096
(2) OTHER ARRANGEMENTS		1,650,856
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		▶ 3,858,952
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
See Additional Data Table		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
Total (Column (b) Should Equal Form 330, Part A, COI (B) IIIIe 25)	• 0	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial States	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,588,178
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,790,152
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,201,974
4	Net unrealized gains (losses) on investments	4	-447,880
5	Donated services and use of facilities	5	-136,287
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-584,167
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,786,141
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	32,493,801
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	880	
b	Donated services and use of facilities 2b 17,451,7	75	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	. 2e	17,003,895
3	Subtract line 2e from line 1	. 3	15,489,906
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 32,7	44	
b	Other (Describe in Part XIV)	72	
c	Add lines 4a and 4b	. 4c	-901,728
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	. 5	14,588,178
	Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Re	
1	Total expenses and losses per audited financial statements	1 1	44,279,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	062	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 934,	472	
e	Add lines 2a through 2d	. 2e	18,522,534
3	Subtract line 2e from line 1	. 3	25,757,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 32,	744	
а			
a b	Other (Describe in Part XIV)		
	Other (Describe in Part XIV)	. 4c	32,744
b		. 4c . 5	32,744 25,790,152

Identifier	Return Reference	Explanation
FIN 48	schedule D, part X	The Organization adopted the provisions of FASB Interpretation No ("FIN 48") Accounting for Uncertainties in Income Taxes - an interpretation of FASB Statement No 109, now incorporated in Accounting Standards Codification ("ASC") 740 ASC 740-10 clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This section provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. Learning Ally is exempt from federal income taxation by virtue of being an organization described in Section 501(c)(3) of the Internal Revenue Code. Nevertheless, Learning Ally may be subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The tax years ending, June 30, 2009, 2010, 2011, and 2012 are still open to audit for both federal and state purposes. The adoption of ASC 740-10 did not have an impact on Learning. Ally's financial statements, as management determined that there are no uncertain tax positions within its financial statements. Endowment Funds Schedule D, Part V. Learning. Ally's endowment fund consists of approximately 40 individual donor-restricted funds established for the purpose of supporting the organization's mission-related programs. The endowment's principal is intended to be left untouched, while its income will be used to fund various programs, scholarships and other program-related endeavors.
Reconciliation of Revenue	Schedule D, Part XII, Part 4(b)	Special Events Expenses reclassed to offset revenue- \$183,474 Cost of Goods Sold Reclassed to Part VIII, Line 10 (b)- \$750,998 \$934,472 ======= Reconciliation of Expenses Schedule D, Part XIII, Part 2(d) Special Events Expenses reclassed to offset revenue- \$183,474 Cost of Goods Sold Reclassed to Part VIII, Line 10(b)- \$750,998 \$934,472 =======

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DLN: 93493122010553

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

SCHEDULE G

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 Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization	
Learning Ally Inc	

(Form 990 or 990-EZ)

Employer identification number

13-1659345

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- e Solicitation of non-government grants

Internet and e-mail solicitations

Solicitation of government grants

Phone solicitations

✓ Special fundraising events

- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
FAIRCOM NEW YORK INC 12 WEST 27TH STREET 13TH FLOOR NEW YORK, NY 10001	DIRECT MAIL		No	516,136	452,414	63,722	
	DIRECT MAIL		No	148,385	98,746	49,639	
Total			•	664,521	551,160	113,361	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 DC GALA (event type)	(b) Event #2 la art auction (event type)	(c) O ther Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
E E	1	Gross receipts	162,965	26,901	89,025	278,891
Reveilue	2	Less Charitable contributions	38,862	3,626	52,929	95,417
<u> </u>	3	Gross income (line 1 minus line 2)	124,103	23,275	36,096	183,474
	4	Cash prizes				
မှာ ()	5	Non-cash prizes			843	843
Expenses	6	Rent/facility costs	38,033	186	11,383	49,602
	7	Food and beverages	59,975	3,928	16,128	80,031
Drea	8	Entertainment	3,999	1,459		5,458
莅	9	Other direct expenses .	22,097	17,700	7,743	47,540
	10	Direct expense summary Add lin	_		🛌	(183,474)
Dar	11 † 111				rt IV line 19 or reno	rted more than
rai		\$15,000 on Form 990-EZ, li		103 10 101111 990, 1 a	101V, IIIC 15, 61 10po	Ted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မ	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► </u>	
9 a b	Ist	er the state(s) in which the organization licensed to operate	gaming activities in eac	h of these states?		
	If"۱	re any of the organization's gaming fes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

