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DLN: 93493029006104

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

		2012 ca	lendar vear or tax vear beginning	g 07-01-2012 , 2012, and ending 00	5-30-2013			Inspection	
		applicable	C Name of organization	3 07 01 2012 , 2012, and ending 00	30 2013	D Employ	yer iden	tification number	
	dress c		Learning Ally Inc	13-16	. 13-1659345				
Na	me cha	ange	Doing Business As						
┌ Inı	tıal retu	urn		all is not delivered to street address) Room	/suite	E Telepho	ne numb	oer	
Г Те	rmınate	ed	20 Roszel Rd Suite						
☐ Am	nended	return	City or town, state or country, and 2	ZIP + 4		(609)	243-7	603	
Гар	plicatio	n pending	Princeton, NJ 08540			G Gross re	eceipts \$	32,696,743	
			F Name and address of prin	ncipal officer		s this a group	return		
			Andrew Friedman 20 Roszel Rd		a	ffiliates?		Γ Yes Γ No	
			Princeton, NJ 08540					ied?	
т Та	ax-exer	mpt status	<u> </u>	insert no)	П 1	f "No," attach	a list ((see instructions)	
			w learningally org		H(c)	Group exempt	on num	nber ►	
							1		
	m of o	_	n	n Other ►	L Year	of formation 194	48 M :	State of legal domicile NJ	
Га			describe the organization's mission	an or most significant activities					
		Learning	g Ally, Inc 's mission is to promo	te personal achievement when acce	ss and readı	ng are barriers	to lea	rning by advancing	
e e		the use	of accessible and effective educa	ational solutions					
Governance									
E E									
ලි ලි	2	Check t	his box দ if the organization di	scontinued its operations or dispose	d of more th	an 25% of its	net ass	sets	
26	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	15	
Activities &				of the governing body (Part VI, line :			4	15	
₽	5	Total nu	ımber of ındıvıduals employed ın	calendar year 2012 (Part V, line 2a)			5	244	
æ	6	Total nu	ımber of volunteers (estımate ıf n		6	5,500			
				art VIII, column (C), line 12			7a	0	
	Ь	Net unre	elated business taxable income f	rom Form 990-T, line 34			7b		
		C t				Prior Year	.4.3	Current Year	
ā	8			ne 1h)		10,431,642 2,388,770		12,396,945	
Revenue	10			(A), lines 3, 4, and 7d)		1,099,7		1,805,746	
2	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		668,0		603,276	
	12		_	(must equal Part VIII, column (A),	line	14.500.1	7.0	17 202 500	
	13			IX, column (A), lines 1–3)		14,588,1	_	17,392,589 73,000	
	14			X, column (A), line 4)		56,0	0	73,000	
	15			ee benefits (Part IX, column (A), line					
Expenses		5-10)			15,040,5		13,520,685	
₹ T	16a			column (A), line 11e)	•	551,1	.60	466,375	
五	Ь		undraising expenses (Part IX, column (D		-				
	17 18			lines 11a-11d, 11f-24e)		10,142,4 25,790,1		9,426,373	
	19			st equal Part IX, column (A), line 25 18 from line 12		-11,201,9	_	-6,093,844	
<u>~~</u>	+	.,.,,				nning of Curre			
Not Assets or Fund Balances						Year		End of Year	
Ass Ba	20					45,474,0		40,010,258	
5 B	21					5,522,2	_	4,792,248	
	22 11 III		nature Block	line 21 from line 20		39,951,8	000	35,218,010	
		_		amined this return, including accomp	anvina sche	edules and sta	tement	s, and to the best of	
my k	nowle	dge and		pplete Declaration of preparer (othe					
		***	***			2013-12-20			
Sigr	า	I B	ature of officer			Date			
Her			rew Friedman President & CEO						
		<u> </u>	e or print name and title	I Drama rada aggratura	I Dat-		DTTN		
De:	ا		Print/Type preparer's name Daniel Romano	Preparer's signature	Date	Check If self-employed	PTIN		
Paid			Firm's name 🕨 GRANT THORNTON LLF			Firm's EIN 🕨			
	pare On		Firm's address ► 666 THIRD AVENUE			Phone no (212)) 599-01	00	
~ ~ ~	<i>,</i> UII	y				i			

