

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



				•	EXTEND)	ED TO F	EBRUARY :	16, 20	16				
		00	00	Return			Exempt			ne Tax	OMB No. 1848-0047		
	For	<u> </u>	IU	Under section 50	1(o), 627, or 404	47(a)(1) of the	Internal Reven	ue Code (e	xcept priv	ate foundatio	пв) <b>2014</b> -201		
	Dec	ariment of t	he Treesury	-		-	ibere on this form	•	•		Open to Public		
	_	nel Revenu				orm 990 and	ite instructions	le at www	in coving	7990 A 4 F	Inspection		
	<u> </u>	For the 2	1	ar year, or tax year	beginning u	JUL 1,	2014 an	<u>d</u> ending		0, 2015			
	B ;	Check If applicable. Address ahenge		forganization	a novar				D Em	oloyer identific	cation number		
	╞	shange change		LEARNING A	CADEMY		<u></u>			30-0	323892		
	┝	intrel intrel		ueiness as and street (or P.O. b	av II mall la nat d	olbrorod to otros	1 addmaa)	Room/sult	a E Tolo	phone number			
Com	⊨	Fined		LOUIS DRIV		anagian so an ac	( addicas)	Nooniyauii	m = 1010		803-1751		
	_	return/ cerryin- eted		own, state or provin		1 21P or foreign	n postal code	1	G Gross	receipts \$	582,668.		
10		Amended	WARM	INSTER, PA			5000			this a group re			
~	Ē	Applice-	F Name a	nd address of princi	pal officer:KA	CHLEEN	SMOOKLER			subordinates			
		pending	955 L	OUIS DRIVE	, WARMIN	STER,	PA 18974	1			ocluded? Yes No		
U			rpt etatue: C	X 501(c)(3)	501(c) (	)◀ (insert no		) or 52			list. (see instructions)		
O)				EARNINGACA	DEMY . COL	1			H(o) G	oup exemption	n number 🕨		
	K	orm of or	gantzation; L	X Corporation	Trust A	ssociation	Other -	L Yea	r of formati	on: 2005 N	State of legal domicile; PA		
	P		Bummary										
	æ	1 Br	feffy describ	e the organization's	mission or mos	t algnificant a	otivities: THE	MISSI	ON OF	ATG LE	ARNING		
Z	Ē	ACADEMY, INC. IS TO PROVIDE EDUCATION OPPORTUNITIES TO STUDENTS WHO  2 Check this box  If the organization discontinued its operations or disposed of core than 26% of its net assets.											
10	Governance	2 C	nack this bo	x 🕨 📖 If the on	ganization disco	entinued its of	perations or disp	osed of o	re than 26		sets.		
10	Ā			ing members of the				, <u>G</u>		[3]	12		
	ď	A NL	imber of Ind	ependent voting me of individuals employ	mbers of the go	overning body	(Part VI, Ingel 19)	MR		4	0		
•	Ž	8 To	tal number (	of Individuals employ	yed in calendar	year 2014 (Pa	ort Valor Saken	?~~	<b>3</b>	5	<u>_</u>		
	₹	6 10	tel number (	or individuals emplo; of volunteers (estima d buainess revenue (	te if necessary			a Fifn.		6			
_	\$				•				~		0.		
<b>9</b> 107		D Ne	t unrelated	business taxable inc	ome from Form	1990-1, Mna 3		C9.	<u> </u>	7b			
マ		، ،	media, alaaa	and comba (Doct MIII	Una Mai			NOWA ES	ON PRIO	8,616.	Current Year 136,061.		
<b>\$</b>	Hevenue			and grants (Part VIII, >> revenue (Part VIII,	, אחפות, המאור (ממאור המוגור)	••••••		4: Oto:	1	70,164.	446,602.		
<b>⊣</b>	ž	1	-	ome (Part VIII, colur	, MIGZG)			· · · · ·		11.	5.		
SEP	Ĕ			(Part VIII, column (A						0.1	0.		
72				add lines 8 through					1	78,791.	582,668.		
<b>a</b>				nilar amounta pald (F						0.	4,939.		
ANNED				o or for members (P						0.	0.		
<u> </u>	10			compensation, emp					2	04,134.	349,719.		
₹	E	16a Pro	fesalonal fu	ndraising fees (Part	IX, column (A),	line 11e)				0.	0.		
S S	Doper	b To	al fundralsir	ng expenses (Part IX	(, column (D), ilin	ne 25) 🕨 _		0. [					
10	ű	17 Ott	ner expense	s (Part IX, column (A	), lines 11a-11d	l, 11f-24e)		<u></u> [		50,507.	348,366.		
		18 Tot	al expenses	i. Add lines 13·17 (m	iust equal Part i	IX, column (A)	, Ilne 25)	<u> </u>		64,641.	703,024.		
	_,	19 Re	venue less e	xpenses. Subtract l	ine 18 from line	12				85,850.	-120,356.		
	Seets or Constitution of the Constitution of t								eginning of	Current Year	End of Year		
•	訠				····					26,385.	396,774.		
•	뚫									0,626.	399,013.		
2	크리	22 Net	sasets or fi	and balances, Subtr	act line 21 from	line 20				35,759.	-2,239.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, corre	ot, and complete. Declaration of preparer (other than offic	er) is based on all information of which prep	parer has any knowledge.
Sign Here	Signature of officer  KATHLEEN SMOOKLER, PRE Type or print name and title	SIDENT	Data
Paid	Print/Type preparer's name JOSEPH G HODAKOWSKI	Preparer's signature	Date Check X PTIN 12/02/15 acti-amployed P01397310
Preparer		AKOWSKI	Firm's EIN 20-3360442
Use Only	Firm's address 349 RT 31 FLEMINGTON, NJ 0	8822	Phone no. 908-782-4888
May the I	3S discuss this return with the preparer shown abo	ove? (see instructions)	Yes No

11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014)

	m 990 (2014) ATG LEARNING ACADEMY	30-0323892	Page 2
P	art III Statement of Program Service Accomplishments		_
_	Check if Schedule O contains a response or note to any line in this Part III		<u> Ļ.</u>
1	Briefly describe the organization's mission:	7777A3 FF 037	
	THE MISSION OF ATG LEARNING ACADEMY, INC. IS TO PROVIDE		<del> </del>
	OPPORTUNITIES TO STUDENTS WHO ARE UNABLE TO BE EDUCATED ENVIRONMENT.	IN A TYPICA	AL
	ENVIRONMENT.	<del></del>	
	Did the organization undertake any significant program services during the year which were not listed on	·	
-	the prior Form 990 or 990-EZ?	[	X No
	If "Yes," describe these new services on Schedule O.		- LASJ NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ va.	X No
3	If "Yes," describe these changes on Schedule O.		LES NO
4	· · · · · · · · · · · · · · · · · · ·		
-	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(o)(3) and 501(o)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	re, the total expenses,	, and
46		. 495	908.
70	ATG LEARNING ACADEMY (ATG) IS AN APPROVED PRIVATE ACADEM	ATC BOHOOT.	, <u>300.</u> )
	OFFERING ELEMENTARY EDUCATION, SECONDARY EDUCATION INCLU		\ <del>T</del> .
	EDUCATION ELEMENTARY GRADES, SECONDARY EDUCATION FOR LEA		<u> </u>
	DISABLED; WITCHOUT CONCERN FOR RACE, CREED, OR RELIGION.	ATG SEEKS T	10
	EXPAND, INCREASE, AND CONTINUOUSLY IMPROVE ITS SERVICES		
		TEL OF ABILI	
	BY ALLOWING DEVELOPMENT OF THEIR TRUE POTENTIAL IN A	ED OF WEITI	TY
	SUPPORTIVE/NON-JUDGEMENTAL ENVIRONMENT.	<del></del>	
<b>4</b> b	(Oode:) (Expenses 6 Including grants of 3) (Revenue	• •	)
	4-3-7-4		
		<del></del>	
40	(Code:) (Expenses 6	1	
-			
		··········	
		<del> </del>	
		<del></del>	
	Auto		
	Other program services (Describe in Schedule O.)		
	(Exponence \$ Instructing greate of \$ ) (Revenue \$		
46	Total program service expenses ► 443,518.		
2002		Form 9	90 (2014)
1-07-1	4		
	9		