Schedule G	(Form	990 o	r 990-EZ)	2011
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five highest paid contractor as that schedule is prepared on a

calendar year basıs

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(Form 990)

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493122010553

Internal Revenue Service Name of the organization	► Attach to Form 990					Inspection Employer identification number		
_earning Ally Inc						13-1659345		
Part I General Informati	on on Grants and	l Assistance				L		
 Does the organization maintain the selection criteria used to a Describe in Part IV the organical 	award the grants or as zation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			√ Yes	
Form 990, Part IV, lı	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Cho needed	eck this box if no one	recipient receive	ed more than \$5,000.	Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
Enter total number of section !Enter total number of other ord			ed in the line 1 table.			· · · · · -		

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Educational Scholarships	17	56,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
	QUESTION 2	Learning Ally provides scholarships to students seeking a degree in higher education. These amounts are remit directly to the students, with the expectation that the amounts will be used to defray tuition or educational costs. Learning Ally issues 1099s to the recipient students as Learning Ally does not control the use of the funds once paid

Schedule I (Form 990) 2011

DLN: 93493122010553

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

section 53 4958-6(c)?

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	nme of the organization	Employer identificat	ion nui	nber	
Lea	arning Ally Inc	13-1659345			
Pa	art I Questions Regarding Compensation	,			
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a pers 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard				
	First-class or charter travel Housing allowance or residence	for personal use			
		ersonal residence			
	Tax idemnification and gross-up payments Health or social club dues or ini	tiation fees			
	Discretionary spending account Personal services (e.g., maid, c	hauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regards reimbursement orprovision of all the expenses described above? If "No," complete Part III		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurre officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in		2		
3	Indicate which, if any, of the following the organization uses to establish the compensation o organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract	fthe			
	✓ Independent compensation consultant ✓ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compe	nsation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line $1a$ with respect or a related organization	to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
c			4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each ite	em in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accretompensation contingent on the revenues of	ue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accretompensation contingent on the net earnings of	ue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any payments not described in lines 5 and 6? If "Yes," describe in Part III	non-fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract th subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Ye				

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Andrew Friedman	(1) (11)	288,750 0	0	292 0	18,721 0	23,398 0	331,161 0	
(2) William Hackett	(I) (II)	141,305 0	0	26,314 0	0	862 0	168,481 0	
(3) Andrew Malavsky	(ı) (ıı)	206,896 0	10,000	270 0	13,824 0	27,651 0	258,641 0	
(4) Michael Kurdziel	(ı) (ıı)	173,876 0	0	25,123 0	8,580 0	967 0	208,546 0	
(5) Peter Beran	(I) (II)	178,960 0	5,000 0		17,874 0	19,286 0	236,183 0	
(6) patricia wilus	(1) (11)	135,512 0	7,500 0		8,925 0	4,025 0	156,201 0	
(7) John Kelly	(I) (II)	0	0	125,708 0	0	0	125,708 0	
(8) James Higgins	(I) (II)	106,309 0	6,667 0		1,641 0	13,360 0	195,590 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
,	,	Learning Ally Made two severance payments in the current year Former president/ceo, john kelly, received a severance payment of \$125,708 in calendar year 2011 former vice president of government relations received a severance payment of \$74,951 in calendar year 2011 Bonuses Schedule J, Line 7 Learning Ally provided bonuses to individuals reported in Part VII and Schedule J of the Form 990 These bonuses are reported in Schedule J, Part II, column (b)(ii) All bonuses are performance based. The total bonus pool is approved by the Board of Directors. The Senior Leadership Team recommends bonuses for staff members that are ultimately approved by the Leadership Team so long as the bonus is within the guidelines established by the Board. The Board of Directors determines and approves the CEO's bonus.

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493122010553

Employer identification number

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Learning A	Ally Inc							1	3-16593	45		
Part I	Excess Benefit Trar Complete if the organizat							organı	zations c	nly).	ne 40b	
1	(a) Name of disqu					(b) Desc						(c) rected?
							<u>'</u>				Yes	No
sect	er the amount of tax Imposition 4958 er the amount of tax, If any								🟲	\$ —— \$ ——		
Part II	Loans to and/or F Complete if the organiz), Part IV, line 26	, or For	m 990-E	Z, Part V	, line 38	a	
(a) Name	e of interested person and purpose	(b) L or fro	oan to om the zation?	o e (c)Original		(e		(f) A pproved by board or committee?		ed d or	(g)Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
Total . Part III	Grants or Assistan				► \$ ested I	Persons.						
	Complete if the orga	nızatıc	n ansv	wered "Yes	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(1			een interested per ganization	rson	(c) A m	ount of gr	ant or ty	pe of assi	stance

