

Form **990**

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)

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

**A** For the **2014** calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending   | <b>C</b> Name of organization<br><b>NATIONAL CENTER FOR LEARNING DISABILITIES, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>32 LAIGHT STREET, 2ND FLOOR</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>NEW YORK, NY 10013-2152</b><br><b>F</b> Name and address of principal officer: <b>JAMES H. WENDORF</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>13-2899381</b><br><b>E</b> Telephone number<br><b>212-545-7510</b><br><b>G</b> Gross receipts \$ <b>7,689,824.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: ▶ <b>WWW.NCLD.ORG</b><br><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>DE</b> |  |   |

**Part I Summary**

|                             |     |  |   |                            |
|-----------------------------|-----|--|---|----------------------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF NCLD IS TO IMPROVE THE LIVES OF THE ONE IN FIVE CHILDREN AND ADULTS NATIONWIDE</b> |   |                            |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                            |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)  | 3                                       | 19                         |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | 4                                       | 19                         |
|                             | 5   | Total number of individuals employed in calendar year 2014 (Part V, line 2a)   | 5                                       | 44                         |
|                             | 6   | Total number of volunteers (estimate if necessary)   | 6                                       | 19                         |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                                      | 0.                         |
|                             | b   | Net unrelated business taxable income from Form 990-T, line 34   | 7b                                      | 0.                         |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)  | Prior Year<br>4,990,751.                | Current Year<br>5,886,840. |
|                             | 9   | Program service revenue (Part VIII, line 2g)   | 5,467,222.                              | 1,387,618.                 |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 2,655.                                  | 5,679.                     |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0.                                      | 183,740.                   |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 10,460,628.                             | 7,463,877.                 |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 34,500.                                 | 33,500.                    |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                                      | 0.                         |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 2,923,701.                              | 3,965,838.                 |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                                      | 0.                         |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> <b>867,344.</b>   |   |                            |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 8,405,639.                              | 4,417,045.                 |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 11,363,840.                             | 8,416,383.                 |
|                             | 19  | Revenue less expenses. Subtract line 18 from line 12   | -903,212.                               | -952,506.                  |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | Beginning of Current Year<br>3,520,191. | End of Year<br>1,925,309.  |
|                             | 21  | Total liabilities (Part X, line 26)  | 1,284,229.                              | 656,345.                   |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20   | 2,235,962.                              | 1,268,964.                 |

**Part II Signature Block**

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

|                               |   |   |                         |   |                          |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br>  | Date<br><b>05/16/2016</b>                         |                         |   |                          |
|                               | Type or print name and title<br><b>JAMES H. WENDORF, EXECUTIVE DIRECTOR</b> |   |                         |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>GARRETT M. HIGGINS</b>                     | Preparer's signature<br><b>GARRETT M. HIGGINS</b> | Date<br><b>05/16/16</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00543209</b> |
|                               | Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>                               |   |                         | Firm's EIN ▶ <b>27-1728945</b>                  |                          |
|                               | Firm's address ▶ <b>665 FIFTH AVENUE<br/>NEW YORK, NY 10022</b>             |   |                         | Phone no. (212) 286-2600                        |                          |

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

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DISABILITIES, INC.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

THE MISSION OF NCLD IS TO IMPROVE THE LIVES OF THE ONE IN FIVE CHILDREN AND ADULTS NATIONWIDE WITH LEARNING AND ATTENTION ISSUES-BY EMPOWERING PARENTS AND YOUNG ADULTS, TRANSFORMING SCHOOLS AND ADVOCATING FOR EQUAL RIGHTS AND OPPORTUNITIES. WE'RE WORKING TO CREATE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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.

4a (Code: ) (Expenses \$ 4,931,528. including grants of \$ ) (Revenue \$ 1,387,618. )  
PARENT EMPOWERMENT:

WE CONTINUED OUR FOCUS ON PROVIDING HIGH QUALITY INFORMATION AND RESOURCES TO PARENTS OF CHILDREN WITH LEARNING AND ATTENTION ISSUES. WE PARTNERED WITH 14 OTHER NON PROFITS TO LAUNCH UNDERSTOOD.ORG, A RESOURCE FOR PARENTS OF CHILDREN WITH LEARNING AND ATTENTION ISSUES. NCLD WAS CHOSEN TO MANAGE AND OPERATE UNDERSTOOD ON BEHALF OF THE FOUNDING PARTNERS. WE LAUNCHED WITH NEARLY 1800 PIECES OF CONTENT - ARTICLES, VIDEOS, INFOGRAPHICS, FIVE STATE-OF-THE-ART TOOLS, A SAFE COMMUNITY FOR PARENTS TO TALK TO EACH OTHER, DAILY ACCESS TO TOP EXPERTS, AND A MAJOR NATIONAL AD CAMPAIGN. IN THE FIRST EIGHT MONTHS SINCE THE LAUNCH OF UNDERSTOOD WE ENGAGED MORE THAN 4.5 MILLION USERS ON THE SITE. WE LAUNCHED A NATIONAL

