Form **990**

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2015 calen	ar year, or tax year begin	ning 7/01	, 2015,	and ending	6/3	30	,	2016	
В	Check it	f applicable:	C					D Employ	er identit	fication number	
	Ad	dress change	Learning Ally, In	ac				13-1	16593	345	
	Na	me change	20 Roszel Road				İ	E Telepho			
	-	tial return	Princeton, NJ 08	540				600	-2/2-	-7603	
	-						1	009-	-243-	- 7003	
	\vdash	al return/terminated						_			
		nended return	_					G Gross re			1991
	Ар	plication pending	F Name and address of principal	officer: Andrew Fri	Ledman			a group return		103	X No
_			Same As C Above			H	b) Are all : If 'No.' a	subordinates attach a list.	included (see inst-	? Yes	No
1	Tax-e	exempt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	,	and	(000 11101	, codding,	
J	Web	site: ► ww	v. Learningally.c	ra		HO	c) Group e	exemption nu	ımber 🛌		
K	Form	of organization:	X Corporation Trust	Association Other	LY	ear of formation:				gal domicile: N.J	
P:	ırt I	Summar					1730	, ,,,,		94. 44.0.	
100	1	Briefly descri	e the organization's missi	on or most significant :	activities. TE	ADNITNIC 7	TTV	TNC	1771	TO DEDTO	ענבונה ע
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õ		Check this bo	ing members of the gover	n discontinued its opera	ations or dispo	sed of more	than 25	o% ot its i		sets.	1.0
∞	4	Number of in	lependent voting members	of the governing body	(Part VI line	16)			3		12
es	5	Total number	of individuals employed in	calendar year 2015 (E	Part V line 20)	(0)			5		12
Activities & Governance	6	Total number	of volunteers (estimate if i	calciluai yeai 2015 (F	all v, ille za)						181
cti			d business revenue from F						6 7a		1.836
۹			business taxable income t						7b		0.
_	-	ivet uniciated	business taxable income i	Tom Form 990°1, mie	J4	(414.474)			70	0 11/	0.
		Contributions	and grants (Dart VIII line	16)		-		rior Year	2.5	Current Ye	
<u>e</u>			and grants (Part VIII, line					,187,8		12,541	
Revenue			ce revenue (Part VIII, line					,754,3		4,176	
ev			come (Part VIII, column (A					,426,9			,275.
ш.			(Part VIII, column (A), lin					,922,0			365.
-			- add lines 8 through 11				16	,291,2	29.	18,067	.130.
	13	Grants and si	milar amounts paid (Part II	X, column (A), lines 1-	3)	000001.1000		67,0	00.	64,	,000.
	14	Benefits paid	to or for members (Part IX	i, column (A), line 4)							
	15	Salaries, other	r compensation, employee	benefits (Part IX, colu	ımn (A), lines	5-10)	12	,718,0	88.	10,958,	849.
ses	16a		undraising fees (Part IX, c					423,3			,215.
ë						-	3	423,3	14.	430,	210.
Expenses	D		ing expenses (Part IX, coli					ENDER	100.5		A (LOSS TO
	17		es (Part IX, column (A), Iir				6	,989,3	96.	5,573,	538.
			s. Add lines 13-17 (must e				20	,197,7	96.	17,086,	602.
- 46	19	Revenue less	expenses. Subtract line 18	3 from line 12			-3	,906,5	67.	980,	,528.
Assets of Balances								g of Curren		End of Ye	
set	20	Total assets	Part X, line 16)		(a (6)			,476,5		31,553,	
t As	21	Total liabilitie	(Part X, line 26)	80808081*******************************				,139,0		3,550,	
Net /	l .		fund balances. Subtract lir			III 200 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0					
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com	er penalt plete. De	ies of perjury, I de claration of prepa	dare that I have examined this retu er (Aher than officer) is based on	n, including accompanying solution in the company of the company o	hedules and staten er has any knowled	ents, and to the ge.	best of my	/ knowledge	and belie	f, it is true, correct	. and
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		Print/Type p	eparer's name	Preparer's signature		Date		Check	if F	PTIN	
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Mar	y tha 1	DS discuss th	s return with the preparer		etructions\			Phone no.	(132) -243-700 X Yes	
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Page 2

. u.	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission:							
•	LEARNING ALLY, INC. (LA) IS DEDICATED TO BRINGING PARENTS, TEACHERS AND THE COMMUNITY							
	TOGETHER TO EMPOWER STUDENTS WHO ARE DYSLEXIC, BLIND OR VISUALLY IMPAIRED TO SUCCEED.							
	SEE ATTACHMENT 1							
	Did the executation undertake any similificant average powises during the year which were not listed on the prior							
2	Did the organization undertake any significant program services during the year which were not listed on the prior							
	Form 990 or 990-EZ?							
	If 'Yes,' describe these new services on Schedule O.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No							
	If 'Yes,' describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.							
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.							
	and revenue, if any, for each program service reported.							
	(Code:							
4 a	(Code:) (Expenses \$ 12,105,591. including grants of \$ 64,000.) (Revenue \$ 4,642,610.)							
	ATTACHMENT 2							
4 F	(Code:) (Expenses \$ including grants of \$) (Revenue \$)							
7.								
4 0	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)							
								
_	1 Other program carvings (Deceribe in Schedule O.)							
4 0	Other program services. (Describe in Schedule O.)							
	(Expenses \$ including grants of \$) (Revenue \$)							
4 e	• Total program service expenses ► 12,105,591.							

Form 990 (2015) Learning Ally, Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
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		Х

Form 990 (2015) Learning Ally, Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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		Х
26	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', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Χ
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) Learning Ally, Inc Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response or note to any line in this Part V			. X
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 181			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i	Χ
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<u> </u>	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		10015
BAA TEEA0105L 10/12/15	Form	990 ((2015)

Form 990 (2015) Learning Ally, Inc 13-1659345 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Thomas Hetzel 20 Roszel Road Princeton NJ 08540 609-243-7603

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

Check if Schedule O contains a response or note to any line in this Part VII.....