Part IV	Business	Transactions	Involvina	Interested	Persons
Falltv	Dusilless	II alisactions	THEOLETING	Tillel e2fea	PEISUN

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	Complete if the organization answered Tes Off Form 990, Fart IV, line 200, 200, of 20c.								
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	1 (d) Description of transaction		aring of zation's nues?				
	organization			Yes	No				
(1) ANDREW FRIEDMAN	PRESIDENT/CEO	· · · · · · · · · · · · · · · · · · ·	BUSINESS TX WITH FAMILY MEMBER		No				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Form 990, Schedule L, Part Iv, Line 1		The President's wife, Mary Miller-Friedman, owns a consulting firm that provides financial system and other project management services. The company earned \$123,825 for services for the year ending June 30, 2012. Human Resources conducted an appropriate market survey to ensure that services were provided at market or lower rate.

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493122010553

OMB No 1545-0047

Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Learning Ally Inc

Employer identification number

-	T				13-1659345			
Pa	rt I Types of Property	1		<u> </u>				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications	X		257,278	Fair Market Value			
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	11	55,862	fmv			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Gıfts ın Kınd							
25	Other \blacktriangleright ((See narr))	Х	0	12,247	Cost			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29			
					4 00 11		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?			to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II			•				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NON-CASH CONTRIBUTIONS		The Organization hires independent third-parties to sell non-cash contributions it receives, including publicly traded securities. If the Organization decides not to retain the item(s), the Organization pays fair market value rates and commissions in these instances. Schedule M, Line 25 For the year ending June 30, 2012, Learning Ally received \$12,247 in gift cards from various organizations.

Schedule M (Form 990) 2011

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DLN: 93493122010553

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization Learning Ally Inc	Employer identification numbe					
- ·	13-1659345					

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	As part of the tax return preparation process, the Organization hired a professional CPA firm with experience and expertise in not-for-profit tax return preparation to prepare the Federal Form 990. The CPA firm's tax professionals worked closely with the Organization's finance personnel and various other individuals of the Organization and the system to obtain the information needed in order to prepare a complete and accurate tax return. The CPA firm prepared a draft Federal Form 990 and furnished it to the Organization's finance personnel and other individuals reviewed the draft Federal Form 990 and discussed questions and comments with the CPA firm. Revisions were made to the draft Federal Form 990 where necessary and a final draft was furnished by the CPA firm to the Organization's finance personnel and various other individuals for final review and approval prior to presentation of the Federal Form 990 to the members of the Organization's Audit Committee. The organization's Federal Form 990 was provided to and made available to the Audit Committee of Learning Ally, Inc. for review by its members prior to filing of the Federal Form 990 with the Internal Revenue Service ("IRS"). Following this review, the Form 990 was made available to each voting member of the Organization's governing body, its Board of Trustees, prior to filing with the IRS. The Organization's Board of Trustees has delegated to its Audit Committee the responsibility to oversee, review and approve the Federal Form 990, including the preparation, review and filing process.

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	The Organization regularly monitors and enforces compliance with its conflict of interest policy. Annually all members of the Board of Trustees, officers and senior management personnel are required to review the existing conflict of interest policy and complete a questionnaire. The completed questionnaires are return to the Organizations Board secretary to inventory. The completed questionnaires are reviewed by the President/Chief Executive Officer of the organization.

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	An Executive Compensation Committee (ECC), consisting of the National Board Chairman and Vice Chairman, will meet annually prior to the beginning of the organizations fiscal year. The Organizations Human Resources Development department will provide the ECC and the President/Chief Executive Officer with compensation survey results from an outside firm. In conducting this survey, comparative data is to be gathered from non-profit organizations of similar size. Using the survey results, Management will propose annual salary ranges for all employees. The Executive Committee of the National Board will review and approve the salary ranges for the top ten most highly compensated organization employees. These approved salary ranges will be used in conjunction with the employee performance appraisals to determine the specific compensation level for each individual. The ECC will set the compensation level for the President/Chief Executive Officer. The President/Chief Executive Officer will set the compensation levels for all other organization employees. In this practice, the ECC will also review the President/Chief Executive Officer established compensation levels for the remaining nine most-highly compensated employees. Then, in executive session with the President/Chief Executive Officer present, the national Board of Trustees will review the compensation levels and comparison data for the President/Chief Executive Officer and the other nine positions. This report to the full Board will occur after the annual compensation process has taken place and is implemented. The data will be presented for informational purposes only, no action will be required by the Board. The actions taken by the ECC enable the organization to receive the rebuttable presumption of reasonableness for purposes of Internal Revenue Code section 4958 with respect to the total compensation of certain members of the senior management team, including the President/Chief Executive Officer and the next nine most-highly compensated employees. The three