Form 990 (2014)	ATG LEARNING ACADEMY	30-0323892	Page 3
Port IV Chacklist	of Begulred Schedules		

نا			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		168	NO
•	If "Yes," complete Schedule A	۱ ،	X	
2	is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	$\Box$		
	public office? If "Yes," complete Schedule C, Part I	3	<u>.</u>	X
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	L	X
5				
	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Pert III	5	<b> </b>	X
0				l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		X
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Pen II	7		X
8		1	ŀ	
	Schedule D, Part III	8	<u> </u>	X
8	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	١.	<b>!</b> .	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			_
	endowmente, or quasi-endowmente? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yee," then complete Schedule D, Parts VI, VIII, IX, or X		1	
	as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	118	•	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	,	X
4	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	116		4
•	Part X, line 16? // "Yes," complete Schedule D, Part IX	114		x
•	Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X	110	X	
Ĭ		· · · ·		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent sudited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		X
13		13	X	
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expanses of more than \$10,000 from grantmaking, fundralsing, business,			
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		i	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	Ι Τ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		F	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	18		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	1 1		
	column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			
	1c and 8e? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yee" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	000	
		Form	<del>48</del> 0 (;	2014)

Farr	n 990 (2014) ATG LEARNING ACADEMY 30-032	3892	P	<sub>809</sub> 4
Pa	rt IV Checklist of Required Schedules (continued)		[]	
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	1 .	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
<b>.</b>	Schedule J	123		
248	Did the organization have a tax-exempt bond lesue 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 "Yee," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25s	24s		X_
P	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an account other than a refunding ecorow at any time during the year to defeace any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" leaver for bonds outstanding at any time during the year?	24d		
	Section 601(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disquelified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
28	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
27	contributor or employee thereof, a grant eslection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	285		<u> </u>
C	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
<b>5</b> 0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>-</del>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pert II, III, or IV, and	1 [	1	
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\dashv$	<u>X</u>
b	If "Yee" 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 "Yee," complete Schedule P, Part V, line 2	365		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	86		<u></u>
7	If "Yes," complete Schedule R, Pert V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		
37		37		X
16	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			<del></del> -
	Note, Ali Form 990 filers are required to complete Schedule O	38	X	
		Form	9 <b>9</b> 0 (	2014)

Form	990 (2014) ATG LEARNING ACADEMY 30-0323	892	F	age 5
	rt V   Statements Regarding Other IRS Filings and Tax Compliance			4
	Check If Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	]		
ь		]		j
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	10		<u> </u>
28	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	]		
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		١٠	i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3e		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)?	48		X
ь	H "Yes," enter the name of the foreign country: ▶			
	See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	l		1
6a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	8b		X
٥	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5a		
	Does the organization have annual grose receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6e		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
8	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?	7B		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 6282?	76		X
đ	If "Yee," Indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funde, directly or indirectly, to pay premiums on a personal benefit contract?	7a		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
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 care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8		
θ .	Sponsoring organizations maintaining donor advised funds.			
8	Did the aponsoring organization make any taxable distributions under section 4966?	9a		
	Did the eponeoring organization make a distribution to a donor, donor advisor, or related person?	96		
	Section 501(c)(7) organizations. Enter:		- 1	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ŀ	
	Section 501(c)(12) organizations. Enter:			
<b>a</b> (	Gross income from members or shareholders			
	Gross Income from other sources (Do not net amounts due or pald to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	l l	
	Section 501(o)(29) qualified nonprofit health insurance issuers.			
	a the organization licensed to issue qualified health plans in more than one state?	13a	$\Box$	
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the	l		
	organization is licensed to issue qualified health plans		l	
C E	Enter the amount of reserves on hand			
	Old the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	1 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	146		
		Farm	990 (	2014)

	n 890 (2014)  ATG LEARNING ACADEMY  IT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Company			_		<u> </u>	age (
00.0	Check if Schedule O contains a response or note to any line in this Part VI	*********		•••••		<del></del>	X
900	Ston Y. Governing Book such prestighetiletif			_		V	N <sub>a</sub>
1 <b>a</b>	Enter the number of voting members of the governing body at the end of the tax year	1a	1	2		You	No
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,					
_	Enter the number of voting members included in line 1a, above, who are independent	_1b_		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			. L	2		x
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				<b></b>
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any algorificant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	eete?	,,,,	. L	5		X
8	Did the organization have members or stockholders?	<b></b>		٠L	8		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or s	ppoint	one or				x
_	more members of the governing body?			·  -	7e		4
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) mambers, a personal other than the governing body?			ı	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
	The governing body?				<u>8a</u>	X	
þ	Each committee with authority to act on behalf of the governing body?			. L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	it the		1		
	organization's mailing address? If "Yas," provide the names and addresses in Schedule O		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. L	8		X
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Fi	evenue	Code.)				
					I	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			_ [·	10a		X
	If "Yee," did the organization have written policies and procedures governing the activities of such of			`   T			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ι.	105		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		•		11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y belo	o many are remit	-	<del>''-</del>		
	Did the organization have a written conflict of interest policy? If "No," go to line 19			Ι.	128		X
	- · · · · · · · · · · · · · · · · · · ·			· <b>-</b>	(2b		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise.  Did the organization regularly and consistently monitor and enforce compliance with the policy? #"> 10 Interests that could give rise.			· F	120	_	
C				١.			
	In Schedule O how this was done	••••••			12c		X
13	Did the organization have a written whistleblower policy?			_	13		X
14	Did the organization have a written document retention and destruction policy?			·	14	$\dashv$	
16	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dependent				
8	The organization's CEO, Executive Director, or top management official			1	16a		X
	Other officere or key employees of the organization				15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	*********	•••••••••	·			
18a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a				
	taxable entity during the year?			. 11	18a ]	_ ]	X
b	If "Yee," did the organization follow a written policy or procedure requiring the organization to evalue	te ita p	articipation	Γ			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n'e	-			
	exempt status with respect to such arrangements?			<u>بل</u>	165		
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filled NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 890, and 990-	(Secti	on 501(c)(3)s only	) av	allabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.	•	•				
	Own website		· · · · · · · · · · · · · · · · · · ·		_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nfliot o	f Interest policy, a	nd f	Inanc	lat	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boundary. SMOOKLER $-267-803-1751$	oke en	d records:				
	955 LOUIS DRIVE, WARMINSTER, PA 18974					_	
432004	11-07-14				Form	900 (	20141
	•					(	,