4b (Code: ) (Expenses \$ 963,102. including grants of \$ ) (Revenue \$ )  
PUBLIC POLICY:

OVER THE LAST YEAR, WE CONTINUED OUR WORK TO ENSURE THAT FEDERAL POLICIES INCLUDE AND SERVE STUDENTS WITH LEARNING AND ATTENTION ISSUES AND TO ENGAGE PARENTS AS MORE EFFECTIVE SPOKESPEOPLE ON POLICY ISSUES BY COMMUNICATING WITH THEM MORE FREQUENTLY AND WITH MORE TARGETED MESSAGING. IN 2015, NCLD: LEGISLATION AND REGULATIONS: ENGAGED BUSINESS, CIVIL RIGHTS, EDUCATION REFORM, AND DISABILITY COALITION PARTNERS LIKE EDUCATION TRUST, US CHAMBER OF COMMERCE, AND NATIONAL COUNCIL FOR LA RAZA TO ACT AS KEY ADVISORS TO CONGRESS ON THE CORE PRINCIPLES OF THE REAUTHORIZATION OF THE ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA).

4c (Code: ) (Expenses \$ 564,361. including grants of \$ 33,500. ) (Revenue \$ )  
YOUNG ADULTS:

IN FY2015, WE COMPLETED THE SECOND PHASE OF A GROUND-BREAKING RESEARCH STUDY ON THE SELF-REPORTED PERCEPTIONS AND EXPERIENCES OF YOUNG ADULTS WITH LEARNING AND ATTENTION ISSUES AS THEY TRANSITION FROM HIGH SCHOOL TO POST-SECONDARY SETTINGS. PAST RESEARCH EFFORTS HAVE CAPTURED INFORMATION ABOUT ACADEMIC ACHIEVEMENT, DEMOGRAPHICS AND LIFE OUTCOMES FOR YOUNG ADULTS, BUT NONE HAVE STUDIED FIRST-HAND INFORMATION SHARED BY YOUNG ADULTS NOR ANALYZED WHAT EXPERIENCES AND SOCIAL-EMOTIONAL FACTORS DRIVE THEM TOWARD SUCCESSFUL OUTCOMES AFTER HIGH SCHOOL. WE CONDUCTED 1-ON-1 IN-DEPTH INTERVIEWS WITH 30 YOUNG ADULTS IN COLORADO AND NEW JERSEY AND USED THEIR INSIGHTS TO IDENTIFY KEY AREAS OF STRENGTH AND STRUGGLE FOR FURTHER EXPLORATION. WE THEN CREATED AN

4d Other program services (Describe in Schedule O.)

(Expenses \$ 436,547. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,895,538.

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**Part IV Checklist of Required Schedules**

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>   | <b>X</b> |          |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>  |          | <b>X</b> |
| <b>7</b> 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>  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |          | <b>X</b> |
| <b>9</b> 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 "Yes," complete Schedule D, Part IV</i>            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>X</b> |          |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>   |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |          | <b>X</b> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>  |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>X</b> |          |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |          | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |          | <b>X</b> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |          | <b>X</b> |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>X</b> |          |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |          |          |

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**Part IV Checklist of Required Schedules** (continued)

|  | Yes        | No       |
|--|------------|----------|
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>21</b>  | <b>X</b> |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | <b>22</b>  | <b>X</b> |
| <b>23</b> 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> .....  | <b>23</b>  | <b>X</b> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b> | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25b</b> | <b>X</b> |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 | <b>26</b>  | <b>X</b> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <b>28</b> 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):  |            |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b> | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | <b>35b</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>  | <b>X</b> |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | <b>38</b>  | <b>X</b> |

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**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 ☐

|  |               | Yes | No |
|--|---------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | <b>1a</b> 117 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | <b>1b</b> 0   |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b>     |     |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b> 44  |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          | <b>2b</b>     | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>     |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  | <b>3b</b>     |     |    |
| <b>4a</b> 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)? | <b>4a</b>     |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |               |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>     |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>     |     |    |
| <b>6a</b> 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?                                    | <b>6a</b>     |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |               |     |    |
| <b>a</b> 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?   | <b>7a</b>     | X   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>     | X   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>     |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7d</b>     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>     |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>     |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |               |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?  | <b>9a</b>     |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |               |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  | <b>10a</b>    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b>    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |               |     |    |
| <b>a</b> Gross income from members or shareholders   | <b>11a</b>    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b>    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |               |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b>    |     |    |
| <b>b</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   | <b>13b</b>    |     |    |
| <b>c</b> Enter the amount of reserves on hand  | <b>13c</b>    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | <b>14b</b>    |     |    |