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(C)									
(B) Average hours	thar	than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
بامميني	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
55									
0	Х		Χ				0.	0.	0.
3_									
0	Χ		Χ				0.	0.	0.
3]								
0	Х		Χ				0.	0.	0.
3									
0	Х		Χ				0.	0.	0.
3]								
0	Χ		Χ				0.	0.	0.
3									
0	Х						0.	0.	0.
0	Х						0.	0.	0.
3									
	X						0.	0.	0.
	Х						0.	0.	0.
_	X						0.	0.	0.
-									
	X						0.	0.	0.
3 -	Х						0.	0.	0.
3									
0	Χ						0.	0.	0.
3 0	Х						0.	0.	0.
	Average hours per week (list any hours for related organizations below dotted line) - 5	Average hours per week (list any hours for related organizations below dotted line) 5	Average hours per week (list any per week (list any per week (list any per week (list any hours for related organizations below dotted line)	Average hours per week (list any or director per week (list any or director related organizations below dotted line) -5	Region Average hours per week (list any hours for related organizations below dotted line) - 5	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) -5 - 0 X X X X 0. -3 - 0 X 0. -3	Comparison Com

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
<u> </u>	(B)	(C)								
(A) Name and title	Average hours per week	box, unless person is b per officer and a director/tr			is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Andrew Friedman President & CEO	<u>60</u>	-		Х				307,262.	0.	30,729.
(16) Tim Wilson CFO	<u>50</u>	-		Х				198,564.	0.	28,358.
(17) Cynthia Hamburger COO/CIO	<u>50</u>				Х			271,010.	0.	19,431.
(18) Constance Murphy EVP Partnership & Comm Dev.	_ <u>50</u> _	-			Х			221,209.	0.	26,262.
(19) Stephen Ferranti VP Digital Operations	<u>50</u>	-			Х			195,888.	0.	26,660.
VP New Product Development	_ <u>50</u> _	-			Х			174,091.	0.	18,742.
(21) Jan McDavitt VP Philanthropy	<u>50</u>	-			Х			181,555.	0.	1,212.
(22) Jamey Gildea Sr. Data Architect	<u>50</u>	-				Х		147,437.	0.	9,620.
(23) Cheryl Kopec Leader, Member Suc	<u>50</u>					Х		135,588.	0.	8,744.
C24) George Kerscher Sr Off Access Info	<u>50</u>	-				Х		133,907.	0.	25,287.
(25) David Kozemchak AVP Operations	<u>50</u>					Х		127,981.	0.	25,426.
							220,471.			
c Total from continuation sheets to Part VII, Secti							>	480,359.	0.	39,918.
d Total (add lines 1b and 1c)								2,574,851.	0.	260,389.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >

			Yes	No				
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>							
	on line (a: II res, complete schedule 3 for such marvidual	3	Λ					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for							
	such individual	4	Χ					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person							
•								

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FAIRCOM NEW YORK INC 12 WEST 27TH ST NEW YORK, NY 10001	DIRECT MAIL	398,144.
PRINCETON MGMT ASSOC, LLC 220 MERCER STREET PRINCETON, NJ 08540	STRATEGIC PLANNING	162,000.
DATANAUT LLC 7613 IRONGATE LANE FREDERICK, MD 21702	SOFTWARE DEVELOPER	130,303.
LIMELIGHT NETWORKS 5505 N. CUMBERLAND AVE, STE. 307 CHICAGO, IL 6065	DATA STORAGE	126,335.
LISA WEISS 250 WEST 16TH ST, STE. 1F NEW YORK, NY 10011	MARKETING CONSLT	103,439.
2 Total number of independent contractors (including but not limited to those listed above)		
\$100,000 of compensation from the organization ► 5		

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Learning Ally, Inc

Employler Identification number

13-1659345

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sarah Smirnoff	50									
Dir Solutions Dev	0					Χ		124,287.	0.	3,921.
James Halliday	_ <u>50</u> _	1								
Executive Vice President	0						Χ	134,834.	0.	14,487.
Patricia Wilus VP Human Resources	<u>50</u>						Χ	103,541.	0.	4,529.
Paul Edelblut	<u>50</u>	ļ					77	117 607	0	1.6 0.01
VP Education Solutions	0						X	117,697.	0.	16,981.
		t								
		+								
		+								
		-								
		-								
		+								
		+								
		+								
		+								

		Check if Schedule O contains a response or note to any	y line in this Part V	III		X
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns	12,541,706.			
Program Service Revenue	2 a	Membership Fee Revenue 900099	3,924,645.	3,924,645.		
rvice R	c	<u>Training & Seminars</u> 900099	252,139.	252,139.		
Se	a					
gran	f	All other program service revenue				
P		Total. Add lines 2a-2f	4,176,784.			
	3	Investment income (including dividends, interest and other similar amounts)	826,588.			826,588.
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties	495.			495.
	6 a	Gross rents				
		Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 2, 957, 546. 213, 799.				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)99,361. 35,048.				
		Net gain or (loss)	-64,313.			-64,313.
Other Revenue	8 a	Gross income from fundraising events (not including\$ 23,772. of contributions reported on line 1c).				
Ţ.		See Part IV, line 18 a 87,880.				
the		Less: direct expenses				
0		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold b 166.				
	С	Net income or (loss) from sales of inventory	465,826.	465,826.		
	11 ~	Miscellaneous Revenue Business Code	100 044			100 044
	ııa b	<u>Other_Revenue</u> 900099 900099	120,044.			120,044.
	C					
	_	All other revenue				
	е	Total. Add lines 11a-11d	120,044.			
	12	Total revenue. See instructions		4.642.610.	0	882.814.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX.									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	64,000.	64,000.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	1,794,112.	745,634.	598,036.	450,442.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	7,189,560.	5,835,681.	768,135.	585,744.				
8	Pension plan accruals and contributions	7,105,500.	3,033,001.	700,133.	303,744.				
8	(include section 401(k) and 403(b) employer contributions)	174,630.	146,648.	17,262.	10,720.				
9	Other employee benefits	1,001,201.	793,567.	132,907.	74,727.				
10	Payroll taxes	799,346.	598,646.	114,748.	85,952.				
11	Fees for services (non-employees):	,		, . = - •	,				
a	Management								
Ŀ	Legal	18,301.		14,812.	3,489.				
c	: Accounting	88,780.		88,780.	<u> </u>				
c	I Lobbying	101,832.	101,832.	,					
e	Professional fundraising services. See Part IV, line 17	490,215.	·		490,215.				
f	Investment management fees	17,319.		17,319.	•				
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,142,423.	903,267.	195,744.	43,412.				
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	256,517.	249,369.	725.	6,423.				
13	Office expenses	835,556.	421,003.	403,080.	11,473.				
14	Information technology	504,057.	140,008.	339,393.	24,656.				
15	Royalties	304,037.	140,000.	337,333.	24,030.				
16	Occupancy	732,876.	732,876.						
17	Travel	496,617.	284,220.	86,919.	125,478.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	130,017.	2017220.	00,313.	123, 170.				
19	Conferences, conventions, and meetings	35,511.	33,578.	1,055.	878.				
20	Interest	11,998.		11,998.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	568,618.	482,205.	83,587.	2,826.				
23	Insurance	127,101.	78,398.	48,703.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).								
a	STAFF RECRUITMENT & TRAINING	214,020.	147,846.	26,607.	39,567.				
	TAPES & SUPPLIES	211,310.	211,310.						
C	BOOKS & PUBLICATIONS	141,332.	107,922.	9,874.	23,536.				
C	ALL OTHER EXPENSES	69,370.	27,581.	26,679.	15,110.				
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	17,086,602.	12,105,591.	2,986,363.	1,994,648.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)								
RΔΔ		ı		l.	Form QQ0 (2015)				