Form 990 (2014) ATG LEAR	NING AC	AD	EM	<u>Y</u> _	V.	. E		lavage Highart C	30-0323	892 Page 7
Part VII Compensation of Officers, in Employees, and Independent				<b>8</b> 8,	Ke	уЕ	mp	ioyees, nignest C	ompensated	
Check if Schedule C contains a resp				- m	thio	Dar	- VAII			
Section A. Officers, Directors, Trustees, Key			_		_	_				talacitisa, Land
1s Complete this table for all persons required to									with or within the once	inization's tax ves
List all of the organization's current officer Enter -0- in columns (D), (E), end (F) if no compen     List all of the organization's current key en     List the organization's five ourrent highest of able compensation (Box 5 of Form W-2 and/or Bo	s, directors, tra sation was pain ployees, if any compensated a	uste Id. y. S	es (\ ee ir love	whe nstru es (c	ther Ictio	indi ns for	vidu: or de un an	als or organizations), reg afinition of "key employe n officer, director, truste	gardless of amount of dec."  e. "  e. or key employee) wi	compensation.
• Liet all of the organization's former officers	kev emplove	88. í	and	hlat	nest	com	pen	aated employees who re	eceived more than \$10	00,000 of
reportable compensation from the organization a	nd any related	i otê	jenb	atlo	ns,					
<ul> <li>List all of the organization's former director more than \$10,000 of reportable compensation f</li> </ul>	ore of trustees	the	et red	CelV Local	ed, i	n th mlet	9 CB(	pacity as a former direc Manizations	tor or trustee of the on	ganization,
List persons in the following order: individual trus and former such persons.	tees or directo	);erc	ineti	tutic	nal	truel	665	; offloers; key employee		ed employees;
Check this box if neither the organization n		Of D	eniz			mpe	nsai			<del></del>
(A)	(B)				C) altion	,		(D)	(E)	(F) Estimated
Name and Title	Average hours per	(dc	note	hock	mon	then is bo	one h en	Reportable compensation	Reportable compensation	Estimated  amount of
	week					or/trut		from	from related	other
	(ilet any hours for related	differed bests or draster	,			MA.		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations	ı	estivitoral muster					(44-27 1088-141130)	·	and related
	below	Ī		L	Keyempleyes	Highest compare employee				organizations
	Rne)	Ì	1	ğ	<u>\$</u>		Series and			
(1) EUGENE SUPLEE TRUSTEE	1.00	x						0.	0.	0.
(2) FRED WEISE	1.00									
TRUETER		X		Ļ		<u> </u>	_	0.	0.	0.
(3) SEAN O'BRIEN	1.00	١			İ					•
TRUSTEE	1.00	X	ـــ	├	╀	┝	H	0.	0.	<u> </u>
(4) MARC BROWNSTEIN TRUSTEE	1.00	x						٥.	٥.	0.
(5) SHEELLEY BROWNSTEIN	1.00	-	╁╴	╁	$\vdash$	-	$\vdash$	U .	0.	<u> </u>
TRUSTEE	1.00	x		ŀ				١. ٥.	٥.	0.
(6) MARIA LASHNER	1.00		T	T	t	H				
Trustee		X	l	1				0.	0.	0.
(7) PATTY GENOVAY	1.00		Ī						-	
truet <b>re</b>		X	l					0.	0.	0.
(6) RYAN TORRES	1.00		Π							
TEACHER/TRUSTES		X		<u> </u>				35,360.	0.	<u>0.</u>
(9) TAMARA LESH	1.00		1					_	1	_
TRUSTEE	40.00	X	_	<u> </u>	┡	<u> </u>	<u> </u>	0.	0.	0.
(10) Kathlem Smookler President	40.00			x				01 656	0.	^
(11) JOHN OAKLEY	1.50		H	<u> </u>	┢	-		81,656.		0.
VICE PRESIDENT	1.30			x				0.	0.	0.
(12) DEBORAR OAKLEY	2.00	-	-	-	┢					
TREASURER				X	l			0.	0.	0.
í.										
				$\vdash$	+-	$\vdash$	$\vdash$			
			_	<u> </u>	_					

	1990 (2014) ATG LEAR									30-0	<u> 323</u>	<u>892</u>	Page	
Pai	rt VII Section A. Officers, Directors, Trus	itocs, Koy Em	ploy	/00E	, an	d H	ighe	181 C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (de net check more than one box, unless person is both an officer and a director/bustes)						(D) Reportable	(E) Reportable compensation from related		ion amount		
		(list any hours for related organizations below line)	Individual tractor or cloucher	high these becke	ě	Toy sandabyse	Highed compensated complete	Fermer	the organization (W-2/10 <del>99-</del> MISC)	organization (W-2/1099-Mil	18	composition organical and	ensation m the nization related izations	
			_	_	-			_						
					-		-	-						
				-			_						-	
1b	Sub-total						L		117,016.		0.		0	
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	l, Beatlan A			· ···		•••••	<u> </u>	117,016.	000 of reported	0.		0	
_	compensation from the organization	or intilitied to th	080	nere		DOVE	1) WI	NO N			<del></del>		(	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	director, or tru Ich individual	atec	, ke	у еп	nplo	yee,	, ar l	highest compensated e	mploy <del>es</del> on		3	es No	
	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable,000? // "Yes,"	, co	mpi mpie	ensa te S	ition i <i>che</i>	and duk	ott J f	her compensation from to for such individual	the organization		4	x	
	Did any person listed on line 1a receive or a rendered to the organization? If "Yee," comp ion B. Independent Contractors	-				-		CHAT	ed organization of indivi	GUELTOF SERVICES		5	ж	
	Complete this table for your five highest cor the organization. Report compensation for t										pensa	etion fro	m	
	(A) Name and buelnese	addrees	NC	NE	2			$\perp$	(B) Description of s	ervices	_ <u>c</u>	(C) ompens	ation	
	,							4		· ·				
								+						
		<del></del>						+			<del></del>	<del></del>		
	**************************************	· <del>-</del> · · ·												
	Total number of Independent contractors (in \$100,000 of compensation from the organization	_	ot Iln	nited	to t	thos 0	e lle	ted	above) who received m	ore than		Fa. 00	0 001 0	
2008												Form 99	<b>♥</b> (2014)	

For	<u>n 04</u>	90	(2014) ATG LEARNING	ACADEMY			30-0323	892 Page 6
Pe	ırt	VI	<u></u>	•				
_			Check if Schedule O contains a reapone	or note to any iln	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
草皂	1		Federated campaigns 1a					
1			Membership dues1b			i		
Ϋ́E		٥	Fundralsing events 10	80.				
51		đ	Related organizations1d					
<b>4</b> E			Government grante (contributions) 1e	130,000.				
Contributions, Gills, Grants and Other Similar Amounts	ŀ	1	All other contributions, gifts, grants, and	E 001				
퉏			similar amounts not included above , 11	5,981.		İ		
ξŧ		Ø	Nancesh contributions included in lines 1a-1f; 8		136,061.			!
<u>O a</u>	┝	<u>n</u>	Total, Add lines 1s-1f	Bueineae Code	130,001.		·	<del></del>
Δ.	١,		TUITION INCOME	611600	301,412.	301,412.		ľ
\$ \$	2		TUTORING SERVICES	611600	126,494.	126,494.		
		٥	CONSULTING/MISC INCOME	611600	18,696.	18,696.		
Program Service Revenue		ď						
Ş.		8						
Æ		1	All other program service revenue					
		g.	Total, Add lines 2s-2f ,		446,602.			
	3		Investment income (Including dividends, Inter		_	-		į
			other elmiler amounts)		5.	5.		
	4		Income from Investment of tax-exempt bond					<del></del>
J	5		Royalties					
	_		(I) Real	(II) Personal				
	5	8	Gross rents	<del> </del>				
			Less: rental expenses	<del>                                     </del>				]
			Alsh was Ash Is a source of the sale	-				[
	7	_	Gross amount from sales of (f) Securities	(ii) Other	-	*		h
	•	-	assets other than inventory	1,14 0 4.1.0.				i
ŀ		b	Lees: cost or other basis	1				ĺ
			and sales expenses					
		G	Gain or (loss)					
			Net gain or (loss)	<b>&gt;</b>				
9	8		Gross income from fundraleing events (not	1		ľ		
On Le			Including \$ 80 • of contributions reported on line 1o). See					
[ 출			contributions reported on line 10). See					
Offrer Re			Part IV, line 18	<u> </u>				
8			Lese: direct expenses b Net income or (loss) from fundraising events	\				
			Gross income from garning activities, See					
	3		Part IV, line 19			1		
			Less: direct expensesb			i i		
i			Net income or (lose) from gaming activities					
ı			Gross sales of inventory, less returns					
İ			and allowancesa					
-			Less: cost of goods sold b					
		C	Net income or (loss) from sales of inventory					
-			Miscellaneous Revenue	Business Code		1		
	11			<b> </b>				
		Þ		<del>                                     </del>		<del></del>		<u> </u>
		C	All other response	<del></del>			<del> </del>	
[		a .	All other revenue		<del></del>			
	12	_	Total revenue. See instructions.	<b>.</b>	582,668.	446,607.	0.	0.
\$2000 1-07-1		_						Form <b>990</b> (2014)