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**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 ☒ **X**

**Section A. Governing Body and Management**

|   |           | Yes      | No       |
|---|-----------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year   | <b>1a</b> | 19       |          |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent   | <b>1b</b> | 19       |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | <b>2</b>  |          | <b>X</b> |
| <b>3</b> 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? | <b>3</b>  |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | <b>4</b>  |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?   | <b>5</b>  |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?   | <b>6</b>  |          | <b>X</b> |
| <b>7a</b> 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?  | <b>7a</b> |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7b</b> |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |           |          |          |
| <b>a</b> The governing body?  | <b>8a</b> | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?  | <b>8b</b> | <b>X</b> |          |
| <b>9</b> 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         | <b>9</b>  |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   |            | Yes      | No       |
|---|------------|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> |          | <b>X</b> |
| <b>b</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?   | <b>10b</b> |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> | <b>X</b> |          |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12a</b> | <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> | <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12c</b> | <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  | <b>X</b> |          |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  | <b>X</b> |          |
| <b>15</b> 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?  |            |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>15a</b> | <b>X</b> |          |
| <b>b</b> Other officers or key employees of the organization  | <b>15b</b> | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> |          | <b>X</b> |
| <b>b</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? | <b>16b</b> |          |          |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**

**18** 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    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**JOHN LANGELE, TREASURER - 212-545-7510**  
**32 LAIGHT STREET, 2ND FLOOR, NEW YORK, NY 10013-2152**

**NATIONAL CENTER FOR LEARNING  
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**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 ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) FREDERIC M. POSES<br>CHAIRMAN              | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) MARY J. KALIKOW<br>VICE CHAIRMAN           | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) KENNETH A. PLEVAN<br>SECRETARY             | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) WILLIAM HANEY<br>SECRETARY THROUGH 6/15    | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) JOHN LANGELE<br>TREASURER                  | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) MARK A. MICHAEL<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) KRISTINE BAXTER<br>BOARD MEMBER            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JODY BELLOW<br>BOARD MEMBER                | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MARGI BOOTH<br>BOARD MEMBER                | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MARY Q. PEDERSEN<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) DONALD D. DESHLER, PH.D.<br>BOARD MEMBER  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DRAKE DUANE, M.D.<br>BOARD MEMBER         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JOHN G. GANTZ, JR.<br>BOARD MEMBER        | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MARK J. GRIFFIN, PH.D.<br>BOARD MEMBER    | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) JARROD KAHN<br>BOARD MEMBER               | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) THE HONORABLE THOMAS KEAN<br>BOARD MEMBER | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) MICHAEL C. LASKY<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) ALAN D. PESKY<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) CASSIA SCHIFTER<br>BOARD MEMBER                           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) SALLY QUINN<br>BOARD MEMBER                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) ANDREA DAVIS PINKNEY<br>BOARD MEMBER THROUGH 4/15         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) STAN WATTLES<br>BOARD MEMBER THROUGH 4/15                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) JAMES WENDORF<br>EXECUTIVE DIRECTOR                       | 40.00   |   |                       | X       |              |                              |        | 229,258.   | 0.  | 36,435.   |
| (24) ALAN BENDICH<br>DIRECTOR FINANCE & OPERATI                | 40.00   |   |                       | X       |              |                              |        | 125,354.   | 0.  | 35,791.   |
| (25) KEVIN HAGER<br>CHIEF COMMUNICATIONS & ENG                 | 40.00   |   |                       |         | X            |                              |        | 167,660.   | 0.  | 20,433.   |
| (26) LINDSAY JONES<br>DIRECTOR PUBLIC POLICY & ADVOCACY        | 40.00   |   |                       |         |              | X                            |        | 127,870.   | 0.  | 45,967.   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 650,142.   | 0.  | 138,626.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 477,134.   | 0.  | 87,240.   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,127,276.   | 0.  | 225,866.  |

**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 **8**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | X  |
| <b>4</b> 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 | X   |    |
| <b>5</b> 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                       |     | X  |

**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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| DIGITAL PULP, INC., 220 EAST 23RD STREET, SUITE 900, NEW YORK, NY 10010  | WEBSITE DEVELOPMENT            | 3,412,352.          |
| PROPPER DALEY LLC, 6380 WILSHIRE BLVD, 15TH FLOOR, LOS ANGELES, CA 90048 | CONSULTING SERVICES            | 317,082.            |
| RTI RESEARCH, 1351 WASHINGTON BLVD., SUITE 900, STAMFORD, CT 06902-2448  | CONSULTING SERVICES            | 220,256.            |
| TENTHWAVE DIGITAL LLC, 35 PINELAWN ROAD SUITE 207W, MELVILLE, NY 11747   | WEBSITE DEVELOPMENT            | 138,300.            |
| ALLEY DESIGN SOLUTIONS, INC. 6116 SW MCKINLEY AVE, DES MOINES, IA 50321  | CONSULTING SERVICES            | 108,104.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