-		2 4.14.1.00					
		Check if Schedule O contains a response or note to	any lii	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,450.	1	1,250.
	2	Savings and temporary cash investments			777,918.	2	1,639,823.
	3	Pledges and grants receivable, net			2,426,581.	3	5,238,710.
	4	Accounts receivable, net		L	264,896.	4	194,554.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officers	s, directors, es. Complete	20170301	5	131,0011
	6	Loans and other receivables from other disqualified prection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		<u> </u>	483,737.	9	451,152.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			100,707.		1017101.
	h	Less: accumulated depreciation.		22,515,666.	4 412 040	10 c	4 250 024
				18,256,732.	4,413,048.		4,258,934.
	11	Investments — publicly traded securities		<u> </u>	779,362.	11	733,485.
	12	Investments – other securities. See Part IV, line 11.		<u> </u>	18,254,288.	12	15,214,987.
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets.		14			
	15	Other assets. See Part IV, line 11			4,075,258.	15	3,820,928.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		31,476,538.	16	31,553,823.
	17	Accounts payable and accrued expenses			1,231,388.	17	1,321,874.
	18	Grants payable			1 007 600	18	1 070 500
	19	Deferred revenue		<u> </u>	1,907,698.	19	1,979,590.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ë	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	d disqua	alified persons.		22	
	23	Secured mortgages and notes payable to unrelated the				23	248,646.
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	240,040.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			3,139,086.	26	3,550,110.
es		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.					
اعِ	27	Unrestricted net assets			6,158,721.	27	4,154,103.
ala	28	Temporarily restricted net assets			9,812,486.	28	11,633,071.
8	29	Permanently restricted net assets			12,366,245.	29	12,216,539.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.			12/300/213.		12/210/333.
ō	20	Capital stock or trust principal, or current funds				30	
ets	30 21	Paid-in or capital surplus, or land, building, or equipm				31	
SS	31						
t A	32	Retained earnings, endowment, accumulated income,			20 227 452	32	20 002 712
ž	33	Total liabilities and not assets/fund balances		-	28,337,452.	33	28,003,713.
	34	Total liabilities and net assets/fund balances			31,476,538.	34	31,553,823.

Form **990** (2015) BAA

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,0	67,1	30.
2	Total expenses (must equal Part IX, column (A), line 25).	2	17,0	86,6	502.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	80,5	528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,3		
5	Net unrealized gains (losses) on investments	5	-1,2		
6	Donated services and use of facilities	6			337.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9			37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	28,0	03,7	713.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	Х	
BAA			Form	990	(2015)

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

name c	i the organization					Employer identifica	
Lea	rning Ally, Inc					13-165934	5
Part	I Reason for Public Cha	arity Status (All o	rganizations must	comple	te this	part.) See instruct	ions.
The o	rganization is not a private found	dation because it is: (For lines 1 through 11,	check of	nly one	box.)	
1	A church, convention of church	nes, or association of cl	hurches described in sec	tion 170(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	990-EZ)	.)		
3	A hospital or a cooperative h		<u>.</u>		•	Mii).	
4	A medical research organiza						nter the hospital's
7	name, city, and state:	ition operated in conju	anction with a nospital	acscribe	a iii 300	, ((O) 17 (((D)(1)(A)(III). ∟	nter the nospitars
-	An organization operated for the	a hanafit of a college	or university owned or en	orotod by		romantal unit described in	
5	☐ 170(b)(1)(A)(iv). (Complete	Part II.)		-	-		Section
6	A federal, state, or local gov						die de edite ed
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		-	entai uni	it or from the general put	olic described
8	A community trust described			-			
9	An organization that normally from activities related to its exinvestment income and unre June 30, 1975. See section	empt functions – subje Iated business taxabl	ct to certain exceptions, e income (less section	and (2) n	o more t	than 33-1/3% of its suppo	ort from gross
10	An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	ı 509(a)(4).	
11	An organization organized a or more publicly supported clines 11a through 11d that do	organizations describe	ed in section 509(a)(1) (r sectio	n 509(a))(2). See section 509(a)	at the purposes of one (3). Check the box in
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	qularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported o rs or trus	rganizati tees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b	Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	organization vested in ions A and C.	the same persons that of	ontrol or	manage	the supported organizati	on(s). You
С	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations.	tion operated in connection	n with, ar	nd functio	onally integrated with, its	supported
لم ا	Type III non-functionally integ	·				cupported organization(c)	that is not
d	I functionally integrated. The	organization generally	must satisfy a distribu	tion real	uiremen	t and an attentiveness	requirement (see
	instructions). You must com	plete Part IV, Section	is A and D, and Part V.				` ` `
е	Check this box if the organiz	ation received a writt	en determination from	the IRS t	that it is	a Type I, Type II, Type	e III functionally
	integrated, or Type III non-fu	, ,	11 3 3				
	Enter the number of supported	•					
g	Provide the following information	n about the supported	d organization(s).	1		-	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizat in your g docun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
				. 55			
(A)							
(B)							
(C)							
(0)							
<u>(D)</u>							
<u>(E)</u>							
Total							
BAA	For Paperwork Reduction Act N	lotice, see the Instruc	ctions for Form 990 or 9	990-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	Т		1	1		
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	10431642.	12396945.	14195586.	9,187,836.	12541706.	58,753,715.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	10431642.	12396945.	14195586.	9,187,836.	12541706.	58,753,715.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,054,415.
6	Public support. Subtract line 5 from line 4						53,699,300.
Sec	tion B. Total Support			1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	10431642.	12396945.	14195586.	9,187,836.	12541706.	58,753,715.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,476,499.	1,390,952.	2,244,156.	1,559,017.	827,083.	7,497,707.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,	, ,	, , , , , ,	, ,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	1,387,989.	911,389.	981,115.	2,029,805.	673,916.	5,984,214.
11	Total support. Add lines 7 through 10						72,235,636.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	29,235,642.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	n 501(c)(3)	▶ []
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	•					74.34%
15	Public support percentage from						80.91%
16 a	a 33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd line 14 is 33-1/	3% or more, chec	ck this box
ŀ	33-1/3% support test — 2014. If and stop here. The organization						
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Parl ed organization	t VI how the▶
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a			
BAA		<u> </u>	<u> </u>		Sch	nedule A (Form 99	90 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
ı	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		<u> </u>		<u> </u>		
	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6						
Ŀ	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	activities not included in line 10b, whether or not the business is						
12	regularly carried on						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul Public support percentage for 20			o 12 ook (5)		1 45 1	0.
		•	``				90
	Public support percentage from 2					16	6
	tion D. Computation of Inv Investment income percentage for				ımn (fl)		%
17 10	Investment income percentage fi	•	• •	-			
	33-1/3% support tests - 2015. If	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/3%, a	nd line 17
b	is not more than 33-1/3%, check 33-1/3% support tests – 2014. If	the organization	did not check a bo	x on line 14 or l	ine 19a, and line 1	16 is more than 3	3-1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organization		•				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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 VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3а		
ŀ	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a 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 (c) below	4a		
ŀ	b 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 despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7		7		
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 or 990-EZ).	8		
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	8		
•	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ŀ	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(c Did a disqualified person (as defined in line 9a) 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	9с		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
ŀ	b 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.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
k	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion I	B. Type I Supporting Organizations		1	
1	Did th	divertors, trustees, or memberable of one or more supported organizations have the newer to regularly appoint.		Yes	No
'	or ele Part \ If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in III how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, end to such powers during the tax year.	1		
2	that c	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benei supp	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec		C. Type II Supporting Organizations			
		71 11 9 9		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of eac	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	all tin	in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
<u> </u>		s regard.	3		
Sec	tion	E. Type III 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 instructions):			
á	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	ד 🗌 כ	he organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
ā	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	antially all of its activities	2a		
ł	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	organ	ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
â	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
ŀ	Did th	be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	vembe	r 20. 1970. See instruct i	ions. All
	other Type III non-functionally integrated supporting organizations must complete	Section	ons A through E.	(B) Current Year
Sec	tion A – Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities.	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c).	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	1 1 2	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated		
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015 Learning Ally, Inc		13-165	9345 Page A
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	on is responsive (provide	e details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
k				
(
C	From 2013			
•	From 2014			
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ŀ	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7:			
a	Applied to underdistributions of prior years			
Ł	Applied to 2015 distributable amount			
(: Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
Ł				
C	Excess from 2013			
C	Excess from 2014			