ldentifier	Return Reference	Explanation
I ' '		Learning Ally makes its Form 990 and audited financial statements available on its website, www learningally org Learning Ally's governing documents and conflict of interest statement are available upon request and at management's discretion

ldentifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	· ' '	Unrealized Loss on Investments (\$447,880) Prior Year Restatement of Assets \$2,673,034 Total Change in fund balance \$2,225,154 ==========

ldentifier	Return Reference	Explanation
Form 990, Part VII Disclosures		Chief Financial Officer, William Hackett, terminated employment with Learning Ally on October 20th, 2011 Subsequent to that date, Andrew Friedman, President & CEO, assumed the role of Chief Financial Officer Chief Program Officer, Michael Kurdziel, terminated employment with Learning Ally on October 31st, 2011 James Halliday assumed that role after his departure (and the position's title was channed to Chief Business Development Officer) Form 990, Part IX Disclosure Former President, John Kelly received a severance payment in calendar year 2011, this amount has been disclosed on Part VII of the Form 990. No severance payments were made to Former President Kelly in fiscal year 2012, accordingly, Part IX, Line 6 compensation is reported as \$0

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493122010553

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Learning Ally Inc		lentification number					
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes'	' on Form 990. Pa	13-165934 rt IV. line 33.)	 5		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organızatıor	n answered "Yes"	on Form 990, P	art IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	g) 12(b)(13) rolled nization
						Yes	No
See Additional Data Table						+	
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 50	135Y	1	Schedule R (F	Form 990`	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No																	
												i																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(4)

(5)

(6)

	·						
P	art V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related org	janizations listed in Par	ts II-IV?				
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	.a		No
 Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) 							
e	Loans or loan guarantees by related organization(s)			1	e		No
f	Sale of assets to related organization(s)			1	f.		No
g Purchase of assets from related organization(s)							No
ŀ	Exchange of assets with related organization(s)			1	h		No
i	Lease of facilities, equipment, or other assets to related organization(s)			1	Li		No
j	Lease of facilities, equipment, or other assets from related organization(s)			1	.j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			1	.k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)			1	LT		No
r	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	.m	Yes	
r	Sharing of paid employees with related organization(s)			1	n		No
c	Reimbursement paid to related organization(s) for expenses			1	.0		No
F	Reimbursement paid by related organization(s) for expenses			1	р		No
c	Other transfer of cash or property to related organization(s)			1	q		No
r	Other transfer of cash or property from related organization(s)			1	.r		No
				_			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered relat	ionships and transact	ıon thresholds			
	(a)	(b)	(c)	(d			
	Name of other organization	Transaction type(a-r)	Amount involved	Method of deterr		ng amo	ount
1)	LEARNING ALLY - STUDIO LOCATIONS	m	4,668,741	DIRECT COST			
2)							
3)							
		1		1			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V—UBI Ger amount in box ma		j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 13-1659345
Name: Learning Ally Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization					
LEARNING ALLY INC											
1844-C WEST 11TH STREET UPLAND, CA 91786 95-1980926	VIS/AUD SVCS	CA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 3500 REMSON COURT CHARLOTTESVILLE, VA 22901 54-0684414	VIS/AUD SVCS	VA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 205 BADGER ROAD OAK RIDGE, TN 37830 62-0644866	VIS/AUD SVCS	TN	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 545 FIFTH AVENUE SUITE 1005 NEW YORK, NY 10017 91-1960392	VIS/AUD SVCS	NY	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 55 PITTSFIELD ROAD LENOX, MA 01240 04-2235137	VIS/AUD SVCS	МА	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 5225 WISCONSIN AVE NW STE 312 WASHINGTON, DC 20015 52-1124361	VIS/AUD SVCS	DC	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 5022 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90027 95-1942111	VIS/AUD SVCS	CA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140 04-3093352 LEARNING ALLY INC	VIS/AUD SVCS	МА	501(C) (3)	7	LA	Yes					
180 N MICHIGAN STE 620 CHICAGO, IL 60601 61-0549977 LEARNING ALLY INC	VIS/AUD SVCS	IL	501(C) (3)	7	LA	Yes					
180 N MICHIGAN AVE STE 620 CHICAGO, IL 60601 38-1569380	VIS/AUD SVCS	IL	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 3627 E INDIAN SCH RD STE 108 PHOENIX, AZ 85018 86-0174223	VIS/AUD SVCS	AZ	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 69 MAPLETON ROAD PRINCETON, NJ 08540 21-0716112	VIS/AUD SVCS	LΝ	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 2445 FABER PLACE SUITE 103 PALO ALTO, CA 94303 94-1648440	VIS/AUD SVCS	CA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 777 GLADES ROAD BOCA RATON, FL 33431 59-0868554	VIS/AUD SVCS	FL	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 215 W CHURCH ROAD SUITE 111 KING OF PRUSSIA, PA 19406 23-2526387	VIS/AUD SVCS	PA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 180 N MICHIGAN AVE STE 620 CHICAGO, IL 60601 36-2376977	VIS/AUD SVCS	IL	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 5638 HOLLISTER AVE SUITE 210 GOLETA, CA 93117 95-3408974	VIS/AUD SVCS	CA	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 1355 S COLORADO BLVD STE C-406 DENVER, CO 80222 84-0457071	VIS/AUD SVCS	со	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140 06-0743370	VIS/AUD SVCS	МА	501(C) (3)	7	LA	Yes					
LEARNING ALLY INC 1314 W 45TH STREET AUSTIN, TX 78756 74-1760086	VIS/AUD SVCS	тх	501(C) (3)	7	LA	Yes					