NEW YORK, NY 100174057

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	990 (2012)				Page 2
Par		ent of Program Service . Schedule O contains a response		Т	
1		e the organization's mission	e to any question in this Fait II		
Lear of ac need for te as R learr more	ning Ally Inc s (L cessible and effe s of students with achers, as well a ecording for the B ers all of whom c than 80,000 dig	A) mission is to promote persor ctive educational solutions. Thr h learning disabilities. LA offers is support for the family through Blind, Learning Ally, Inc. serves annot read standard print due to	ough its programs and audiobo professional development and member support hotlines, webi more than 300,000 K-12, colle b blindness, visual impairment,	nd reading are barriers to learning, oks, LA enables families and school integrated learning management sy nars, and various other support too ege, and graduate students, vetera dyslexia, or other learning disabilities featuring a heavy emphasis on STE	ols to manage the ystems (Teacher Ally) ols Founded in 1948 ns, and lifelong ties LAs collection of
2	the prior Form 9	ation undertake any significant p 190 or 990-EZ?		ar which were not listed on	┌ Yes ┌ No
3	services? .	ation cease conducting, or make		onducts, any program	┌ Yes ┌ No
4	Describe the or expenses Sect	ganızatıon's program service ac	complishments for each of its t ganizations are required to repo	hree largest program services, as rt the amount of grants and allocat	
4a	about nine percen addition, the 2011 a 45 percent high adults with blindre link to the written indicates that as r National Center for been one of the leprinted word into students in need, workshops, semin independent learn according to a self 2010 and 2011 ad across six states in Proficient" in math influential part of have access to the introduction of Developing tools a resource for parer resource for school providing more ef service campaign	(LA) provides services for individuals we not of the current U S adult population, of American Community Survey (ACS) reschool graduation rate for students whees and visual impairments. Furthermony word LAs products and services help to much as 20 percent of the U S population Education Statistics, approximately 2 reading providers of audiobooks, including audiobooks enabling more than 300,000 but also to their support network, offer lars, webcasts, and professional developers. When used with text, audio reinforf-funded study, students with print disadequate Yearly Progress data, the study in 2010, and 12 out of 13 comparisons and While LA cannot claim total credit for a system that works. Leveraging its au e support and tools that will enable per finew ones. To more holistically support and training to build student confidence into and "champions," as well as the brooks and teachers, *Product Content and inficient delivery through technological in and the development of an interactive.	or 21 5 million individuals ages 18 and eports that there are approximately 53 to are blind and visually impaired, and re, less than 10 percent of this popular or eak down barriers to learning for our ion may have dyslexia, hampering the 5 million K-12 students have been for ing the worlds largest library of audio to 00 students to learn more effectively firming a suite of services to parents (Parripment LA audiobooks and other produces comprehension, increases word resolutions six states in 2011, schools using a these student outcomes, these correlations of the compared scores for every school in across six states in 2011, schools using a these student outcomes, these correlations on success, LA launched a number sonal achievement. These initiatives in the outcome of the content of the content in order to foster success and resilience in order in order to f	73,000) (Revenue \$ to the findings of the CDCs 2011 Nationa older, have difficulty seeing even with gla. 8,382 children in the U S experiencing vis a greater than 70 percent rate of unemplotion is fluent in Braille, making audio accor members with learning disabilities, especier ability to become quick, accurate, fluent in addition, LA has expanded to become a sextbooks. LAs more than 5,500 dedicated in addition, LA has expanded to become a sent Ally), educators (Teacher Ally), student ucts help students with learning disabilities ecognition, builds vocabulary, and boosts in a state to the overall state average. In 13 g LA had more students who scored as "Prestional findings indicate that LAs products are of initiatives to ensure that students with clude both significant enhancements to exist on five interconnected areas. *Improve sis, *Parent Engagement & Support Expantence of professional Development Enhancinual book production with improved production with improved productions about LA please refer to our websites \$2,586,622 PRODUCT SALES \$370,688	asses or contacts In son difficulty There is only byment among working age immodation an indispensable ally dyslexia Research treaders According to the iming disability. LA has long volunteers record the critical resource to not only ts, and volunteers including become confident, eading rate. For example, math tests. Focusing on out of 13 comparisons officient" or "Advanced and services are clearly and print-related disabilities kisting services as well as d Student Tools & Support ding LAs position as a inct navigation features and rough a multi-pronged public at www.learningally.org
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule	e O)		
	(Expenses \$		g grants of \$) (Revenue \$)

Total program service expenses ►

17,006,689

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
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,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II" Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
	complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\bullet}	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, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	
С	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	
е	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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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
	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			
4 -	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	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	<u> </u>
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
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 direct or indirect owner? If "Yes," complete Schedule L, Part $IV \cdot \cdot \cdot \cdot$.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 158		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	שכ		
C	11 163, to fine 38 of 30, the the organization life Form 6000-1 (5c		
	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 as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	file Form 8282?	7c		Νo
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 contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	۳		
	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		
.0	Section 501(c)(7) organizations. Enter			
	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)			
l2a	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			
L3	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. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the 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 amount of reserves on hand	[
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο 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 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Yes Each committee with authority to act on behalf of the governing body? Яh 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 Νo

<u> </u>	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>evenı</u>	<u>ie Coa</u>	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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 taxable entity during the year?	16a		No
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

- 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, KY, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, 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 own website. Another's website. Upon request. Other (explain in Schedule O)
- 19 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THOMAS HETZEL 20 ROSZEL RD Princeton, NJ (609) 243-7603

Form 990	(2012	,
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1		(C)						
(A) Name and Title	(A) Name and Title A verage hours per week (list any hours for related						1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11136	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	Name and Title A verage hours per week (list any hours A verage hours per week (list any hours A verage hours per more than one box, unless person is both an officer and a director/trustee) A verage hours do not check reportable compensation compensation from the organization (W- organizations (Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ited fother ation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total						•	•					
C	Total from continuation sheet	_			•	•	•	•	3,013,792		0		328,846
d 	Total (add lines 1b and 1c). Total number of individuals (in						d abov				<u> </u>		320,040
_	\$100,000 of reportable compo							٠, ٠,	no received more a				
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee,	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			
	services rendered to the organ	nızatıon? <i>If</i> " <i>Ye</i> s	," compl	ete S	ched	ule I	1 for su	ch pe	erson	[5		No
S	ection B. Independent Co	ntractors											
1	Complete this table for your fire	ve highest comp											