30-0323892 Page 10 ATG LEARNING ACADEMY Part IX Statement of Functional Expenses Section 501(a)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (B) Program service (C) Management and general expenses (D) Fundralsing (A)
Total expenses Do not include amounts reported on fines 6b. 7b, 8b, 8b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,939. 4,939. individuals. See Part IV, line 22 Granta and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benefite paid to or for members ..... 5 Compensation of current officers, directors, trustees, and key employees ..... 153,879 153,879. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(8)(B) 151,022 151,022. Other salaries and wages ..... Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 13,139. 13,139. 31,679. 16,053. 15,626. Payroll taxes ..... Fees for services (non-employees): a Management 292. 292. b Legal .... 17,568. 17,568. c Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17, investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 43,080. 19,080. 24,000 column (A) amount, list line 11g expenses on Sch O.) 11,970. 11,970. Advertising and promotion 12 5,870. 5,870. 13 Office expenses Information technology 14 15 Royalties ..... 140,352. 140,352. 16 Occupancy 1,185, 1,185. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Payments to affiliates 21 5,586. 5,586. 22 Depreciation, depletion, and amortization ..... 5,987. 5.987. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24s. If line 24s amount exceeds 10% of line 25, column (A) amount, list line 24s expenses on Schedule ().) 85,608. BOOKS & SUPPLIES 85,608 COMPUTER OPERATIONS 21,086. 21,086. 4,731. 4,731. PAYROLL PROCESSING FEES 4,007. 4,007. d BLDG SUPPLIES/REPAIR& M 1,044. 994. 50. All other expenses 703,024. 443,518. 259,506. Total functional expenses, Add lines 1 through 24e 0. Joint coats. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

432010 11-07-14

Check here triblowing 80P 98-2 (ASC 958-790)

30-0323892 Page 11 ATG LEARNING ACADEMY Form 990 (2014) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 38,672. 37,250. Cash - non-interest-bearing 731. Savings and temporary cash investments \_\_\_\_\_\_ 2 2,846. Pledges and grants receivable, net 3 365,507. 340,789. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and aponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net \_\_\_\_\_\_ 7 8 inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 80,606. basis. Complete Part VI of Schedule D ..... 10a 64.717. 21,475. 15,889. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 100 investments - publicly traded securities 11 11 12 12 investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, Ilne 11 15 18 426,385. 13,797. 16 Total assets. Add lines 1 through 15 (must equal line 34) 18 <u>396,774.</u> 82,537. 17 Accounts payable and accrued expenses \_\_\_\_\_\_ 17 18 Grants payable \_\_\_\_\_ 18 267,711 287,392. 19 Deferred revenue 19 Tax-exempt bond ilabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 53,315. 27,714. Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_\_ 23 24 Unsecured notes and loans payable to unrelated third parties ...... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 55,803. 1,370. Total liabilities, Add lines 17 through 25 ..... 390,626. 399,013. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets ..... 35,759 -112,619. Temporarily restricted net assets 110,380. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 956), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds .......... **a**2

> 396,774. Form 990 (2014)

-2,239.

35,759.

426,385.

Total net assets or fund balances .....

Total ligblittles and net assets/fund balances

Forn	1 <b>990</b> Ø	2014) ATG LEARNING ACADEMY	30-032	23892	Pa	ige 12
Рa	rt XI	Reconciliation of Net Assets				
_		Check if Schedule O contains a response or note to any line in this Part XI		·····		
1	Total	revenue (must equal Part VIII, column (A), line 12)	1			68.
2	Total	expenses (must equal Part IX, column (A), line 25)	2			24.
3		nue lese expenses. Subtract line 2 from line 1	3	-120		
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3:	<u>5,7</u>	<u> 59.</u>
5	Net u	nrealized gains (losses) on investments	6			
8	Done	ted services and use of facilities	6			
7	Inves	tment expenses	·7			
8	Prior	period adjustments	6	82	2,3	58.
8		changes in net assets or fund balances (explain in Schedule O)	8			0.
10	Net a	seets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	ookun	nn (B))	10	-2	<u>2,2</u>	39.
Pa	A XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
1		unting method used to prepare the Form 990: Cash Accrual . Other			Yea	No
		organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			97	
<b>2a</b>		the organization's financial statemente compiled or reviewed by an independent accountant?		2a	X	├
		s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	_	ate basis, consolidated basis, or both:		1 1		1
		Separate basis Consolidated basis Estimated and separate basis		1 1	•	
Ь		the organization's financial statemente audited by an independent accountant?		.   2b		X
		s," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			l
		ilidated basis, or both:		1 1		
		Separate basis Consolidated basis Doth consolidated and separate basis		1 1		
C		s" to line 22 or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	1 1		
		, or compliation of its financial statements and selection of an independent accountant?		. <u>2c</u>		X
		organization changed either its oversight process or selection process during the tax year, explain in Sch				1
3а		esuit of a federal award, was the organization required to undergo an audit or audite as set forth in the Si	ngle Audit			l
	Act an	d OMB Circular A-193?		. <u>3a</u>		X
Þ		s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or aud	its, expisin why in Schedule O and describe any steps taken to undergo such audite		аь		
				Form	990	(2014)

SCHEDULE A (Form 880 or 880-EZ)

Department of the Tressury

Internal Revenue Bervios

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.

Information about Schedule A (Form 890 or 890-52) and its instructions is at www.im.cov/form990

OMB No. 1845-0047

Open to Public

Inspection

Employer Identification number

Name of the organization 30-0323892 ATG LEARNING ACADEMY Part I Reason for Public Charity Status (All organizations must complete this part.) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or essociation of churches described in section 170(b)(1)(A)(I). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V)-An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its aupport from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 609(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b \_\_\_\_ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(a). You must complete Part IV, Sections A and C. \_\_ Type ill functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see Instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (i) Name of supported (I) EIN v) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization other support (see BUDDORT (866 overning document? above or IRC section Instructions) inatructions) Yes No (see instructional) Total