| (A)<br>Name and title                                    | (B)<br>Average<br>hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
|  |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |   |  |
| (27) STEVAN KUKIC<br>DIRECTOR SCHOOL TRANSFORMA          | 40.00  |   |                       |         |              | X                            |        | 126,793.  | 0.  | 25,626.  |
| (28) KEVIN FORSYTH<br>DIRECTOR DIGITAL STRATEGY          | 40.00  |   |                       |         |              | X                            |        | 123,629.  | 0.  | 14,500.  |
| (29) SHELDON HOROWITZ<br>DIRECTOR LD RESOURCES           | 40.00  |   |                       |         |              | X                            |        | 118,239.  | 0.  | 42,882.  |
| (30) RASHONDA AMBROSE<br>DIRECTOR STRATEGIC PARTNERSHIPS | 40.00  |   |                       |         |              | X                            |        | 108,473.  | 0.  | 4,232.   |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
| Total to Part VII, Section A, line 1c .....              |  |   |                       |         |              |                              |        | 477,134.  |   | 87,240.  |

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |   |                      |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
|--|---|----------------------|----------------------|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                      |                      |   |   |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>            |                      |                      |   |   |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>            | 2,252,848.           |                      |   |   |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>            |                      |                      |   |   |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            |                      |                      |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>            | 3,633,992.           |                      |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |                      |                      |                      |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |                      |                      |                      | 5,886,840.                                      |   |  |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> <b>EDUCATION SERVICE FEES</b> .....  | <b>Business Code</b> | 611430               | 1,387,618.           | 1,387,618.                                      |   |  |
|  | <b>b</b> .....  |                      |                      |                      |   |   |  |
|  | <b>c</b> .....  |                      |                      |                      |   |   |  |
|  | <b>d</b> .....  |                      |                      |                      |   |   |  |
|  | <b>e</b> .....  |                      |                      |                      |   |   |  |
|  | <b>f</b> All other program service revenue .....  |                      |                      |                      |   |   |  |
|  | <b>g Total.</b> Add lines 2a-2f .....   |                      |                      |                      | 1,387,618.                                      |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |                      |                      | 534.                 |   |   | 534.   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |                      |                      |                      |   |   |  |
|  | <b>5</b> Royalties .....  |                      |                      |                      |   |   |  |
|  | <b>6 a</b> Gross rents .....  | (i) Real             | (ii) Personal        |                      |   |   |  |
|  | <b>b</b> Less: rental expenses .....  | 183,740.             | 0.                   |                      |   |   |  |
|  | <b>c</b> Rental income or (loss) .....  | 183,740.             |                      |                      |   |   |  |
|  | <b>d</b> Net rental income or (loss) .....  |                      |                      |                      |   |   |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities       | (ii) Other           |                      |   |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses .....  | 76,065.              |                      |                      |   |   |  |
|  | <b>c</b> Gain or (loss) .....   | 70,920.              |                      |                      |   |   |  |
|  | <b>d</b> Net gain or (loss) .....   | 5,145.               |                      |                      |   |   |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 2,252,848. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>             | 155,027.             |                      |   |   |  |
|  | <b>b</b> Less: direct expenses .....  | <b>b</b>             | 155,027.             |                      |   |   |  |
|  | <b>c</b> Net income or (loss) from fundraising events .....   |                      |                      |                      |   |   |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....   | <b>a</b>             |                      |                      |   |   |  |
|  | <b>b</b> Less: direct expenses .....  | <b>b</b>             |                      |                      |   |   |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....  |                      |                      |                      |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>  |                      |                      |                      |   |   |  |
| <b>b</b> Less: cost of goods sold .....                                    | <b>b</b>  |                      |                      |                      |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory .....                |   |                      |                      |                      |   |   |  |
| <b>Miscellaneous Revenue</b>   |   |                      | <b>Business Code</b> |                      |   |   |  |
| <b>11 a</b> .....  |   |                      |                      |                      |   |   |  |
| <b>b</b> .....   |   |                      |                      |                      |   |   |  |
| <b>c</b> .....   |   |                      |                      |                      |   |   |  |
| <b>d</b> All other revenue .....   |   |                      |                      |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |   |                      |                      |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions. ....                            |   |                      |                      | 7,463,877.           | 1,387,618.                                      | 0.                                      | 189,419.   |

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Form **990** (2014)