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Faircom New York Inc , 12 West 27th Street 13th Floor NEW YORK NY 10001	dırect maıl	507,412
GniYes Inc , 510 Radcliff Drive WESTERVILLE OH 43082	software development	333,309
ample , 200 west 4th street CINCINNATI OH 45202	web technology	324,322
james w gildea , 1080 WEST AREBA AVENUE HERSHEY PA 17033	SOFTWARE DEVELOPMENT	296,400
LAMBERT ASSOCIATES , 222 SOUTH MANOA ROAD HAVERTOWN PA 19083	RECRUITMENT	287,127
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	
\$100,000 of compensation from the organization ▶16		

art VIII	Statement o	f Revenue ule O contains a respoi	nse to any question i	n this Part VIII			
			as to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
n 💯 la	Federated camp	paigns 1a					
ББР	Membership du	es 1b					
	Fundraising eve	ents 1c	48,675				
ğ 🗏 🔒	_	rations 1d					
5 <u>.</u> 2 "							
ř.Ele	Government grants	s (contributions) 1e	3,513,800	ļ			
g ii f	All other contribution similar amounts no	ons, gifts, grants, and 1f of included above	8,834,470				
and Other Similar Amounts		ons included in lines	214,786	j			
and (1a-1f \$			12.225.045			
] e h	Total. Add lines	s 1 a - 1 f	* * * * *	12,396,945			
<u>a</u>			Business Code				
Program Service Revenue Table c d e f a	MEMBERSHIP FEE	REVENUE	900099	2,586,622	2,586,622		
<u>a</u> b							
<u>0</u> , c							
કે d							
<i>တိ</i> e	-	_					
<u> </u>	All other progra	ım service revenue					
چّ							
_ <u> </u>		s 2a – 2f		2,586,622			
3		ome (including dividen ar amounts)		1,203,996			1,149,766
4		tment of tax-exempt bond	F	0			
5	Royalties		🕨	54,230			54,230
		(ı) Real	(II) Personal				
6a	Gross rents	132,726					
ь	Less rental expenses						
c	Rental income	132,726	0				
d	or (loss)	me or (loss)		132,726			132,726
"	Net rental medi	(i) Securities	(II) Other	,			
7a	Gross amount from sales of assets other	15,410,535	300				
ь	than inventory Less cost or other basis and sales expenses	14,808,050	1,035				
c	Gain or (loss)	602,485	-735				
d	Net gain or (los	s)		601,750			601,750
8a	*	luding ,675 reported on line 1c)					
, l		a .	180,493				
Ь		penses b	180,493	0			
		loss) from fundraising	events 🛌	0			
9a	See Part IV, lin	rom gaming activities e 19					
	,	а					
ь	Less direct ex	penses b					
c	Net income or (loss) from gamıng actı	vities	0			
10a	Gross sales of returns and allo						
		a	685,264				
b		oods sold b	314,576	370,688	370,688		
С		loss) from sales of inv		370,088	370,688		<u> </u>
110	Miscellaneous		Business Code 900099	3,563			3,563
	POSTAGE AND		900099	42,069			42,069
b	OTHER INCOM	1 E	300039	42,009			42,005
c .							-
d	All other revenu						
e		s 11a-11d		45,632			
12	Total revenue.	See Instructions .	🕨	17,392,589	2,957,310		1,984,104

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 73,000 73,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,176,275 1,151,760 788,822 235,693 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 8,842,615 6,442,777 1,163,223 1,236,615 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,484,137 204,329 Other employee benefits 1,098,266 181,542 10 1,017,658 705,605 176,077 135,976 11 Fees for services (non-employees) O Management 103,317 103,317 Legal Accounting 149,364 149,364 119,347 119,347 Professional fundraising services See Part IV, line 17 466,375 466,375 Investment management fees 50,806 50,806 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,063,201 1,593,657 360,517 109,027 Schedule O) Advertising and promotion . 1,407,837 1,394,317 278 12 13,242 13 Office expenses . . . 1,164,553 936,606 209,854 18,093 73,588 287,227 14 Information technology . . 392,634 31,819 15 0 Royalties . 1,651,365 14,794 16 Occupancy 1,636,571 **17** 398,478 205,886 105,394 87,198 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 36,460 35,468 992 20 Interest 62,508 62,508 Payments to affiliates 21 O 22 Depreciation, depletion, and amortization . 1,010,338 801,430 205,478 3,430 23 115,741 98,856 16,885 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a BOOKS & PUBLICATIONS 288,466 269,753 8,212 10,501 TAPES & PRODUCTION 275,456 275,456 STAFF RECRUITMENT & TRAINING 44,951 44,951 d COMMUNITY EVENT EXPENDITURES 34,232 409 33,823 57,319 31,429 All other expenses 25,134 756 Total functional expenses. Add lines 1 through 24e 25 23,486,433 17,006,689 3,915,654 2,564,090 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	τX	Check if Schedule O contains a response to any question in thi	s Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,857	1	2,557
	2	Savings and temporary cash investments			107,062	2	281,261
	3	Pledges and grants receivable, net			2,218,083	3	4,096,217
	4	Accounts receivable, net			185,727	4	180,600
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II	of	0	5	0
ts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	outing employers		6	0
Assets	7	Notes and loans receivable, net			0	7	
	8	Inventories for sale or use			29,190	-	
	9	Prepaid expenses and deferred charges			641,956		464,892
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	311,000		10 1,002		
	ь	Less accumulated depreciation	10b	18,863,288	8,934,177	10c	8,063,673
	11	Investments—publicly traded securities	<u> </u>		6,088,715	11	5,024,642
	12	Investments—other securities See Part IV, line 11			23,405,369	12	17,970,589
	13	Investments—program-related See Part IV, line 11		0	13	0	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,858,952	15	3,925,827
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			45,474,088	16	40,010,258
	17	Accounts payable and accrued expenses			2,002,828	17	1,202,539
	18	Grants payable	0	18	0		
	19	Deferred revenue			1,696,326	19	1,857,423
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Scho		0	21	0	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr				
Liabiliti		persons Complete Part II of Schedule L			О	22	0
Ξ	23	Secured mortgages and notes payable to unrelated third partie	s.		1,823,069	23	1,732,286
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			0	25	0
	26	Total liabilities. Add lines 17 through 25			5,522,223	26	4,792,248
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	√ and	l complete			
and	27	Unrestricted net assets			19,732,953	27	11,115,602
<u>8</u>	28	Temporarily restricted net assets			8,755,743	28	12,426,113
<u> </u>	29	Permanently restricted net assets			11,463,169	29	11,676,295
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h					
<u>-</u>		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances			39,951,865	33	35,218,010
	34	Total liabilities and net assets/fund balances	<u>. </u>	<u> </u>	45,474,088	34	40,010,258