LHA For Paperwork Reduction Act Notice, see the instructions for

Form 990 or 990-EZ. 482021 08-17-14

Schedule A (Form 990 or 990-EZ) 2014

Sch	nedule A (Form 990 or 990-EZ) 2014 Z	TG LEARNI	NG ACADEM	TY .		30-032	3892 Page 2
	ert II   Support Schedule for	Organization	B Described in	Sections 170	(b)(1)(A)(Iv) ar	<del>ла 170(b)(1)(A)(</del>	<i>A</i> )
	(Complete only if you check				on failed to qualify	under Part III. If the	organization
	fails to qualify under the test	s fisted below, ple	ase complete Part	10.)			
80	ction A. Public Support						
Cal	ander year (or flecal year beginning in)	(a) 2010	(b) 2011	(e) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifte, grants, contributions, and		]	ĺ	1		
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
2	Tax revenues levied for the organ-		ľ				
	ization's benefit and either paid to		1	1			
	or expended on its behalf						
3	The value of aervices or facilities			1	1		
	furnished by a governmental unit to			ŀ			
	the organization without charge						
4	Total. Add lines 1 through 3						
6	The portion of total contributions				1		
	by each person (other than a			1			
	governmental unit or publicly	1	i	i		1	
	supported organization) included	l		· '		1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					İ	
	column (f)						
	Public support. Subtract line 6 from line 4.			<u> </u>	<u> </u>	<u>L.</u> .	
_	ction B. Total Support		·		····		
	indar year (or flecal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	· (d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest,	İ			1		
	dividends, payments received on		ŀ	ł			
	securities loans, rents, royalties			i			
	and income from similar sources		<u> </u>		ļ		
8	Net income from unrelated business	1			1		
	activities, whether or not the					]	
	business is regularly carried on				ļ		
10	Other Income. Do not include gain		}		1		
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)				ļ		
	Total support. Add lines 7 through 10	<u> </u>	~		<u> </u>		
	Gross receipts from related activities		* *************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth t	ax year as a section	on 601 (o)(3)	<b>.</b> —
50/	organization, check this box and storation C. Computation of Publisher		rcantage				
						14	
	Public support percentage for 2014 (					<del> 1</del>	<u>%</u>
	Public support percentage from 2013 33 1/3% support test - 2014. If the						<u>%</u>
108							
	stop here. The organization qualifies 33 1/3% support test - 2013. If the	ee a publicity supp	oneo organization	lna 10 au 10 a an	4 line 15 to 22 1 120	4 armore sheet th	······
•							
17~	and stop here. The organization qual 10% -facts-and-circumstances tea						
1 / U	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_			•		
	organization meets the "facts-and-cire		•		- •		. —
10	Private foundation. If the organization		_	•			
	Fire to touridadon in the organizado	THE THE SHOCK M	PRY ALL HIGH 13' 10'	H, 100, 178, 01 17	•	edule A (Form 990	
					<b>6</b> 41		

Schedule A (Form 990 or 990-EZ) 2014  Part III   Support Schedule for 6	Organiza Hans	- Becorded In	Saction F00/a	1/3/		Page 3
(Complete only if you checked					art II. If the organiz	ation falls to
qualify under the tests listed t						
Section A. Public Support						·
Calendar year (or flecal year beginning in)	(e) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<ol> <li>Gifte, grants, contributions, and</li> </ol>			į			
membership fees received. (Do not		1				1
include any "unusual grants.")					<del></del>	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-				1		ľ
Ineas under section 513	<u></u>		<u> </u>			
4 Tax revenues levied for the organ-	•	ľ	į.			i
ization's benefit and either paid to	ĺ					
or expended on its behalf				<u></u>	<b></b>	
5 The value of services or facilities						
furnished by a governmental unit to	l				}	
the organization without charge		<u> </u>				
6 Total, Add lines 1 through 5			ļ	ļ	<u> </u>	
7a Amounts included on lines 1, 2, and						Ì
3 received from disqualified persons			ļ	ļ	<del> </del>	
b Amounte Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$8,000 or 196 of the amount on line 13 for the year.		į				
c Add lines 7a and 7b						
8 Public support Autoratios 7c from the A.)						
Section B. Total Support						
Calendar year (or floos) year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10s Gross income from interest, dividends, payments received on securities losns, rents, royalties and income from similar sources						
6 Unrelated buelness taxable income					]	
(less section 511 taxes) from businesses	ļ				]	
acquired after June 30, 1975					<u></u>	
C Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·					
12 Other income. Do not include gain or lose from the sale of capital assets (Explain in Part VI.)						
13 Tatal support. (Add thee 9, 100, 11, and 12.)					L	
First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3) organiz	ration,
check this box and stop here	c Support Pe	rcentage		<u> , ,</u>	·····	▶□
6 Public support percentage for 2014 (ii					15	%
6 Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
ection D. Computation of Inves	tment Incom	e Percentage				
7 Investment income percentage for 20:					17	%
8 Investment income percentage from 2					18	%
99 33 1/3% support tests - 2014. If the	organization did n	ot check the box	on line 14, and line	16 is more than 3	33 1/3%, and line 1	7 le not
more than 33 1/3%, check this box an	d stop here. The	organization qual	lfiee ee a publicly a	upported organiz	ation	▶□
b 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 ks mo	ore than 33 1/3%, a	end
line 18 is not more than 33 1/3%, oher		•	•		_	
O Private foundation. If the organization	did not check a f	box on line 14, 19	e, or 19b, check th	is box and see in	structions	<u></u>
IZ083 09-17-14			15	Sch	edule A (Form 99	0 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 ATG LEARNING ACADEN
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30-0323892 Page 4

Part IV Supporting Organizations

(Complete only if you chacked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

80	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) ction A. All Supporting Organizations			
<u> </u>	NIOU CII CII CARPATUIS CI BRIBATIONO		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No" describe in part vy how the supported organizations are designated. If designated by		1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	. 1	ł	
2				
	under section 509(a)(1) or (2)? If "Yes," explain in part y how the organization determined that the supported	1	i	ŀ
	organization was described in section 509(a)(1) or (2).	2		<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (o) below.	3a		L
b	Did the argenization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1	
	aatlafied the public support tests under section 508(a)(2)? If "Yee," describe in part vs when and how the		l	
	organization made the determination.	35		l
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(E) purposes? If "Yes," explain in part W what controls the organization put in place to ensure such use.	3c	•	<u>.                                    </u>
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (o) below.	48		İ
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			l
	despite being controlled or supervised by or in connection with its supported organizations.	46		
0	Did the organization support any foreign supported organization that does not have an IRS determination			
Ť	under sections 601(c)(3) and 609(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1	l	
	DUITOCRES.	4c	ļ	
6a	Did the organization add, substitute, or remove any supported organizations during the tax year? # "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	]		l
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such sotion,	į		
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			l
	was accomplished (such as by amendment to the organizing document).	5a		1
ь	Type I or Type II only. Was any added or substituted supported organization part of a class siready			
_	designated in the organization's organizing document?	5b		l
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	60		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (a) its supported organizations; (b) individuals that are part of the chartable class			l
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			l
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	[ [		ĺ
	Part VI.	6		ĺ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	[ ]		Í
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		l
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8	1	
Θa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			l
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	94		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	eb	[	
٥	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an Interest? If "Yes," provide detail in Part VI.	9a		
10a	Was the organization subject to the excess business holdings rules of IRC 4843 because of IRC 4843(f)			
	(regarding certain Type II supporting organizations, and all Type III nonfunctionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	106		

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

		<u>30-032389</u>	2 P	age 5
P	art IV   Supporting Organizations (continued)		,	,
			Yes	No
11			1	
1	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		] -	
	below, the governing body of a supported organization?	11a	-	₩
	A family member of a person described in (a) above?	11b	_	┼—
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	110		<u> </u>
<u>96</u>	ction B. Type i Supporting Organizations		I V	Т
			Yee	No
1	, , , , , , , , , , , , , , , , , , , ,		}	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Į
	tax year? If "No," describe in part vi how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	l
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<del>'</del>	-	├-
2				1
	organization(a) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ŀ	ļ
	part yi how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	ł	Į
SA	ction C. Type il Supporting Organizations		Ц	<u> </u>
<u> </u>	Chon C. Type ii Supporting Ciganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	[	l	1
	or management of the supporting organization was vested in the same persons that controlled or managed	Ţ		l
	the supported organization(s).		l .	١.
Sec	tion D. Type III Supporting Organizations			
	Man or Type in eapperaing enganties	-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		190	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	i i		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		i
2				
	organization(e) or (ii) serving on the governing body of a supported organization? If "No," explain in part ye how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	]		
	supported organizations played in this regard,	з		
Sec	tion E. Type ill Functionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see insti	votlona):	-	
2	The organization satisfied the Activities Test. Complete fine 2 below.			
b	The organization is the parent of each of its supported organizations. Complete tine 3 below.			
0	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)	<u>.                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	Nο
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the aupported organization(s) to which the organization was responsive? If "Yee," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		I	I
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted aubstantially all of its activities,	2a		
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	-
	of the organization's supported organization(e) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	ectivities but for the organization's involvement.	2b	l	
3	Parent of Supported Organizations. Answer (a) and (b) below.		Ī	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	j i		
	trustees of each of the supported organizations? Provide details in Part VI.	38	]	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		T	,
	of its supported organizations? If "Yee," describe in part vi the role played by the organization in this regard.	35	<u></u>	