e Excess from 2015..... BAA

Schedule **A** (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source	2015	2014	2013	2012	2011
SPECIAL EVENT REVENUE GROSS SALES-INVENTORY MISCELLANEOUS REV. LEASE OIL/GAS RIGHTS	\$ 87,880 465,992 120,044	. 668,880.	279,049. \$ 687,121. 14,945.	180,493. 685,264. 45,632.	\$ 183,474. 1,148,347. 56,168.
Total	\$ 673,916	<u>\$2,029,805.</u> \$	981,115. \$	911,389.	\$ 1,387,989.

Additional Explanation of Other Income

PUBLIC SUPPORT CALCULATION SCHEDULE A, PART II OTHER INCOME SEE ABOVE

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
Lea	arning Ally, Inc			13-165934	5
	_	rganization is exempt under section			zation.
	·	organization's direct and indirect political o			
	'			•	
		rganization is exempt under section	. , , ,		
1	_	ise tax incurred by the organization under			
2		sise tax incurred by organization managers			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
I	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities 🟲 \$	
2		organization's funds contributed to other organ			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	itical organizations to w	hich the filing
	organization made payments amount of political contribution	s. For each organization listed, enter the a is received that were promptly and directly del il action committee (PAC). If additional spa	mount paid from the t livered to a separate po	filing organization's fund olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 of 990-EZ) 201		- 1 · · · · · · · · · · · · · · · · · ·		13-1659	
Part II-A Complete if section 501(the organizatior h)).	ı is exempt under sec	tion 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the filing	g organization belong	s to an affiliated group (and	list in Part IV each affilia	ted group member's name	,
	•	I share of excess lobbying	•		
B Check ► if the filir	ng organization chec	cked box A and 'limited con	trol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pul	olic opinion (grass roots lob	bying)		
b Total lobbying expenditu	ures to influence a le	egislative body (direct lobby	ying)	101,832.	
, , ,	•	nd 1b)	L	101,832.	0.
	•		L-	16,984,770.	
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)		17,086,602.	0.
		ount from the following tab		1,000,000.	
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess of			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess ov	/er \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
•	•	of line 1f)	L	250,000.	0.
•		, enter -0	L	0.	0.
		enter -0	<u>_</u>	0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the orga	anization file Form 4720	reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period U t made a section 501(h) ele s below. See the instructio	ection do not have to c		
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,00	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	119,34	7. 102,184.	101,744.	101,832.	425,107.
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					0.
BAA				Schodula C (Form	990 or 990-EZ) 201

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(n)).						
-	Ned assessment of the second title law and ide in Double of detailed description	(a	1)		(b)	
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description ne lobbying activity.	Yes	No		Amo	unt	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?						
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?						
	 d Mailings to members, legislators, or the public?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?						
	 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
1 2 3					1 2 3	Yes	No
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5)	, or s	ectio	n 50 3, is	1(c)	
1	Dues, assessments and similar amounts from members.		1				
2	expenses for which the section 527(f) tax was paid).						
	a Current year		2 a				
	b Carryover from last year		2 b				
	c Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		5				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Learning Ally, Inc			13-1659345
Par	Organizations Maintaining Donor Complete if the organization answ	r Advised Funds or Oth vered 'Yes' on Form 990	er Similar Funds), Part IV, line 6.	s or Accounts.
		(a) Donor advised	funds	(b) Funds and other accounts
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			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	or advisors in writing that the organization's exclusive legal	assets held in dono control?	r advised funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writi of the donor or donor advisor	ng that grant funds on the control of the control o	can be used only rpose conferring Yes No
Par	t II Conservation Easements.			
ı aı	Complete if the organization answ	vered 'Yes' on Form 990). Part IV. line 7.	
1	Purpose(s) of conservation easements held by			
-	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·		historically important land area
	Protection of natural habitat			certified historic structure
	Preservation of open space			200000
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation con	tribution in the form o	f a conservation easement on the
				Held at the End of the Tax Yea
ä	Total number of conservation easements			2a
ı	Total acreage restricted by conservation easem	nents		2 b
(: Number of conservation easements on a certifi	ed historic structure included	in (a)	2c
(Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, a	nd not on a historic	2 d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished,	or terminated by the	organization during the
4	Number of states where property subject to conser	vation easement is located ►		
5	Does the organization have a written policy reg	arding the periodic monitorin	g, inspection, handli	
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, in			
	>		, .	3 · · 3 · ·
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and	d enforcing conservation	on easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical vered 'Yes' on Form 990	Treasures, or On Treasures, or On Treasures, or On	ther Similar Assets.
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finance	d for public exhibition, educatio	n, or research in furth	e statement and balance sheet works or erance of public service, provide,
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to report public exhibition, education, or	ort in its revenue sta r research in furtherar	tement and balance sheet works of art ace of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I	ine 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1			·
ä	Revenue included on Form 990, Part VIII, line			
	Assets included in Form 990 Part X			►\$