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	•			୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,3	392,589
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,4	186,433
3	Revenue less expenses Subtract line 2 from line 1	3			93,844
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			-	
	<u>-</u>	4		39,9	951,865
5	Net unrealized gains (losses) on investments	5		1,4	19,668
6	Donated services and use of facilities	6			-59,679
7	Investment expenses				33,073
	<u> </u>	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		35,2	218,010
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	·
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				_
За	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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	ղuıred	3b	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

Form 990, Part VII - Compensation of Compensated Employees, and Indepe			,Tru	uste	ees,	, Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			organizations
Andrew Hofer Chair - Trustee	5 0	х		х				0	0	0
Celeste V Lopes Esq Vice Chair - Trustee	3 0	х		х				0	0	0
Brad Grob Vice Chair - Trustee	3 0	х		х				0	0	0
Simon Hallett Treasurer - Trustee	3 0	×		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 Enchsen Trustee (through 10/24/12)	3 0	х						0	0	0
Kettner JF Griswold Trustee	3 0	х						0	0	0
Jeff Jarvıs Trustee (through 6/29/13)	3 0	х						0	0	0
Deborah Jillson Trustee	3 0	х						0	0	0
Harold J Logan Trustee	3 0	x						0	0	0
Janıs Mitchell Trustee	3 0	×						0	0	0
Kımberlee S Phelan Trustee	3 0	X						0	0	0
Sally E Shaywıtz MD Trustee	3 0	Х						0	0	0
Soonkyu Shin Trustee	3 0	Х						0	0	0
Jane Smith Trustee (through 1/8/13)	3 0	Х						0	0	0
S Bleecker Totten Trustee	5 0	х						0	0	0
Robert Writz Trustee	3 0	х						0	0	0
Andrew Friedman President/CEO	60 0			х				363,844	0	23,959
Jeanie C Choo CFO	50 0			х				117,191	0	631
James Halliday Executive VP	50 0				х			310,184	0	22,716
Andrew Malavsky Str Ptrshp (through 12/14/12)	50 0				х			234,510	0	52,408
Constance Murphy Chief Development Officer	50 0				х			224,093	0	20,151
Peter Beran Chief Tech & Prod Officer	50 0				х			204,026	0	19,843
Cheryl Kopec Project Portfolio Mgmt Leader	50 0				x			177,277	0	25,457

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

50 0

50 0

Geronimo Diaz

Sheila Weeks-Brown

VP ORG REL (THRU 12/14/12)

AVP Finance (through 6/8/12)

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				, th	-	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			organizations
Paul Edelblut VP Educational Solutions	50 0				х			179,189	0	20,244
Jeffrey Klein VP Programs & Services	50 0				х			170,217	0	16,677
Patricia Wilus VP Human Resources	50 0				х			150,781	0	6,310
Jeffrey Ho VP New Product Development	50 0				х			148,279	0	11,393
James Maloney VP Marketing	50 0					х		133,662	0	18,711
David Kozemchak AVP Operations	50 0					х		127,332	0	21,966
Diane Templeton Controller	50 0					х		123,609	0	20,537
George Kerscher Sr Officer Acc Information	50 0					х		123,429	0	20,686