432026 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

	ile A (Form 990 or 990-EZ) 2014 ATG LEARNING ACADEMY	O		30-0323632 Pa
Pert	-71			- veloco All
1 l	Check here if the organization satisfied the integral Part Test as a qualify			UOTIONS, All
_	other Type III non-functionally integrated supporting organizations must of	complete 3	ctions A through E.	(B) Current Year
ctlor	A - Adjusted Net Income		(A) Prior Year	(optional)
I N	et short-term capital gain	1		
2 R	ecoveries of prioryear distributions	2		
) 0	ther gross income (eee instructions)	3		
A	dd lines 1 through 3	4		
ם	epreciation and depletion		<u> </u>	
P	ortion of operating expenses paid or incurred for production or			
0	ollection of grass income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
_	ther expenses (see instructions)	7		
A	djusted Net Income (subtract lines 5, 6 and 7 from line 4)	8_		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
A	ggregate fair market value of all non-exemptuse assets (see			
	atruotions for short tax year or assets held for part of year):	l		
	verage monthly value of securities	10		
	verage monthly cash balances	1b -		
	air market value of other non-exempt-use assets	10		
	otal (edd lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other	<del></del>		
-	ctore (explain in detail in Pert VI):			
_	oguisition indebtednese applicable to non-exempt-use assets	2	<u> </u>	
	ubtract line 2 from line 1d	3		†
_	seh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			-
	ee Instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	<u> </u>		
	ultiply line 5 by .035	6		
	scoveries of prioryear distributions	7 7	· · · · · · · · ·	
	Inimum Asset Amount (add line 7 to line 6)	i e		
	C - Distributable Amount			Current Year
Ac	fjusted net Income for prior year (from Section A, line 8, Column A)	1		
	nter 85% of line 1	2		
	Inimum asset amount for prior year (from Section B, line 8, Column A)	3		
	iter greater of line 2 or line 3	4		
	come tax imposed in prior year	5		
_	stributable Amount. Subtract line 5 from line 4, unless subject to	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	nergency temporary reduction (see instructions)	8		
<del>- ~~</del>	Check here if the current year is the organization's first as a non-function	alkulatearet	ed Type (I) supporting or	anization (see

Schedule A (Form 880 or 990-EZ) 2014

Sch	edule A (Form 890 or 990-EZ) 2014 ATG LEARNING	ACADEMY		0-0323892 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	<b>enizations</b> (continued)	<del>,</del>
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		<del></del>	
3	Administrative expenses paid to accomplish exempt purpos	see of supported organization	16	
4	Amounts paid to acquire exempt-use essets		· · · · · · · · · · · · · · · · · · ·	
<u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
8	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.	<del></del>	<del></del>	
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
<u> </u>	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		, m	l (n)	(11)
Saci	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdietributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			<del></del>
2	Underdistributions, if any, for years prior to 2014			,
	(reasonable cause required see instructions)			<u> </u>
3	Excess distributions carryover, if any, to 2014:			l
a				
Ь		<del> </del>		<u> </u>
<u> </u>				<u> </u>
d				
_	From 2013			
	Total of lines 3s through e	<del> </del>		<u> </u>
	Applied to underdistributions of prior years			<u></u>
	Applied to 2014 distributable amount			<del> </del>
<u> </u>	Carryover from 2009 not applied (see Instructions)	<del> </del>		
	Remainder, Subtract lines 3g, 3h, and 3l from 3f.	ļ		
4	Distributions for 2014 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		<del></del>	·
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			<b> </b>
6	Remaining underdistributions for 2014. Subtract lines 3h			
6	and 4b from line 1 (If amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3]			
•	and 4c.	,		
•	Breakdown of line 7:	-		
8	Productatifinia.			
<u>a</u> b			• • • • • • • • • • • • • • • • • • • •	<del></del>
_ <u>B</u>			····	-
	Excess from 2013			
<del>_</del> -	Evenes for AALA	-	<del></del>	<del></del>

Schedule A (Form 990 or 890-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 ATG LEARNING	ACADEMY	30-0323892 Page 8
Part VI	Supplemental Information. Provide the exp	planations 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	n. (Bee Instructions).	
		<del></del> .	
		,	
			<del></del>
			<u>.</u>
•			- ·
			·
			* ***
			-
			·
			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
,			
· · · · · · · · · · · · · · · · · · ·			
		-	<del></del>

## SCHEDULE D

(Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs. gov/form990.

**2014** 

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Ner	ne of the organization ATG LEARNING ACADE	nev	Employer identification number 30-0323892
l Da		od Funda or Other Similar Funda or	
			ACCOUNTS COMPLETE IT THE
	organization answered "Yes" to Form 990, Part IV, lin	e c. (a) Donor advised funds	(b) Funds and other accounts
_	Total number at and of users	(a) boiler abtriced letter	(b) I direct min out of about its
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		·
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in	welling that the agests held in denor addend for	inda
5	are the organization's property, subject to the organization's	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor s		
•	for charitable purposes and not for the benefit of the donor		-
	Impermissible private benefit?	•	
Pa	rt II   Conservation Essements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		ly important land area
	Protection of natural habitat	Preservation of a certified	-
	Preservation of open space		
2		fled conservation contribution in the form of a c	conservation essement on the last
	day of the tax year.		`
	•		Held at the End of the Tax Year
8	Total number of conservation easements		28
	Total acreage restricted by conservation easements		
6	Number of conservation easements on a cartified historic str	ructure included in (a)	20
d	Number of conservation easements included in (c) acquired	efter 8/17/06, and not on a historic structure	
	lieted in the National Register		2d
3	· · · · · · · · · · · · · · · · · · ·	leased, extinguished, or terminated by the orga	inization during the tax
	year ►	_	
4	Number of states where property subject to conservation ea		
6	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation essements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) above		
8			
Δ.	and section 170(h)(4)(B)(li)? In Part XIII, describe how the organization reports conservati	an accompate is to revenue and expense other	
•	include, if applicable, the text of the footnote to the organization		•
	conservation easements.		ight region is accounting to
Pai	t III Organizations Maintaining Collections o	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	*	
18	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exi	•	
	the text of the footnote to its financial statements that descri	bes these items.	
6	If the organization elected, as permitted under 8FAS 116 (AS	IC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public e	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 880, Part VIII, line 1		▶ \$
	(II) Assets included in Form 990, Part X		▶ s
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1		
8	Revenue included in Form 990, Part VIII, line 1		
Ь	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 890.