Part III Organizations Maintain	ining Collections	of Art, Histo	rical	Treasures, or (Other Similar Ass	ets (c	ontinu	ied)			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
a Public exhibition		d Loan o	or exch	nange programs							
b Scholarly research		e Other									
c Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Part IV Escrow and Custodia line 9, or reported an	Arrangements. amount on Form	Complete if t 990, Part X,	he orq line 2	ganization ansv :1.	vered 'Yes' on Fo	rm 99	0, Par	t IV,			
1 a Is the organization an agent, trus	stee, custodian or oth	er intermediary	for con	ntributions or other	assets not included						
on Form 990, Part X?						Yes	L	No			
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	ng tabl	e:							
						Amoun	t				
c Beginning balance											
d Additions during the year											
e Distributions during the year					. 1 e						
f Ending balance					. 1f						
2 a Did the organization include an a	mount on Form 990,	Part X, line 21,	for esc	crow or custodial a	ccount liability?	Yes	_	No			
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explan	nation h	nas been provided	on Part XIII						
Part V Endowment Funds. C	omplete if the org	ganization an	swere								
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back		Four year:				
1 a Beginning of year balance	13,873,950.	13,957,8	80.	15,386,610	. 14,149,953.	13	,745,	990.			
b Contributions				223,182							
c Net investment earnings, gains,											
and losses	-369,914.	-83,9	30.	1,776,333	1,236,657.		403,	963.			
d Grants or scholarships											
e Other expenditures for facilities and programs				3,428,245	. 0.						
f Administrative expenses											
g End of year balance	13,504,036.	13,873,9	50.	13,957,880	15,386,610.	14	,149,	953.			
2 Provide the estimated percentage	e of the current year	end balance (lin	e 1g, c	column (a)) held as	;;						
a Board designated or quasi-endowm	ent ►	%									
b Permanent endowment ▶	70.00%										
c Temporarily restricted endowmer	nt ► 30.0	0 %									
The percentages on lines 2a, 2b, ar											
3a Are there endowment funds not in t	he nossession of the o	rganization that a	ra hald	and administered for	or the						
organization by:	ne possession of the o	rgariizatiori tilat a	ii C IICiu	and administered in	or the		Yes	No			
(i) unrelated organizations						3a(i)		X			
(ii) related organizations						3a(ii)		X			
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ed as required o	on Sch	edule R?		3b					
4 Describe in Part XIII the intended	d uses of the organiza	ation's endowme	ent fund	ds. See Part	XIII						
Part VI Land, Buildings, and											
Complete if the organi	• •	'Yes' on Forn	n 990	, Part IV, line 1	1a. See Form 99	0, Par	t X, lii	ne 10.			
Description of property		or other basis		Cost or other	(c) Accumulated		Book va				
Bosonphon or property	(in	vestment)		asis (other)	depreciation	(4)	DOOK VC	1140			
1 a Land				856,510.			856	,510.			
b Buildings			(6,949,244.	4,512,468.	2		,776.			
c Leasehold improvements				372,812.	286,222.			,590.			
d Equipment			ļ	5,702,270.	5,587,267.			,003.			
e Other				8,634,830.	7,870,775.			,055.			
Total. Add lines 1a through 1e. (Column		m 990, Part X. d					,258				
	. ,	,, -		. ,,			,	, , , , , , , , ,			

BAA

Schedule **D** (Form 990) 2015

Part VII Investments – Other Securities.	d 'Vas' on Form 00	Dort IV line 11h See Form C	100 Dort V line 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	t-year market value
(1) Financial derivatives			
(2) Closely-held equity interests.	15 014 007	End of Voca Manhat Value	
(3) Other FUND OF FUNDS	15,214,987.	End of Year Market Value	2
(<u>A</u>)			
(B)			
(C)			
(D) (E)			
(F)	-		
(G)			
(H)			
(l)	-		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	15,214,987.		
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered		0, Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
_ (1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	escription		(b) Book value
(1) Beneficial Interest in Perpetual	Trust		2,730,765. 1,090,163.
(2) Split Interest Agreements (3)			1,090,103.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	(D) 1/2 - 15)		2 200 200
Total. (Column (b) must equal Form 990, Part X, column ((B) IINE 15.)	······································	3,820,928.
Part X Other Liabilities. Complete if the organization answered 'Yes' on liabilities.	Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes	, ,		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(7) (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •		
2 1:199 () 1:1 9: 1 5 1 MH		and the state of t	P. 1999 6 4 5

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	23,848,662.
2 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 facilities 7,003,735.		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) See Part XIII 2d 37.		
e Add lines 2a through 2d.	2 e	5,710,805.
3 Subtract line 2e from line 1	3	18,137,857.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) See Part XIII 4b -88,046.		
c Add lines 4a and 4b.	4 c	-70,727. 18,067,130.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	24,182,401.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 7,025,072.		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.) See Part XIII 2d 88,046.		
e Add lines 2a through 2d.	2 e	7,113,118.
		17 060 202
3 Subtract line 2e from line 1	3	17,069,283.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	17,009,203.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		17,009,283.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 17,319. b Other (Describe in Part XIII.) 4b		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4 c	

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses Of Endowment Fund

LEARNING ALLY, INC. 'S ENDOWMENT FUND CONSISTS OF APPROXIMATELY 40 INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR THE PURPOSE OF SUPPORTING THE ORGANIZATION'S MISSION-RELATED PROGRAMS. THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED, WHILE ITS INCOME WILL BE USED TO FUND GENERAL OPERATIONS, VARIOUS PROGRAMS, SCHOLARSHIPS, AND OTHER PROGRAM-RELATED ENDEAVORS.

BAA Schedule **D** (Form 990) 2015

Part XIII | Supplemental Information (continued)

Part X - FIN 48 Footnote

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 FIN 48

ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT NO.109, NOW INCORPORATED IN ACCOUNTING STANDARDS CODIFICATION ASC 740. THE INTERNAL REVENUE SERVICE (THE "IRS") HAS RECOGNIZED LEARNING ALLY AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2016 AND 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE THE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY. THERE WERE NO INCOME TAX-RELATED INTEREST AND PENALTIES RECORDED FOR THE YEARS ENDED JUNE 30, 2016 AND 2015.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Changes in Split Interest Agreements	37. 37.
Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S	
Cost of Goods Sold Fundraising Events Total	 -166. -87,880. -88,046.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S	
Cost of Goods Sold Fundraising Events	\$ 166. 87,880.
Total	\$ 88,046.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Learning Ally, Inc 13-1659345 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations X Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Faircom NY Inc. Yes No 12 West 27th St DIRECT Χ 963,817 490,215. New York NY 10001 473,602. MAIL 2 3 5 6 7 9 10 Total. 963,817. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

Part II	Fundraising Event						
,	more than \$15,000				oss income on Fo	rm 990-EZ, line	es 1 and 6b.
	List events with gro	oss receipts ar	eater than \$	5,000.			