Χ

Х

121,961

104,208

25,272

1,885

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493029006104

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Learning Ally Inc

Public Charity Status and Public Support

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

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

Open to Public Inspection

Da	rt I	Deac	on for Du	blic Charity Sta	tue (All or	nanization	s must com	nlete this	nart \ See				
				te foundation becaus						mad actions	J.		
1	, gu			on of churches, or a						_			
2	į.		•	in section 170(b)(1					(-)(-)(-)	-			
3	,			perative hospital se			•	on 170(b)(1	I)(A)(iii).				
4	,			h organization opera	_)(1)(A)(iii)	Enter the		
	•			ty, and state	cea iii conjan	CCIOII WICH C	i nospital acs	cribed iii 3	cecion 170(D	/(=/(~/(/.	Effect the		
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or o	perated by	a governme	ntal unıt des	cribed in		
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)								
6	\vdash	A fede	ral, state, or	local government o	government	al unit des	cribed in sect	ion 170(b)	(1)(A)(v).				
7	굣	An org	anization th	at normally receives	a substantia	al part of its	support from	n a governm	nental unit or	from the ger	neral public		
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	<u>_</u>			described in section									
9	Γ	_		at normally receives					•	•	-		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
				oss investment inco						1 tax) from b	usinesses		
	_			ganızatıon after June									
10		_		ganized and operated	•								
11	l	one or the box	more public <u>ct</u> hat descri	ganized and operated ly supported organiz bes the type of supp b Type II c	atıons descr or <u>tı</u> ng organ	ibed in sect ization and	tion 509(a)(1 complete line) or section es 11e th <u>ro</u>	n 509(a)(2) ugh 11h	See section	509(a)(3). Check		
е	Γ	othert		ox, I certify that the on managers and ot									
f				received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppor	tıng organızatıon,		
			this box			_		_			Г		
g				2006, has the organ	ızatıon accep	oted any gif	t or contribut	ion from an	y of the				
			ng persons? erson who d	rectly or indirectly o	ontrols eith	er alone or	together with	persons d	escribed in (i	11)	Yes No		
				governing body of th				. ролооно н			g(i)		
		•	•	er of a person descr		-					g(ii)		
			*	lled entity of a perso			above?				ı(iii)		
h				ng information about							,		
				<u>, </u>		· · · · J · · · · · · ·	,						
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did yo	u notify	(vi) I:	s the	(vii) A mount of		
•	suppo	rted	` `	organization	organızatı	on in	the organ	zation	organiza	ation in	monetary		
OI	ganiz	ation		(described on	col (i) list		ın col (i)		col (i) or		support		
				lines 1 - 9 above	your gove docume	_	suppo	rt ⁷	ın the	US?			
				or IRC section (see	aocume	nt/							
				instructions))		T	+	Τ	+		\dashv		
				,,	Yes	No	Yes	No	Yes	No			
-								-	+		+		
Tota	1										+		

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 14,465,212 23,820,966 25,757,835 10,431,642 12,396,945 86,872,600 not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 14,465,212 23,820,966 25,757,835 10,431,642 12,396,945 86,872,600 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 921,296 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 85,951,304 from line 4 Ci 8 10 11 12 13 15 16

Se	ection B. Total Support						•					
Cale	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	112	(f) Total				
	beginning in) 🟲											
7	Amounts from line 4	14,465,212	23,820,966	25,757,835	10,431,642	12	,396,945	86,872,600				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	771,768	622,383	1,325,301	1,476,499	1	,390,952	5,586,903				
	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,792,288	5,430,529	1,664,920	1,387,989		911,389	13,187,115				
11	Total support (Add lines 7 through 10)							105,646,618				
12	Gross receipts from related activi	ties, etc (see inst	tructions)			12		34,618,559				
13	First five years. If the Form 990 i	s for the organizat	ion's first, second	d, third, fourth, or	fifth tax year as a	501(c)(3) organız	zation, check				
	this box and stop here											
	ection C. Computation of Pu											
14	Public support percentage for 201	. 2 (line 6 , column	(f) divided by line	11, column (f))		14		81 357 %				
15	Public support percentage for 201	1 Schedule A, Pa	rt II, line 14			15		83 566 %				
16a	33 1/3% support test—2012. If the				ine 14 is 33 1/3%	or more,	check th					
	and stop here. The organization qu					0.4						
D	33 1/3% support test—2011. If the box and stop here. The organization				and line 15 is 33	1/3% or	more, cne	CK THIS				
17a	10%-facts-and-circumstances tes				ne 13, 16a, or 16	b, and lin	e 14	· ,				
	ıs 10% or more, and ıf the organiz											
	in Part IV how the organization me	eets the "facts-an	d-circumstances	" test The organı	zatıon qualıfıes as	s a public	ly suppor					
h	organization 10%-facts-and-circumstances tes	t_2011 If the ora	anization did not	check a boy on lu	ne 13 16a 16h <i>i</i>	or 17a a	nd line	▶□				
	15 is 10% or more, and if the orga											
	Explain in Part IV how the organiz											
	supported organization							► □				
18	Private foundation. If the organize instructions	ation did not chec	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and	1 see	▶ □				
_					Sched	lule A (F	orm 990 c	or 990-EZ) 2012				

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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

Schedule A (F	orm 990 or 990-EZ) 2012 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
<u></u>	Explanation
The amounts i	reported on Schedule A have been revised from prior year filings to be consistent with our current method of reporting revenue

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493029006104

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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), then

Political Campaign and Lobbying 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
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Learning Ally Inc 13-1659345 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	119,347	
c	Total lobbying expenditures (add lines 1a and 1b	o)	119,347	
d	Other exempt purpose expenditures		23,367,086	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	23,486,433	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ento	er-0-		
	Subtract line 1f from line 1c If zero or less, ente			
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) Total lobbying expenditures 414,885 199,474 191,220 119,347 924,926 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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?					
j	Total Add lines 1c through 1:					
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 505(c)(6).	01(c)(5), (or s		
_			_		Yes	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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493029006104