Schedule D (Form 990) 2014

		RNING ACAD					<u>-03238</u> .		
Pe	irt III   Organizations Maintaining	Collections of A	rt, Historical '	Treasures,	or Othe	r Similar	Assots/con	(Inued)	
3	Using the organization's acquisition, access	sion, and other record	ts, check any of t	ne following th	et ere a siç	nificant use	of its collect	ion iter	ns
	(check all that apply):								
ε	Public exhibition	•	I Loan or e	xchange progr	ams				
È	Scholarly research	6	Other						
c	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	n how they furthe	r the organizat	ion's exem	pt purpose	in Part XIII,		
6	During the year, did the organization solicit								
	to be sold to raise funds rather than to be m						. Yes		J №
Pa	rt IV Escrow and Custodial Arrar	ngements. Comple	ste if the organiza	tion answered	"Yes" to F	orm 990, Pa	art IV, Ene 9, (	or Or	
	reported an amount on Form 990, Pe		_						
18	is the organization an agent, trustee, oustoo	lian or other intermed	dary for contribut	one or other e	ssets not ir	ncluded			
	on Form 990, Part X?	***************************************					🔲 Yes		] No
þ	If "Yee," explain the arrangement in Part XIII								
							Amou	ınt	
c	Beginning balance	*******************************				10		_	
	Additions during the year								
•	Distributions during the year					10			
1	Ending balance	***************************************				11			
28	Old the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	ount (lability	γī	Yes		No
_ь	If "Yes," explain the arrangement in Part XIII	. Check here If the ex	planetion has be	en provided in	Part XIII			🗀	]
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes" to !	form 990, Part	IV, Ine 10			_	
		(a) Current year	(b) Prior year	(a) Two yea	rs back (c	) Three years	back (a) Fo	ur years	back
18	Beginning of year balance								
ь	Contributions								
c	Net investment samings, gains, and losses								
d	Grante or echolarships			I					
•	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	- A.A. b. 1								
2		rent year and balano	e (line 1g, octumn	(a)) held as:				-	
ø	Board designated or quasi-endowment		96						
Ъ	Permanent endowment	%	<b>-</b>						
۰	Temporarily restricted endowment ▶								
	The percentages in lines 2s, 2b, and 2c shou	ild equal 100%.							
3a	Are there endowment funds not in the posse	esion of the organiza	ation that are held	and administe	ered for the	organizatio	on .		
	by:	•				•		Yee	No
	(i) unrelated organizations	*****					3a(1)		
	(ii) related organizations								
ь	If "Yes" to 3a(II), are the related organizations	s listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			***************************************			
Par	t VI Land, Buildings, and Equipm		-		<u> </u>	•		-	
	Complete if the organization answere	d "Yee" to Form 890,	Part IV, Ilne 11a.	See Form 990	, Part X, (in	e 10.			
	Description of property	(a) Cost or of		st or other	(c) Acc	umulated	(d) Bo	ok valu	9
		basis (Investm	ent) basi	s (other)	depre	clation			
	Land								
Ь	Buildings								
C	Leasehold improvements								
ď	Equipment								
•	Other			80,606.	(	54,717	.] 1	5,8	89.
Fotal.	Add lines 1s through 1e. (Column (d) must en	qual Form 890, Part 2	X, column (B), line	10c.)		<b>&gt;</b>		.5,8	89.

Schedule D (Form 990) 2014

ATG LEARNING Other Securities.	NCWD 1241	<del></del>	30-0323892 Pag
	o Form 990, Part IV, II	ne 115, See Form 990, Part X, ilr	ne 12.
IGOTY (Instuding name of accurity)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
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0, Pert X, col. (B) line 12.)			
Program Related.	<del></del>	<del> </del>	
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Investment	(b) Book value	ne 11c. See Form 990, Part X, lin	Coet or end-of-year market value
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	Form 990, Part IV, III	ne 11d. See Form 990, Part X, lin	e 15. (b) Book value
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orm 990, Part X, col. (B) line 1 S.		e 11e or 11f. See Form 990, Par	V II-0 05
escription of liability	romieso, Part IV, 10	(b) Book value	1 A, II/16 20.
		(2), 2001, 10,03	
ILITIES		1,370.	
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rm 990. Part X. col. (B) line 2	5.)	1.370.	
'n	ons. In Part XIII, provide th		

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chedule D (Form 990) 2014 ATG LEARNING ACADE)	<u>(Y</u>	30-0323892 Pag
Part XI Reconciliation of Revenue per Audited Finance	ala Statements With Rever	
Complete if the organization answered "Yee" to Form 990, P		
Total revenue, geine, and other support per audited financial statem	ients	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, ,	
a Net unrealized gains (losses) on investments		
b Donated services and use of faoilities		
c Recoverise of prior year grants	/	
d Other (Describe in Part XIII.)		
e Add lines 2s through 2d		
Subtract line 2e from line 1		<u>3</u>
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
e investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
o Add lines 4s and 4b		46
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I	, (Ina 12.)	
art XII Reconciliation of Expenses per Audited Finan	<del>-</del>	
Complete if the organization answered "Yes" to Form 990, P		
Total expenses and losses per audited financial etatements		
Amounts included on line 1 but not on Form 990, Part IX, line 25:	( a. 1	
a Donated services and use of facilities		
Prior year adjustments		<del> </del>
Other loases		
d Other (Describe in Part XIII.)		
Add fines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounte included on Form 990, Part IX, line 25, but not on line 1:		1 1
Investment expenses not included on Form 980, Part VIII, line 7b	48	
Other (Describe in Part XIII.)		
Add lines 4e and 4b		4c
Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part		
vide the descriptions required for Part II, lines 3, 5, and 6; Part III, lines a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		Part V, line 4; Part X, line 2; Part XI,
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SCHEDULE E (form 980 or 980-EZ) Schools

Complete if the organization answered "Yes" to Form 660, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

QMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule E (Form 890 or 990-EZ ) and its instructions is at work its gov/form890 Inspection

Employer Identification number

Inspection

ATG\_LEARNING ACADEMY

30-0323892

	•		YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	—
?	Does the organization include a statement of ite racially nondiscriminatory policy toward students in all its brochures,	1		
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X.	╄
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		1	1
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		ı	
	the policy known to all parts of the general community it serves? If "Yea," please describe. If "No," please explain.	١.	x	
	If you need more space, use Part II  ATG MAINTAINS PUBLICATIONS DESCRIBING ACTIVITIES FOR PUBLIC	3	-	╀
	INSPECTION AND ON THE ORGAIZATION'S WEBSITE.		}	1
,			İ	
	Does the organization maintain the following?		ł	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4e	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		۱	
. (	admissions, programs, and scholarships?	4c	X	<u> </u>
1 (	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>4</b> d	X	<u> </u>
-	f you answered "No" to any of the above, please explain. If you need more space, use Part II.			
•				
-	Does the organization disoriminate by race in any way with respect to:			v
-	Does the organization disoriminate by race in any way with respect to:	5a		_
	Does the organization disoriminate by race in any way with respect to: Etudents' rights or privileges?	6b		X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Idmissions policies? Imployment of faculty or administrative staff?	5b 5c		X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Idmissions policies? Imployment of faculty or administrative staff? Imployment or other financial assistance?	5b 5c 5d		X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Idmissions policies? Imployment of faculty or administrative staff? Identifications or other financial assistance? Iducational policies?	5b 5c 5d 5d		X X X
	Does the organization disoriminate by race in any way with respect to: Students' rights or privileges? Idmissions policies? Imployment of faculty or administrative staff? Identificational policies? Iducational policies?	56 56 5d 56 51		X X X X
	Does the organization disoriminate by race in any way with respect to:  Students' rights or privileges?  Idmissions policies?  Imployment of faculty or administrative staff?  Iducational policies?  Iducational policies?  Idee of facilities?  Ithietic programs?	5b 5c 5d 5d 6e 51		X X X X
	Does the organization disoriminate by race in any way with respect to: Students' rights or privileges? Idmissions policies? Imployment of faculty or administrative staff? Identificational policies? Iducational policies?	56 56 5d 56 51		X X X X
	Does the organization disoriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Imployment of faculty or administrative staff?  Scholarships or other financial assistance?  Sducational policies?  Ise of facilities?  Ithietic programs?	5b 5c 5d 5d 6e 51		X X X X
	Does the organization discriminate by race in any way with respect to: bitudents' rights or privileges? comployment of faculty or administrative staff? coholarships or other financial assistance? colocational policies? lee of facilities? thietic programs? ther extracurricular activities? you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5d 6e 51		X X X X X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Imployment of faculty or administrative staff? Identification or other financial assistance? Identificational policies? Identificational policies? Identificational policies? Interestracumicular activities? Interestracumicular	5b 5c 5d 5d 6e 51		X X X X X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Imployment of faculty or administrative staff? Imployment of faculty or administrative staff? Iducational policies? Iducational policies? Idea of facilities? Intelio programs? Intelio programs? Intelio programs? Intelio programs? Intelio programs? Intelio programs activities? Intelio programs any of the above, please explain. If you need more space, use Part II.  Intelio programs any of the above, please explain. If you need more space, use Part II.  Intelio programs and the organization receive any financial aid or assistance from a governmental agency?  Intelio programs as the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 51 5g 5h		X X X X X
	Does the organization disoriminate by race in any way with respect to: Students' rights or privileges? Idrinations policies? Imployment of faculty or administrative staff? Idrinations policies? Idri	5b 5c 5d 5e 5f 6g 5h		X X X X X X
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Imployment of faculty or administrative staff? Imployment of faculty or administrative staff? Iducational policies? Iducational policies? Idea of facilities? Intelio programs? Intelio programs? Intelio programs? Intelio programs? Intelio programs? Intelio programs activities? Intelio programs any of the above, please explain. If you need more space, use Part II.  Intelio programs any of the above, please explain. If you need more space, use Part II.  Intelio programs and the organization receive any financial aid or assistance from a governmental agency?  Intelio programs as the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 6g 5h	x	X X X X X