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)				
R			LASSA (event type)	Blind Wine Tas (event type)	None (total number)	through column (c)				
REVENUE	1	Gross receipts	100,182.	11,470.		111,652.				
Ě	2	Less: Contributions	21,091.	2,681.		23,772.				
	3	Gross income (line 1 minus line 2)	79,091.	8,789.		87,880.				
	4	Cash prizes								
_	5	Noncash prizes				_				
D R E C T	6	Rent/facility costs								
	7	Food and beverages	67,405.	4,748.		72,153.				
E X P	8	Entertainment	1,820.	3,457.		5,277.				
EXPENSES	9	Other direct expenses	9,866.	584.		10,450.				
Š	10	Direct expense summary. Add lines 4 thr				87,880.				
Par	11 t III	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza	tion answered 'Ye			ported more than				
1		\$15,000 on Form 990-EZ, line 6a.		,		· 				
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Ü	1	Gross revenue								
F	2	Cash prizes								
D X P R N C S E S T S	3	Noncash prizes								
C S T E S	4	Rent/facility costs				_				
	5	Other direct expenses								
	6	Volunteer labor	Yes%	Yes%	Yes 8					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		▶					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	>					
а										
	0 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									

		3-16593	345	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility.	13 a		%
ı	An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name ►			
	Address ►			
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization square s			No
	Name ►			
	Address ►			· — — —
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		_ Yes	No
I	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year ► \$			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).);
	Part I, Line 2b - Fundraiser Additional Information			
	Schedule G, Part I FUNDRAISERS THE FEES REPORTED AS HAVING BEE	N PAID	TO THE	
	PROFESSIONAL FUNDRAISER IN SCHEDULE G, PART I, WERE PAID ON A FISCAL			
	AMOUNT LISTED FOR FAIRCOM NEW YORK INC. IS DIFFERENT THAN THE AMOUNT			
	VII, SECTION B, AS A TOP FIVE HIGHEST PAID CONTRACTOR AS THAT SCHEDU	LE IS	PREPARE	D ON
	A CALENDAR YEAR BASIS.			

SCHEDULE I (Form 990)

Department of the Treasury

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Learning Ally, Inc 13-1659345 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, (e) Amount of non-cash (a) Description of (h) Purpose of grant or assistance (3) 3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Educational Scholarships	13	52,000.			
2 Educator Awards	2	12,000.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

SCHEDULE I, PART I, LINE 2 LEARNING ALLY, INC. PROVIDES SCHOLARSHIPS TO STUDENTS
SEEKING A DEGREE IN HIGHER EDUCATION. THESE AMOUNTS ARE REMITTED DIRECTLY TO THE
STUDENTS, WITH THE EXPECTATION THAT THE AMOUNTS WILL BE USED TO DEFRAY TUITION OR
EDUCATIONAL COSTS, OR TO AN EDUCATIONAL INSTITUTION ATTENDED BY THE STUDENT.THE
ORGANIZATION ISSUES 1099S TO THE RECIPIENT STUDENTS AS IT DOES NOT CONTROL THE USE OF
THE FUNDS ONCE PAID DIRECTLY TO STUDENTS.

EDUCATOR AWARDS, WHICH ARE COMPOSED OF A PAYMENT DIRECTLY TO TEACHERS AND FUNDS FOR USE IN SUPPLYING CLASSROOM MATERIAL ARE PROVIDED TO DESERVING TEACHERS WHO ADVANCE THE CAUSE OF EDUCATING STUDENTS IN THE CLASSROOM WHO ARE BLIND OR LEARNING DISABLED

AND STRUGGLE READING THE PRINTED WORD.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 13-1659345 Learning Ally, Inc

Par	t I Questions Regarding Compensation				
•	<u> </u>			Yes	No
1 a	Check the appropriate box(es) if the organization provided any oVII, Section A, line 1a. Complete Part III to provide any rele	of the following to or for a person listed on Form 990, Part evant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
t	If any of the boxes on line 1a are checked, did the organization				
	reimbursement or provision of all of the expenses described	d above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimburs trustees, and officers, including the CEO/Executive Director	sing or allowing expenses incurred by all directors, , regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization use CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but of	ed to establish the compensation of the organization's any boxes for methods used by a related organization to explain in Part III.			
	X Compensation committee	Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VI organization or a related organization:	I, Section A, line 1a, with respect to the filing			
a	Receive a severance payment or change-of-control paymen	ıt?	4 a	Χ	
Ŀ	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	4 b		X
C		mpensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III. Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
a	The organization?		5 a		Х
Ł	Any related organization?		5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation			
a	The organization?		6a		Х
Ŀ	Any related organization?		6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a payments not described on lines 5 and 6? If 'Yes,' describe	, did the organization provide any non-fixed in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or	accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations sed If 'Yes,' describe in Part III	ction 53.4958-4(a)(3)?	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable p section 53.4958-6(c)?		9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Detirement	(D) Namtawahla	(E) Total of	(E) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Andrew Friedman	(i)	306,848.	0.	414.	6,300.	24,429.	337,991.	0.
1 President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
Tim Wilson	(i)	197,790.	0.	774.	4,120.	24,238.	226,922.	0.
2 CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Cynthia Hamburger	(i)	270,236.	0.	774.	5,500.	13,931.	290,441.	0.
3 COO/CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
Constance Murphy	(i)	220,939.	0.	270.	4,532.	21,730.	247,471.	0.
4 EVP Partnership & Comm Dev.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	195,621.	0.	267.	3,979.	22,681.	222,548.	0.
5 VP Digital Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	173,951.	0.	140.	3,605.	15,137.	192,833.	0.
6 VP New Product Development	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,858.	0.	697.	0.	1,212.	182,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)	<u>147,161.</u>	0.	276.	0.	9,620.	157,057.	0.
8 Sr. Data Architect	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	132,535.	0.	1,372.	<u>2,800.</u>	22 <u>,4</u> 87.	<u> 159,194.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u>127,828.</u>	0.	153.	<u>2,696.</u>	22,730.	<u>153,407.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u>96,861.</u>	0.	37 <u>,</u> 973.	<u>4,029.</u>	10,458.	<u>149,321.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	72,562.	<u>24,334.</u>	6,645.	<u>2,920.</u>	1 <u>,609</u> .	108,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u>87,657.</u>	<u> </u>	<u>30,040.</u>	<u>2,781.</u>	<u>14,200.</u>	<u>134,678.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				L		L	
16	(ii)							

BAA

TEEA4102L 10/26/15

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Learning Ally, Inc 13-1659345 Page 3

Part III Supplemental Information

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

Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

SCHEDULE J, PART I, LINE 4A JAMES HALLIDAY, EXECUTIVE VICE PRESIDENT AND PAUL

EDELBLUT, VICE PRESIDENT EDUCATION SOLUTIONS, RECEIVED A SEVERANCE AMOUNT OF \$22,977

AND \$14,262, RESPECTIVELY.