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

emai i	Revenue Service F- Attach to For	m 990. ► See separate instructions.			Tilshecti	IUII
	ne of the organization ning Ally Inc			oloyer identificat 1659345	tion numbe	r
Par	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				Complete	e if the
		(a) Donor advised funds		(b) Funds and o	theraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic struct	ure	
	easement on the last day of the tax year			1		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements	aria atmiratura inglisidad in (a)	2b			
	Number of conservation easements on a certified history	, ,	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		· · · · · · · · · · · · · · · · · · ·	
	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	ea by tr	ne organization o	uring	
	the tax year ▶					
	Number of states where property subject to conservati	ion easement is located ▶				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year		
	▶ \$					
	Does each conservation easement reported on line 2(0 and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financia ents	l stater	ments that desc	rıbes	
rt	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar <i>F</i>	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve	or rese	earch in furthera		С
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance		С
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			- \$		
				· +		

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	storical i	<u>reasure</u>	s, or O	tner	<u>' Similar As</u>	sets (contir	nued)_
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the follow	ng that a	re a	sıgnıfıcant use	e of its	
а	Public exhibition		d	┌ Loan	or exchar	nge progr	ams			
b	Scholarly research		e	┌ Othe	ır					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın hov	w they furth	er the org	anızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of ar	rt, historical	l treasures	or other	sım	ılar		
	assets to be sold to raise funds rather than t		-						•	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					nswered	d "Ye	es" to Form 9	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions or d	ther ass	ets n	ot	┌ Yes ┌	No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table		_				
						F	_	1A	nount	
с	Beginning balance					-	1c			
d	Additions during the year					—	1d			
e	Distributions during the year					—	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					┌ Yes ┌	No _
Ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been prov	ıded ın P	art X	III	「	
Pa	tt V Endowment Funds. Complete									
4.	Basimping of ware balance	(a)Current year 14,149,953	(b)	Prior year 13,745,990		/ears back 12,223,514	_	hree years back 10,981,124	(e)Four years	<u>back</u> 33,807
1a L	Beginning of year balance	14,149,933		13,743,990	<u>'</u>	0		17,384		39,493
b	Contributions					-		17,304		77,493
С	Net investment earnings, gains, and losses	1,236,657		403,963	3	1,522,476		1,231,006	-2,12	21,208
d	Grants or scholarships									
е	Other expenditures for facilities and programs							6,000	17	70,968
f	Administrative expenses									
g	End of year balance	15,386,610		14,149,953	3	13,745,990		12,223,514	10,98	31,124
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g, colun	nn (a)) hel	d as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 60 000 %									
c	Temporarily restricted endowment • 40 0 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	that are hel	d and adm	nınıstered	fort	the	Yes N	<u> </u>
	(i) unrelated organizations							3a	(i) N	0
	(ii) related organizations							3a(0
	If "Yes" to 3a(II), are the related organizatio				· • •		•	3	b	
4	Describe in Part XIII the intended uses of the triangle of tri				10					
Par	Description of property	ent. See Form 9	90, Pa	(a) Cost o		Cost or o	ther	(c) Accumulated	d (d) Book v	/alue
	bescription of property			basis (inve		basis (othe		depreciation	(=, ====	
1a	Land					1,637	,419		1,63	37,419
Ь	Buildings					9,311	,902	4,506,4	16 4,80	5,486
c	Leasehold improvements					509	,075	316,2	05 19	2,870
d I	Equipment					7,240	,333	6,598,1	47 64	2,186
						8,228	,232	7,442,5		35,712
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	ımn (B), lıne	10(c).) .			▶	8,06	3,673

Part VIII Investments—Other Securities. Se	ee Form 990, Part X, line 12.		
(a) Description of security or category	(b)Book value	(c) Method of valu	uation
(including name of security)		Cost or end-of-year m	arket value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			
(A) FUND OF FUNDS	17,970,589	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 17,970,589		
Part VIII Investments—Program Related. S			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
		Cost of end-of-year in	arket value
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	cription	(b)	Book value
(1) PERPETUAL TRUST			2,415,089
(2) AND OTHER ARRANGEMENTS			1,510,738
(-)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line			3,925,827
Part X Other Liabilities. See Form 990, Par			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
	 		
See Additional Data Table			
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 0		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the			

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	33,453,206
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	15,616,354
3	Subtract line 2e from line 1	3	17,836,852
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 50,806		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	-444,263
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	17,392,589
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	38,187,061
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 14,256,365		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	14,751,434
3	Subtract line 2e from line 1	3	23,435,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 50,806		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	50,806

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Information	_	
Identifier	Return Reference	Explanation
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	Learning Ally, Inc '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 GENERAL OPERATIONS, VARIOUS PROGRAMS, SCHOLARSHIPS, AND OTHER PROGRAM-RELATED ENDEAVORS
Reconciliation of Revenue	Schedule D, Part XI, Line 4b	Cost of goods sold \$(314,576) Fundraising event \$(180,493) TOTAL \$(495,069)
Reconciliation of Expense	Schedule D, Part XII, Line 2d	Cost of goods sold \$314,576 Fundraising event \$180,493 TOTAL \$495,069
Fin 48 (ASC 740) Footnote	Schedule D, Part X, Line 2	The organization adopted the provisions of FASB Interpretation No 48 (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, Inc. 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, Inc. 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, 2010, 2011, 2012, and 2013 are still open to audit for both federal and state purposes. ASC 740-10 has not had an impact on Learning Ally, Inc. 's financial statements, as management determined that there are no uncertain tax positions within its financial statements.