Schedule E (form 980 or 890-EZ) (2014) ATG LEARNING ACADEMY  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6i	30-0323892 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6i	b, and 7, as applicable.
Also provide any other additional information.	·
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SCHEDULE L		Trar	<b>isaction</b>	ns V	Vith	Interested	Persons		OMB	No. 1545-	-0047	
(Form 990 or 990-EZ)		the org	janization an 285, or 28c,	swere	nd "Ye: m 990	s" on Form 990, Pa -EZ, Part V, ilno 38:	rt IV, line 25a, 25b, 2 or 40b.	26, 27, 28e <i>,</i>	2	<b>.</b> 01	4	
Department of the Theasury Internal Revenue Service	➤ Information	about 6	chedule L (For	nah ta rm 880	or 880	990 or Form 990-E EX) and its instruction	Z. Is is at <sub>www.ir</sub> s.gov/fi	orm990.		n To Pu	ıblic	
Name of the organization	<b>&gt;</b>			\T\\\	•			1 , ,	r identifi 3 2 3 8 9		numb	
Part I Excess Ber			NG ACAI			lon 501(c)(4), and 50	01(c)(28) organization		12363			
			-		-		b, or Form 980-E2, P		Ob.			
1 (a) Name of disqualified	person	(b) Relationship between disqualified person and organization				iffied (	(e) Description of transaction				reated	
	-			. 9		<u> </u>		<del> </del>		Yee	No	
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2 Enter the amount of tax	_	_		_			• •					
section 4968		ne 2. ab	ove, reimburs	sed by	the on	nanization		> 5 > s				
Part II Loans to an					_						·	
Complete it the reported an am						, Part V, line 38a or i	Form 990, Part IV, lin	e 26; or if th	ne organi	zation		
(a) Name of	(b) Relation	ehlp (	(a) Purpose	(d) La		(e) Original	(f) Balance due	(g) in	(h) Appro	h) Approved by board or (I) Writte		
interested person	with organiz	non	of loan	organia	atton?	principal amount		default?	committe	ee? aure	emen	
ATHLEEN SMOOK	t.	T	COVER		From	28,167.	27,714.	Yes No	Yes N	do Yee	9 No	
EBORAH OAKLEY		T	COVER	X		29,000.	0.	X	X	X		
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etel Part III') Granta or Ac	aiatanca	HADA	Iting Inter	pote	d Par	<u>&gt; \$</u>	27,714.					
Complete if the	organization :	answen	ed "Yea" on F	Form 9	<del>0</del> 0. Pa	rt IV. line 27.						
(a) Name of Interested	(b) Relationship between interested person and the organization				(c) Amount of sesistence	(c) Amount of (d) Type of				(e) Purpose of .		
<del></del>			rile Organiza	ilion			_					
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A For Paperwork Reduct	ion Act Noti	08, 500	the instruct	lone f	or For	m 990 or 990-EZ.	Sche	dule L (For	m 990 ar	990-E2	201	

SEE PART V FOR CONTINUATIONS

	L (Form 890 or 890-EZ) 20	14 ATG L	EARNING ACADEMY		30-0323	892	Page
Pert N	Business Transec	ctions Invol	ving Interested Persons.	,			
	Complete if the organization answered (a) Name of interested person		(b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing o	
			person and the organization	ti Brisabtion		Yes	Nes?
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Part V	Supplemental Infe	ormetion				<del>'</del>	
	Provide additional infor	mation for reap	conses to questions on Schedula L (see	instructions).			
CTET	ATTE T DADE T	T 10331	T MO 1110 BROW TIMER	16mph 122601	TC.		
CHEL	OLE L, PART I	I, LOAN	B TO AND FROM INTERE	STED PERSON	: dx		
A) N	AME OF PERSON	: KATHL	een smookler				
C) P	URPOSE OF LOA	Ni TO C	OVER LIABILITIES DUE	•			
<u> </u>	ORLODE OF BOIL	20. 10 0.	<u> </u>				
A) N	AME OF PERSON	: DEBOR	AH OAKLEY				
C) P	URPOSE OF LOA	N: TO CO	OVER LIABILITIES DUE				
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SCHEDULE O (Farm 990 ar 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at wave

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 20 Open to Public

Department of the Treesury Internal Revenue Service Name of the organization

Inspection

Employer identification number 30-0323892 ATG LEARNING ACADEMY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARE UNABLE TO BE EDUCATED IN A TYPICAL ENVIRONMENT. FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS TO REVIEW FORM 990: REVIEW WILL BE CONDUCTED BY KATHLEEN SMOOKLER, HEAD OF SCHOOL. FORM 990, PART VI, SECTION C, LINE 19: FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT ATG LEARNING ACADEMY (ATG) IS AN APPROVED PRIVATE ACADEMIC SCHOOL OFFERING ELEMENTARY EDUCATION, SECONDARY EDUCATION INCLUDING SPECIAL EDUCATION ELEMENTARY GRADES, SECONDARY EDUCATION FOR LEARNING DISABLE; WITHOUT CONCERN FOR RACE, CREED, OR RELIGION. ATG SEEKS TO EXPAND, INCREASE, CONTINUOUSLY IMPROVE ITS SERVICES OF PROVIDING OPPORTUNITY/EXPERIENCE OF EDUCATION AT THE STUDENTS' LEVEL OF ABILITY BY ALLOWING DEVELOPMENT OF THEIR TRUE POTENTIAL IN A SUPPORTIVE/NON-JUDGEMENTAL ENVIRONMENT. OFFERING A NEW PROGRAM CALLED ARROWSMITH. ARROWSMITH AIMS TO REPAIR LEARNING DISABILITIES INSTEAD OF REMEDIATING THEM. FORM 990, PART VI; SECTION C LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST DOCUMENTS WERE NOT MADE FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR. ORG AVAILABLE. Website.