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(1 contro organiza	3) lled
LEARNING ALLY INC							
120 FLORIDA AVENUE ATHENS, GA 30605 58-0899523	VIS/AUD SVCS	GA	501(C) (3)	7	LA	Yes	

Software ID: Software Version:

EIN: 13-1659345

Name: Learning Ally Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Andrew Hofer Chairman - Trustee	5 0	Х		Х				0	0	0
Celeste V Lopes Esq Vice Chair - Trustee	3 0	Х		Х				0	0	0
Sımon Hallett Treasurer - Trustee	5 0	Х		Х				0	0	0
Carol Scheman Secretary - Trustee	3 0	Х		Х				0	0	0
Marc Baranskı Trustee	3 0	Х						0	0	0
Peter C Erichsen Trustee	3 0	Х						0	0	0
Kettner J F Griswold Trustee	3 0	Х						0	0	0
Brad Grob Vice Chairman - Trustee	3 0	Х		Х				0	0	0
Jeff Jarvis Trustee	3 0	Х						0	0	0
Deborah Jillson Trustee	3 0	Х						0	0	0
Marshall Loeb Trustee	3 0	Х						0	0	0
Harold J Logan Trustee	3 0	Х						0	0	0
Janıs Mıtchell Trustee	3 0	Х						0	0	0
Kımberlee S Phelan Trustee	3 0	Х						0	0	0
Sally E Shaywıtz MD Trustee	3 0	Х						0	0	0
Soonkyu Shin Trustee	5 0	Х						0	0	0
Jane Smith Trustee	3 0	Х						0	0	0
Stephen M Siegel Trustee	3 0	Х						0	0	0
S Bleecker Totten Trustee	2 0	Х						0	0	0
Robert Writz Trustee	3 0	Х						0	0	0
Andrew Friedman President/CEO/CFO	60 0			Х				289,042	0	40,749
William Hackett CFO (thru 10/20/2011)	50 0			х				167,619	0	0
Andrew Malavsky Chief Marketing Officer	50 0			х				217,166	0	40,186
Michael Kurdziel Chief Programs Off(thru 10/11)	50 0			х				198,999	0	8,580
James Hallıday Chief Business Development Ofc	50 0			Х				102,790	0	5,958

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	1	(tion that a	•		compensation compensation				(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Peter Beran Chief Tech & Production Ofc	55 0			Х				199,023	0	35,902	
patricia wilus VP, Human Resources	60 0			Х				143,251	0	11,925	
Constance Murphy Chief Development Officer	50 0			х				83,547	0	7,813	
James Higgins VP, Program Services	50 0					х		180,589	0	14,325	
Jeffrey Ho Dır, New Product Development	50 0					х		134,814	0	9,936	
Ronald Chess VP, Information Technology	50 0					х		120,843	0	27,118	
David Kozemchak AVP, Operations	50 0					Х		118,317	0	30,974	
sheila weeks-brown AVP, Finance	50 0					Х		121,427	0	10,384	
John Kelly President/CEO (thru 5/15/10)	55 0						х	125,708	0	0	