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 33,500.               | 33,500.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 665,313.              | 567,643.                        | 27,591.                                | 70,079.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 2,642,581.            | 2,246,340.                      | 111,935.                               | 284,306.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 83,059.               | 70,866.                         | 3,444.                                 | 8,749.                      |
| <b>9</b> Other employee benefits   | 310,134.              | 264,606.                        | 12,861.                                | 32,667.                     |
| <b>10</b> Payroll taxes  | 264,751.              | 225,941.                        | 10,915.                                | 27,895.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 58,000.               | 29.                             | 28,750.                                | 29,221.                     |
| <b>d</b> Lobbying  | 57,713.               | 57,713.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 503,881.              | 250.                            | 249,769.                               | 253,862.                    |
| <b>12</b> Advertising and promotion  | 2,508.                |                                 | 1,244.                                 | 1,264.                      |
| <b>13</b> Office expenses  | 235,415.              | 166,814.                        | 8,356.                                 | 60,245.                     |
| <b>14</b> Information technology   | 1,513,427.            | 1,502,772.                      | 2,905.                                 | 7,750.                      |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 221,617.              | 162,086.                        | 14,974.                                | 44,557.                     |
| <b>17</b> Travel   | 173,585.              | 140,754.                        | 24,395.                                | 8,436.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 78,283.               | 73,079.                         | 4,875.                                 | 329.                        |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 241,097.              | 232,858.                        | 2,127.                                 | 6,112.                      |
| <b>23</b> Insurance  | 17,828.               | 15,281.                         | 658.                                   | 1,889.                      |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a PROGRAM &amp; EVALUATION</b>  | 1,002,100.            | 1,001,895.                      |  | 205.                        |
| <b>b DUES &amp; SUBSCRIPTIONS</b>  | 130,122.              | 92,156.                         | 8,619.                                 | 29,347.                     |
| <b>c RECRUITMENT FEES</b>  | 127,368.              | 808.                            | 126,560.                               |                             |
| <b>d EQUIPMENT LEASING &amp; MAINTENANCE</b>   | 27,567.               | 27,401.                         | 43.                                    | 123.                        |
| <b>e All other expenses</b>  | 26,534.               | 12,746.                         | 13,480.                                | 308.                        |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 8,416,383.            | 6,895,538.                      | 653,501.                               | 867,344.                    |
| <b>26 Joint costs.</b> 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)

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Form 990 (2014)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year  |            | (B)<br>End of year |
|--|--|---|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 437,186.  | <b>1</b>   | 357,419.           |
|  | <b>2</b> Savings and temporary cash investments .....  | 1,203,648.  | <b>2</b>   | 113,869.           |
|  | <b>3</b> Pledges and grants receivable, net .....  | 1,365,614.  | <b>3</b>   | 526,629.           |
|  | <b>4</b> Accounts receivable, net .....  |   | <b>4</b>   |                    |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |   | <b>5</b>   |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |   | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |   | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use .....   |   | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 141,817.  | <b>9</b>   | 162,374.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 1,695,871.  |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | 1,009,997.  |            |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 284,196.  | <b>10c</b> | 685,874.           |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 70,920.   | <b>11</b>  | 0.                 |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |   | <b>12</b>  |                    |
|  | <b>14</b> Intangible assets .....  |   | <b>13</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 16,810.   | <b>14</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 3,520,191.   | <b>15</b>   | 79,144.    |                    |
|  |  | <b>16</b>   | 1,925,309. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 915,491.  | <b>17</b>  | 593,024.           |
|  | <b>18</b> Grants payable .....   |   | <b>18</b>  |                    |
|  | <b>19</b> Deferred revenue .....   | 281,966.  | <b>19</b>  | 946.               |
|  | <b>20</b> Tax-exempt bond liabilities .....  |   | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |   | <b>21</b>  |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |   | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |   | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |   | <b>24</b>  |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 86,772.   | <b>25</b>  | 62,375.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,284,229.  | <b>26</b>  | 656,345.           |
|  | <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |            |                    |
| <b>27</b> Unrestricted net assets .....  |  | 890,788.  | <b>27</b>  | 493,592.           |
| <b>28</b> Temporarily restricted net assets .....  |  | 1,345,174.  | <b>28</b>  | 775,372.           |
| <b>29</b> Permanently restricted net assets .....  |  |   | <b>29</b>  |                    |
| <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> |  |   |            |                    |
| <b>30</b> Capital stock or trust principal, or current funds .....   |  |   | <b>30</b>  |                    |
| <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  |   | <b>31</b>  |                    |
| <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |  |   | <b>32</b>  |                    |
| <b>33</b> <b>Total net assets or fund balances</b> .....   |  | 2,235,962.  | <b>33</b>  | 1,268,964.         |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> .....  |  | 3,520,191.  | <b>34</b>  | 1,925,309.         |

Form **990** (2014)

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Form 990 (2014)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒ X