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DLN: 93493029006104

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Name of the organization Learning Ally Inc

Employer identification number

13-1659345

Dart T	Fundraising Activities	Complete if the organization answered "Ves" to For	m 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 email solicitations Solicitation of government grants
- Special fundraising events Phone solicitations
- 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?
- 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

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or crol of outions?	(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 St 13th Fl New York, NY 10001	DIRECT MAIL		No	779,382	466,375	313,007
otal				779,382	466,375	313,007

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. PR. RI. SC. SD. TN. TX. UT. VT. VA. WA. WV. WI. WY

_		G (Form 990 or 990-EZ) 2012				Page 2
Ра	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
		overte mai grees receipte g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			DC GALA (event type)	(event type)	(total number)	col (c))
₽	1	Gross receipts	228,008			229,168
Revenue	2	Less Contributions	47,673	1,002	0	48,675
~	3	Gross income (line 1 minus line 2)	180,335	158	0	180,493
	4	Cash prizes			0	0
မှာ	5	Noncash prizes			0	O
Expenses	6	Rent/facility costs	64,588	3	0	64,588
ă	7	Food and beverages .	82,078	1	0	82,078
Direct	8	Entertainment	12,355	,	0	12,355
	9	Other direct expenses .	21,314	158	0	21,472
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(180,493)
	11	Net income summary Combine li				
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
—		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col
Rev	1	Gross revenue				(c))
uses		Cash prizes				
菡		Non-cash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	│ Yes No	┌ Yes	│ Yes No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)	🛌	
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	🕨	
9 a b	Ist	er the state(s) in which the organize the organization licensed to operate No," explain	e gaming activities in eac	n of these states?		. 「Yes 「No
10a b	We	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Joes	the organization operate gaming	activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·
.2	Is the organization a grantor, be	neficiary or trustee of a trust or	a member of a partnership or other entity
	formed to administer charitable of	gamıng?	· · · · · · · · · · · · · · · · · · ·
.3	Indicate the percentage of gamin	ng activity operated in	
а	The organization's facility		13a
b			13b
.4	Enter the name and address of th	ne person who prepares the org	anization's gaming/special events books and records
	Name 🟲		
	Address ►		
	Address F		
.5a	Does the organization have a co	ntract with a third party from wh	nom the organization receives gaming
h			rganization 🟲 \$ and the
-	amount of gaming revenue retain		
_			
	If "Yes," enter name and address	s or the third party	
	Name 🟲		
	Address 🟲		
.6	Gaming manager information		
	Name 🟲		
	Gaming manager compensation l	-	
	Gailling manager compensation i	F \$	
	Description of services provided	•	
	Description of services provided	<u> </u>	
	☐ Director/officer	F Employee	Independent contractor
. 7	Mandatory distributions		,
	·	er state law to make charitable	distributions from the gaming proceeds to
	retain the state gaming license?		···· · · · · · · · · · · · · · · · · ·
b	3 3		buted to other exempt organizations or spent
	in the organization's own exempt		
Par	t IV Supplemental Infor	mation. Complete this par	t to provide the explanations required by Part I, line 2b,
			b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any ad	ditional information (see in	structions).
	Identifier	Return Reference	Explanation
sche	edule g, part I fundraisers		THE FEES REPORTED AS HAVING BEEN PAID TO THE
			PROFESSIONAL FUNDRAISER IN SCHEDULE G, PART I,
			WERE PAID ON A FISCAL YEAR BASIS THE AMOUNT LISTED FOR FAIRCOM NEW YORK, INC IS DIFFERENT
			THAN THE AMOUNT SHOWN ON PART VII, SECTION B, AS
			A TOP FIVE HIGHEST PAID CONTRACTOR AS THAT SCHEDULE IS PREPARED ON A CALENDAR YEAR BASIS
		1	Deliebble 13 I KEI AKED ON A CALLINDAK I LAK BASIS

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Schedule I

(Form 990)

Department of the Treasury

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. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493029006104

Open to Public Inspection

Internal Revenue Service | PAttach to Form 990

Name of the organization
Learning Ally Inc | 13-16.

Part I General Information on Grants and Assistance

Employer identification number
13-1659345

Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	ward the grants or as:	sıstance?					✓ Yes N
Form 990, Part IV, lir							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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 grar or assistance
2 Enter total number of section 53 Enter total number of other org						. _	

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
	Part III can be duplicated 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	22	73,000			
Part IV Supplemental Inform	ation.			1	

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	, ,	Learning Ally, Inc provides scholarships to students seeking a degree in higher education. These amounts are remitted directly to the students, with the expectation that the amounts will be used to defray tuition or educational costs. The organization issues 1099s to the recipient students as it does not control the use of the funds once paid.

Schedule I (Form 990) 2012

Compensation Information

DLN: 93493029006104

OMB No 1545-0047

Inspection

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Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Learning Ally Inc

Employer identification number

13-1659345

Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizat reimbursement or provision of all of the expenses described		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that applused by a related organization to establish compensation o	y Do not check any boxes for methods			
	▼ Compensation committee ▼	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VI or a related organization	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	a, did the organization pay or accrue 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 compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or a				
	subject to the initial contract exception described in Regula				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the rebutt section 53 $4958-6(c)$?	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Association and pare for any additional information			
Identifier	Return Reference	Explanation	
Severance Payments	Schedule J, Part I, Line 4a	For the individuals listed in part VII, section A, Andrew Malavsky, Geronimo Diaz, and Sheila Weeks-Brown received severance according to the Organization separation policy, which is based on the number years of service Mr Malavsky's total severance was \$37,132 (\$9,283 paid in calendar year 2012), Mr Diaz's total severance was \$8,868 (\$4,434 paid in calendar year 2012), and Ms Weeks-Brown's total severance was \$37,662, all of which was paid in calendar year 2012	
Non-fixed payments	Schedule J, Part I, Line 7	Learning Ally, Inc 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 Trustees. The Senior Leadership Team recommends and ultimately approves bonuses for staff members, provided the bonus is within the guidelines established by the Board. The Board of Trustees determines and approves the CEO's bonus.	