TEEA4103L 10/26/15

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Learning Ally, Inc Employer identification number 13-1659345

Par	tΙ	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Me nonca	(c ethod of c ash contrib	determir	iing mounts
1	Art -	– Works of art							
2	Art -	- Historical treasures							
3	Art -	- Fractional interests							
4	Воо	ks and publications	X		23,064.	FMV			
5	Clot	hing and household goods			,				
6	Cars	s and other vehicles							
7	Boa	ts and planes							
8	Inte	llectual property							
9	Sec	urities – Publicly traded	X	6	110,562.	FMV			
10	Sec	urities – Closely held stock			,				
11	Sec	urities – Partnership, LLC, or trust interests.							
12	Sec	urities - Miscellaneous							
13		lified conservation contribution – oric structures							
14	Qua	lified conservation contribution — Other							
15	Rea	l estate – Residential							
16	Rea	l estate – Commercial							
17	Rea	l estate – Other							-
18	Coll	ectibles							
19	Food	d inventory							
20	Drug	gs and medical supplies							-
21		dermy							
22	Histo	orical artifacts							
23	Scie	entific specimens							-
24	Arch	neological artifacts							-
25		er► (<u>Chrome Books</u>)	Х	5	1,000.	FMV			
26	Othe		Х	1		FMV			
27	Othe								
28	Othe								
29		ber of Forms 8283 received by the organization d				29			
	Ü	,				LI		Yes	No
30a	it m	ng the year, did the organization receive by contri ust hold for at least three years from the date	of the initial	I contribution, and which	ch is not required to be	used			
		exempt purposes for the entire holding period?	?				30 a		X
		es,' describe the arrangement in Part II.				_			
31	Doe	s the organization have a gift acceptance police	cy that requi	ires the review of any r	non-standard contribution	ons?	31	X	<u> </u>
32a		s the organization hire or use third parties or i					32 a	Х	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If 'Yes,' describe in Part II.

describe in Part II.

Schedule M (Form 990) (2015)

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

Schedule M - Additional Information

THIRD PARTY ASSISTANCE OF NON-CASH CONTRIBUTIONS SCHEDULE M, PART I, LINE 32B.

THE ORGANIZATION HIRES INDEPENDENT THIRD PARTIES TO SELL NON-CASH CONTRIBUTIONS IT

RECEIVES, INCLUDING PUBLICLY TRADED SECURITIES. THE ORGANIZATION PAYS FAIR MARKET

VALUE RATES AND COMMISSIONS IN INSTANCES THE ITEMS ARE NOT RETAINED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Learning Ally, Inc

Employer identification number

13-1659345

SUPPLEMENTAL INFORMATION TO FORM 990

FOR ADDITIONAL INFORMATION SEE ATTACHMENT

Form 990. Part VI. Line 11b - Form 990 Review Process

MANAGEMENT PREPARES THE ANNUAL TAX FORM 990. FORM 990 WITH SUPPORTING DOCUMENTATION IS PROVIDED TO A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE NOT-FOR-PROFIT TAX RETURN PREPARATION. ONCE FORM 990 IS REVIEWED BY THE CPA FIRM, MANAGEMENT REVIEWS THE FORM, WHICH IS THEN PRESENTED TO AND REVIEWED BY THE AUDIT COMMITTEE OF THE ORGANIZATION. FOLLOWING THEIR REVIEW, FORM 990 IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. THE ORGANIZATION'S BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY TO OVERSEE, REVIEW, AND APPROVE THE TO ITS AUDIT COMMITTEE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE TO ENSURE COMPLIANCE WITH THE POLICY. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE PRESIDENT'S/CEO'S OFFICE. ANY POTENTIAL CONFLICTS ARE REVIEWED AND RESOLVED. FAILURE TO COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COULD LEAD TO TERMINATION.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management SEE ATTACHMENT 5

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

SEE ATTACHMENT 5

Name of the organization

Learning Ally, Inc

13-1659345

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AR AZ AK CA CO CT DC FL GA IN KS KY ME IL MD MA MN MI MO MS NH NJ NM NY NC ND OH OK OR PA RI SC TN UT VA WA WV WI MT

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

LEARNING ALLY, INC. MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE, WWW.LEARNINGALLY.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Changes in Split Interest Agreements	\$ 37.
Total	\$ 37.

SCHEDULE O Supplemental Information to Form 990

Form 990 or 990-EZ

Name of Organization Employer Identification number

2015

LEARNING ALLY, INC. 13-1659345

ATTACHMENT - 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

Learning Ally Inc. (LA) is dedicated to bringing parents, teachers and the community together to empower students who are dyslexic, blind or visually impaired to succeed.

Through its educational tools and content, student empowerment programs and educational and community partnerships, Learning Ally supports schools, educators and families to help students who are dyslexic, blind or visually impaired thrive and succeed. Learning Ally provides knowledge and support to parents and students through educational events, webinars, student-led presentations and other programs; thereby forging a community of those facing the challenges of dyslexia or blindness. Learning Ally offers teachers coaching, integrated learning management systems, peer-to-peer sessions led by students, and various other support tools to enable teachers to bring out the best in their dyslexic, blind and visually impaired students.

Founded in 1948 as Recording For The Blind, Learning Ally, Inc. has helped millions of K-12, college, and graduate students, veterans, and lifelong learners – all of whom read and learn differently due to blindness, visual impairment, dyslexia, or other learning and physical disabilities. LA's collection of more than 82,000 human-narrated audio textbooks and literature titles – featuring a heavy emphasis on STEM (science, technology, engineering & math) resources - is downloadable on mainstream smart phones and tablets as well as specialized assistive technology

devices, and is the largest of its kind in the world. Approximately 1,800 volunteers across the U.S. help record and process the educational materials, which students rely on to achieve academic and professional success.

ATTACHMENT – 2

FORM 990, PART III - PROGRAM SERVICES, LINE 4A

Learning Ally, Inc. (LA) provides solutions for individuals with print-related disabilities. According to the findings of the CDC's 2011 National Health Interview Survey, about nine percent of the U.S. adult population, or 21.5 million individuals ages 18 and older, have difficulties seeing even with glasses or contacts.

More recent research about school population (Kindergarten through 12th grade) indicates possibly up to 20% of the U.S.

student population struggles with reading the printed word due to dyslexia, blindness and related learning disabilities. Ramifications of which contribute to: more than 50% of students with dyslexia perform three grade levels below their enrolled grade in key skills; roughly 33% of students with learning disabilities have been left back a grade at least once; only 25%-30% of students with learning disabilities have access to any assistive technology in school; about 60% of adolescents in treatment for substance abuse have a learning disability; and approximately 20% (vs. 8% of non-disabled students) drop out of high school. Also, a greater percentage of adults with learning disabilities are not in the labor force (39% vs. 21% of non-LD adults; 2005 data); and 55% of people with learning disabilities had some encounter with the criminal justice system within eight years of leaving high school. (Sources: "The State of Learning Disabilities," by National Center for Learning Disabilities (2014); "Don't DYS Our Kids: Dyslexia and the Quest for Grade-Level Reading Proficiency," Fiester, L. (2012), commissioned by the Emily Hall Tremaine Foundation in partnership with the Campaign for Grade-Level Reading; and "CASA White Paper: Substance Abuse and LD" (2000)).