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 7,463,877. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 8,416,383. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -952,506.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,235,962. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -14,492.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,268,964. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒ X

|           |   | Yes       | No       |
|-----------|---|-----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |           |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | <b>X</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>2b</b> | <b>X</b> |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | <b>2c</b> | <b>X</b> |
| <b>3a</b> | 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? _____  | <b>3a</b> | <b>X</b> |
| <b>b</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 _____  | <b>3b</b> |          |

Form **990** (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2014**

**Open to Public  
Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Employer identification number  
**13-2899381**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**NATIONAL CENTER FOR LEARNING**

Schedule A (Form 990 or 990-EZ) 2014 **DISABILITIES, INC.**

13-2899381 Page 2

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 4,528,082. | 4,572,095. | 5,442,093. | 4,976,259. | 5,886,840. | 25,405,369. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 4,528,082. | 4,572,095. | 5,442,093. | 4,976,259. | 5,886,840. | 25,405,369. |
| <b>5</b> 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) ..... |            |            |            |            |            | 12,839,146. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 12,566,223. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 4,528,082. | 4,572,095. | 5,442,093. | 4,976,259. | 5,886,840. | 25,405,369.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 22,238.    | 3,532.     | 3,367.     | 2,655.     | 184,274.   | 216,066.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 25,621,435.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 7,009,415.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 49.05 % |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 52.69 % |
| <b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |                                     |         |
|   | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |                                     |         |
|   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |                                     |         |
|   | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |                                     |         |
|   | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

Schedule A (Form 990 or 990-EZ) 2014

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ► ☐

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ► ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete 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 |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| <b>4a</b> 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.   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.  |     |    |
| <b>5a</b> 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 <b>Part VI</b> , 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). |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>8</b> 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).  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.   |     |    |
| <b>b</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.)   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>   |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |     |    |
| <b>3</b>   |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |  |
| <b>3b</b>   |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |                |                             |

  

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

  

| <b>Section C - Distributable Amount</b>  |          |  | Current Year |
|--|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |  |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |          |  |              |

Schedule A (Form 990 or 990-EZ) 2014

**NATIONAL CENTER FOR LEARNING**

Schedule A (Form 990 or 990-EZ) 2014

**DISABILITIES, INC.**

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| <b>Section D - Distributions</b> |  |  | <b>Current Year</b> |
|----------------------------------|--|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  |  |                     |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |  |                     |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |  |                     |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  |  |                     |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required)  |  |                     |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.   |  |                     |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  |  |                     |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |  |                     |
| <b>9</b>                         | Distributable amount for 2014 from Section C, line 6   |  |                     |
| <b>10</b>                        | Line 8 amount divided by Line 9 amount   |  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b> |   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2014</b> | <b>(iii)<br/>Distributable<br/>Amount for 2014</b> |
|--|---|-------------------------------------|---|--|
| <b>1</b>   | Distributable amount for 2014 from Section C, line 6  |                                     |   |  |
| <b>2</b>   | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                                     |   |  |
| <b>3</b>   | Excess distributions carryover, if any, to 2014:  |                                     |   |  |
| <b>a</b>   |   |                                     |   |  |
| <b>b</b>   |   |                                     |   |  |
| <b>c</b>   |   |                                     |   |  |
| <b>d</b>   |   |                                     |   |  |
| <b>e</b>   | From 2013   |                                     |   |  |
| <b>f</b>   | <b>Total</b> of lines 3a through e  |                                     |   |  |
| <b>g</b>   | Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b>   | Applied to 2014 distributable amount  |                                     |   |  |
| <b>i</b>   | Carryover from 2009 not applied (see instructions)  |                                     |   |  |
| <b>j</b>   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b>   | Distributions for 2014 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b>   | Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b>   | Applied to 2014 distributable amount  |                                     |   |  |
| <b>c</b>   | Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b>   | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                     |   |  |
| <b>6</b>   | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                     |   |  |
| <b>7</b>   | <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b>   | Breakdown of line 7:  |                                     |   |  |
| <b>a</b>   |   |                                     |   |  |
| <b>b</b>   |   |                                     |   |  |
| <b>c</b>   |   |                                     |   |  |
| <b>d</b>   | Excess from 2013  |                                     |   |  |
| <b>e</b>   | Excess from 2014  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **DISABILITIES, INC.**

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2014

Name of the organization

NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.

Employer identification number

13-2899381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization  
**NATIONAL CENTER FOR LEARNING  
 DISABILITIES, INC.**

Employer identification number

**13-2899381****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   |                                   | \$ <u>4,140,627.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   |                                   | \$ <u>123,250.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   |                                   | \$ <u>124,315.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

13-2899381

## Part II

[illegible]



Name of organization

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Employer identification number

**13-2899381****Part III**

**Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **\$** \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | <hr/>                                   | <hr/>           | <hr/>                                    |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |
|                           | <hr/>                                   |                 | <hr/>                                    |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Employer identification number  
**13-2899381**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ .....