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 13-1659345

Name: Learning Ally Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Andrew Friedman (1)		75,000 0	503 0	0	23,959 0	387,803 0	0
James Halliday (1)		15,000 0	292 0	0	22,716 0	332,900 0	0
Andrew Malavsky (1)		0 0	20,801 0	27,849 0	24,559 0	286,918 0	0
Constance Murphy (1)		15,000 0	292 0	0	20,151 0	244,244 0	0
Peter Beran (1)	•	0	801 0	0	19,843 0	223,869	0
Cheryl Kopec (1)		7,000 0	160 0	0	25,457 0	202,734 0	0
Paul Edelblut (1)		7,000 0	162 0	0	20,244 0	199,433 0	0
Jeffrey Klein (i)		7,000 0	119 0	0	16,677 0	186,894 0	0
Patricia Wilus (i)	•	7,000 0	275 0	0	6,310 0	157,091 0	0
Jeffrey Ho (I)		2,500 0	104 0	0	11,393 0	159,672 0	0
James Maloney (1)		0	195 0	0	18,711 0	152,373 0	0
Sheila Weeks-Brown (i)		0	46,205 0	0	1,885 0	106,093 0	0

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OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations 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

					13-1659345			
Pa	Types of Property		413		_	-15		
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of a noncash contri		_	ts
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		171 171	Fair Market Value			
	Clothing and household			1/1,1/1	Tall Harket Value			
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Χ	7	43,615	Faır Market Value			
10	Securities—Closely held stock .							
L1	Securities—Partnership, LLC, or trust interests							
L 2	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
l 4	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ▶()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Assistance of Noncash Contributions		The organization hires independent third parties to sell non- cash contributions it receives, including publicly traded securities. The organization pays fair market value rates and commissions in instances the items are not retained.

Schedule M (Form 990) (2012)

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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.

2012
Open to Public Inspection

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

Identifier	Return Reference	Explanation
Form 990 Review Process	11b	As part of the tax return preparation process, management provides the raw information to a professional CPA firm with experience and expertise in not-for-profit tax return preparation. Once Form 990 is completed by the CPA firm, management reviews the Form, which is then presented to and reviewed by the Audit Committee of the Organization. Following their review, Form 990 is made available to each voting member of the Organization's governing body, the 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 Monitoring & Enforcement	Form 990, Part VI, Line 12c	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 to ensure compliance with the policy. The completed questionnaires are returned to the Secretary of the Board of Trustees. Any potential conflicts are reviewed and resolved. Failure to comply with the Organization's conflict of interest policy could lead to termination.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Lines 15a & 15b	THE HIR COMMITTEE OF THE BOARD MEETS PRIOR TO THE BEGINNING OF THE ORGANIZATIONS FISCAL YEAR THE ORGANIZATIONS HUMAN RESOURCES DEPARTMENT PROVIDES THE HR COMMITTEE AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH MARKET BASED COMPENSATION DATA FOR DISCUSSION AND REVIEW ON A THREE YEAR ROTATION, THE HR DEPARTMENT ENGAGES A THIRD PARTY COMPENSATION CONSULTANT TO REVIEW THE SALARY STRUCTURE AND VALIDATES, BASED UPON A SAMPLING, THE GRADE LEVEL ASSIGNMENT AS WELL AS THE GEOGRAPHIC BASED SCHEDULES THE HR DEPARTMENT GATHERS MARKET BASED DATA BETWEEN THE INDEPENDENT YEAR STUDIES TO UTILIZE IN RECOMBINING SALARY ADJUSTMENTS AS WELL AS ANY SALARY SCHEDULE ADJUSTMENTS FROM A VARIETY OF SOURCES INCLUDING THE CHITCHE INDEPENDENT YEAR STUDIES TO UTILIZE IN RECOMBINING SALARY ADJUSTMENTS AS WELL AS ANY SALARY SCHEDULE ADJUSTMENTS FROM A VARIETY OF SOURCES INCLUDING THE CREDITORS TAKEN BY THE HR COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUITTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVIEW CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE EXECUTIVE AND SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE NEXT ELEVEN MOST HIGHLY COMPENSATED EMPLOYEES THE COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO ANY ADJUSTMENTS THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUITTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING (1) THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN AUTHORIZED BODY OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPENSATION ARRANGEMENT, (2) THE AUTHORIZED BODY OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION AND ORDER WITH RESPECT TO THE ESTABLISHMENT OF THE BEBUITTABLE PRESUMPTION OF PREASONABLED SOND APPROPRIATE DETERMINATION OF THE APPLICABLE THAN AS TO COMPENSATION WHICH HS ESTABLISHMENT OF THE REBUITTABLE PRESUMPTION OF PREASONABLED SES APPLICED TO CERTAIN INDIVIDUALS DISCLOSED IN THIS FORM 990, INCLUDING

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 19	Learning Ally, Inc. makes its Form 990 and audited financial statements available on its wiebsite, www learningally org. The organization's governing documents and conflict of interest statement are available upon request and at management's discretion.