LA's products and solutions break down barriers to learning for students with learning disabilities, especially dyslexia.

Research indicates that as much as 20 percent of the U.S. population may have dyslexia, hampering their ability to become

quick, accurate, fluent readers. According to the National Center For Education Statistics, approximately 2.5 million k-12 students have been formally diagnosed with a reading-based learning disability.

LA has long been one of the leading providers of audiobooks, including the world's largest library of audio textbooks. LA's roughly 1,800 dedicated volunteers record the printed word into audiobooks enabling thousands of students to learn more effectively. In addition, LA has expanded to become a critical resource to not only students in need, but also to their support network, offering a suite of services to parents, educators, and students including workshops, seminars, webcasts, coaching & training, community forums and guidance tools. LA audiobooks and other products help students with learning disabilities become confident, independent learners. When used with text, audio reinforces comprehension, increases word recognition, builds vocabulary, and boosts reading rate.

In a spring 2016 nationwide self-assessment by teachers: 97% indicated using LA allowed them to encourage independent reading among their students, 94% indicated LA helps students develop or reinforce the skills needed for reading, 90% indicated students that use LA are able to comprehend assigned grade-level reading materials, and 84% indicated students who use LA demonstrated improvements in their academic performance. In a second self-funded study:

students with print disabilities who have access to audiobooks significantly outperformed their peers in math tests. Focusing on 2010 and 2011 adequate yearly progress data, the study compared scores for every school in a state to the overall state average. In 13 out of 13 comparisons across six states in 2010, and 12 out of 13 comparisons across six states in 2011, schools using LA had more students who scored as "proficient" or or "advanced proficient" in math. While LA cannot claim total credit for these student outcomes, these correlational findings indicate that LA's products and services are clearly an influential part of a system that works.

Leveraging its audiobook success, LA is actively pursuing a number of initiatives to ensure that students with with print-related disabilities have access to the support and tools that will enable personal achievement.

These initiatives include both significant enhancement to existing services as well as the introduction of new ones.

*Improved student tools & support - provide tools and training to build student confidence and resilience in order to foster success. Tools include incorporating the *YES! Program*(Youth Examples of Self-Advocacy) and the College Success Program (CSP) into LA's suite of services. *YES!'s* purpose is to train young people with learning differences to recognize their strengths and weaknesses and provide them with tools to help them become strong self-advocates. LA's College Success Program is for blind and visually impaired (BVI) students to improve their ability to succeed and overcome the barriers encountered in higher education.

*Develop student-centric educational solutions that teachers can use in their classrooms that differentiate based on student needs, enabling personalized education.

*Develop targeted audiobook programs for specific grade levels and classroom settings. Develop programs focused specifically on increasing the frequency of students reading and the duration.

*Product content and delivery – provide students with a way to customize and utilize books based on their learning styles, needs and challenges. Our partnerships with schools allow us to work directly with teachers and students to discover how to implement high-speed, high-impact features for use in the classroom and at home.

*Building a community - increase public awareness & knowledge about blindness & dyslexia through extensive virtual and face-to-face interactions; thereby educating thousands on the positive impact LA can have on the lives of those struggling with the challenges of blindness and dyslexia.

For more information about LA please refer to our website at

WWW.LEARNINGALLY.ORG.

REVENUES RELATED TO THIS PROGRAM SERVICE ACTIVITY ARE AS FOLLOWS:

MEMBERSHIP FEES \$3,924,645

TRAINING \$252,139

PRODUCT SALES \$465,826

TOTAL REVENUES \$4,642,610

ATTACHMENT – 3

FORM 990, PART VII – OFFICERS, DIRECTORS, TRUSTEES, FORMER

- 1) Ms. Lopes is Vice Chair of the organization as well as a Trustee.
- 2) Mr. Logan is Vice Chair of the organization as well as a Trustee.
- 3) Mr. Totten's term ended June 29, 2016.
- 4) Mr. Griswold's term ended June 29, 2016.
- 5) Ms. Shaywitz's term ended July 31,2016

ATTACHMENT – 4

FORM 990, PART VIII, 10a - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURN AND ALLOWANCES	\$ <u>465,992</u>
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	166
SALARIES AND WAGES	
OTHER COST	
SUBTOTAL	166
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>166</u>

ATTACHMENT – 5

FORM 990, PART VI, LINES 15A & 15B

The HR Committee of the Board meets prior to the start of the Organization's fiscal year. The Human Resources (HR)

Department provides the HR Committee and the President/CEO with market based compensation data for review,

the HR Department engages a third party compensation consultant to review the

salary structure and validates, based upon a sampling, the grade level assignment as well as the

geographic based schedules. The HR Department gathers market based data between the independent year

studies to utilize in recommending salary adjustments and any salary schedule adjustments from a variety of

sources including the CPI. The actions taken by the HR Committee enable the Organization to receive

the rebuttable presumption of reasonableness for purpose of IRS code section 4958 with respect to the

total compensation of certain members of the Executive and Senior Management team, including

the President/CEO and the next six most highly compensated employees. The compensation

for the President/CEO is reviewed and approved by the Executive Committee of the Board, based on

the recommendation of the HR Committee, prior to any adjustments.

The three factors which must be satisfied in order to receive the rebuttable presumption of reasonableness are the following: (1) The compensation arrangement is approved in advance by an authorized body of the applicable tax-exempt organization which is composed entirely of individuals who do not have a conflict of interest with respect to the compensation arrangement; (2) The authorized body obtained and relied upon appropriate data as to comparability prior to making its determination; and (3) The authorized body adequately documented the basis for its determination concurrently with making that determination.

The actions outlined above with respect to the HR Committee and the establishment of the rebuttable presumption

of reasonableness applies to certain individuals disclosed in this Form 990, including the President/CEO and the next six most highly compensated employees.

Form 990, Part VI, Lines 15b

The compensation and benefits of the other individuals contained in this Form 990 is reviewed annually by the President/CEO with assistance from the HR Department in conjunction with the individual's job performance during the year and is based upon other objective factors designed to ensure that reasonable and fair market value compensation is paid by the organization.

Using the market data provided either by an independent third party or by the HR Department as described above, management will propose to the HR Committee a salary adjustment range which would be utilized in determining annual adjustments by the President/CEO and his Executive Team.