3 Volunteer hours ..... ▶ .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ .....

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2014

LHA  
432041  
10-21-14

**NATIONAL CENTER FOR LEARNING**

Schedule C (Form 990 or 990-EZ) 2014

**DISABILITIES, INC.**

13-2899381 Page 2

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 57,713.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   | 57,713.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   | 7,491,326.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   | 7,549,039.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 527,452.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   | 131,863.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 371,595. | 411,903. | 704,353. | 527,452. | 2,015,303. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 3,022,955. |
| <b>c</b> Total lobbying expenditures                                | 136,292. | 155,467. | 168,037. | 57,713.  | 517,509.   |
| <b>d</b> Grassroots nontaxable amount                               | 92,899.  | 102,976. | 176,088. | 131,863. | 503,826.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 755,739.   |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |            |

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 **DISABILITIES, INC.**

**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)).

[illegible]

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? .....                      | 1   |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | 2   |    |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | 3   |    |

|   |  |    |  |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members .....   | 1  |  |
| 2 | Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>  |    |  |
| a | Current year .....   | 2a |  |
| b | Carryover from last year .....   | 2b |  |
| c | Total .....  | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) .....   | 5  |  |

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.

**Employer identification number**  
13-2899381

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

|          |        |             |            |                             |          |
|----------|--------|-------------|------------|-----------------------------|----------|
| 17330517 | 756359 | 1107145.000 | 2014.05092 | NATIONAL CENTER FOR LEARNIN | 11071451 |
|----------|--------|-------------|------------|-----------------------------|----------|

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Schedule D (Form 990) 2014

13-2899381 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A) .....   |                |   |
| (B) .....   |                |   |
| (C) .....   |                |   |
| (D) .....   |                |   |
| (E) .....   |                |   |
| (F) .....   |                |   |
| (G) .....   |                |   |
| (H) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, 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) .....   |                |   |
| (8) .....   |                |   |
| (9) .....   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) .....   |                |
| (2) .....   |                |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) <b>DEFERRED RENT</b>  | <b>62,375.</b> |  |
| (3) .....   |                |  |
| (4) .....   |                |  |
| (5) .....   |                |  |
| (6) .....   |                |  |
| (7) .....   |                |  |
| (8) .....   |                |  |
| (9) .....   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | <b>62,375.</b> |  |

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 ☒

**Schedule D (Form 990) 2014**

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Schedule D (Form 990) 2014

13-2899381 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 7,860,740. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 396,863.   |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 396,863.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 7,463,877. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 7,463,877. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 8,827,738. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 396,863.   |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 14,492.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 411,355.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 8,416,383. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 8,416,383. |

**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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

NCLD RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT NCLD HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. NCLD IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LOSSES ON UNCOLLECTIBLE PLEDGES 14,492.



[illegible]

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2014

### Open to Public Inspection

Name of the organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

|                                |
|--------------------------------|
| Employer identification number |
| 13-2899381                     |

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

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

☐ Yes☐ **No**

**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 or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| Total .....   |               |  |    |                                   |   |   |

**3** 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.

**NATIONAL CENTER FOR LEARNING**

Schedule G (Form 990 or 990-EZ) 2014

**DISABILITIES, INC.**

13-2899381 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |   | (a) Event #1                      | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|-----------------------------------|--------------|------------------------|--|
|                 |   | ANNUAL<br>BENEFIT<br>(event type) | (event type) | NONE<br>(total number) |  |
| Revenue         | 1 Gross receipts .....  | 2,407,875.                        |              |                        | 2,407,875.   |
|                 | 2 Less: Contributions .....   | 2,252,848.                        |              |                        | 2,252,848.   |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 155,027.                          |              |                        | 155,027.   |
| Direct Expenses | 4 Cash prizes .....   |                                   |              |                        |  |
|                 | 5 Noncash prizes .....  |                                   |              |                        |  |
|                 | 6 Rent/facility costs .....   | 15,469.                           |              |                        | 15,469.  |
|                 | 7 Food and beverages .....  | 86,800.                           |              |                        | 86,800.  |
|                 | 8 Entertainment .....   |                                   |              |                        |  |
|                 | 9 Other direct expenses .....   | 52,758.                           |              |                        | 52,758.  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                   |              |                        | 155,027.   |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                   |              |                        | 0.   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1 Gross revenue .....  |   |   |   |   |
|                 | 2 Cash prizes .....  |   |   |   |   |
| Direct Expenses | 3 Noncash prizes .....   |   |   |   |   |
|                 | 4 Rent/facility costs .....  |   |   |   |   |
|                 | 5 Other direct expenses .....  |   |   |   |   |
| Revenue         | 6 Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
| Revenue         | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**NATIONAL CENTER FOR LEARNING**

Schedule G (Form 990 or 990-EZ) 2014 **DISABILITIES, INC.**

**13-2899381** 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

|                |  |
|----------------|--|
| <b>Part IV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|----------------|--|

|          |        |             |            |                             |          |
|----------|--------|-------------|------------|-----------------------------|----------|
| 17330517 | 756359 | 1107145.000 | 2014.05092 | NATIONAL CENTER FOR LEARNIN | 11071451 |
|----------|--------|-------------|------------|-----------------------------|----------|

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

**Employer identification number**  
**13-2899381**

**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 the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |
|   |                |                                      |                                 |  |  |   |   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶

**3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

**Schedule I (Form 990) (2014)**

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Schedule I (Form 990) (2014)

13-2899381

Page 2

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 25                       | 33,500.                  | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**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:**

THE FORD SCHOLARSHIPS APPLICATIONS ARE POSTED ON THE NCLD WEBSITE IN THE FALL OF EACH YEAR, AND OUTREACH TO A WIDE AUDIENCE OF EDUCATOR AND PARENT AUDIENCES IS CONDUCTED; ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE DEC. 31. EVERY APPLICATION IS REVIEWED BY AN NCLD TEAM MEMBER, AND SECOND AND THIRD ROUND REVIEWS BY STAFF, INTERNS AND INVITED GUESTS (SPECIAL EDUCATION AND RELATED SERVICE PROFESSIONALS) TAKES PLACE. A POOL OF 50 "BEST" APPLICATIONS IS PREPARED FOR A SENIOR STAFF PERSON WHO NARROWS THE NUMBER OF CANDIDATES TO TWENTY, TEN FOR EACH OF THE SCHOLARSHIP AWARD

**Part IV** Supplemental Information

CATEGORIES. PACKETS WITH APPLICATION MATERIALS ARE SENT TO MEMBERS OF THE SCHOLARSHIP COMMITTEE INCLUDING ANNE FORD AND OTHER VOLUNTEER MEMBERS OF THIS COMMITTEE.

ONCE THE COMMITTEE MAKES ITS DECISION, THE SENIOR STAFF PERSON FOLLOWS UP WITH EACH WINNER, THEIR PARENTS, AND SELECT INDIVIDUALS WHO SUBMITTED LETTERS OF RECOMMENDATION (E.G., TEACHERS, COACHES, EMPLOYERS). HE THEN PROVIDES FEEDBACK TO THE COMMITTEE ABOUT THEIR SELECTION, ANSWERING ANY QUESTION THEY RAISED, CONFIRMING THEIR SELECTION OR SUGGESTING A REORDERING OF AWARDEES BASED ON NEW INFORMATION.

THE ORGANIZATION MONITORS THE AWARD TO ASSURE IT IS USED FOR ITS INTENDED PURPOSE, AND THE PAYMENT OF SCHOLARSHIP FUNDS IS MADE IN ONE OF THE FOLLOWING WAYS:

1. DIRECTLY TO WINNER, BY CHECK, AFTER RECEIPT OF COPY OF INVOICE FROM POST-SECONDARY PROGRAM; OR 2. DIRECTLY TO SCHOOL/PROGRAM, UPON RECEIPT OF COPY OF INVOICE FROM POST-SECONDARY PROGRAM

IN THE ORGANIZATION'S RECORDS ALL EXPENSES ARE CODED TO ACCURATELY TO REFLECT:

1. RESTRICTED OR UNRESTRICTED NATURE OF PAYMENT

2. PURPOSE OF PAYMENT, PAYEE INFORMATION (INCLUDING SOCIAL SECURITY #), APPROVAL BY APPROPRIATE NCLD STAFF



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Employer identification number

**13-2899381**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

|           |  |          |
|-----------|--|----------|
|           |  |          |
| <b>1b</b> |  |          |
| <b>2</b>  |  |          |
|           |  |          |
| <b>4a</b> |  | <b>X</b> |
| <b>4b</b> |  | <b>X</b> |
| <b>4c</b> |  | <b>X</b> |
|           |  |          |
| <b>5a</b> |  | <b>X</b> |
| <b>5b</b> |  | <b>X</b> |
|           |  |          |
| <b>6a</b> |  | <b>X</b> |
| <b>6b</b> |  | <b>X</b> |
|           |  |          |
| <b>7</b>  |  | <b>X</b> |
| <b>8</b>  |  | <b>X</b> |
| <b>9</b>  |  |          |

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

Schedule J (Form 990) 2014

**NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Schedule J (Form 990) 2014

13-2899381

Page **2**

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

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

**Note.** The sum of columns (B)(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.

| (A) Name and Title                                     |      | (B) Breakdown of W-2 and/or 1099-MISC 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 in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JAMES WENDORF<br>EXECUTIVE DIRECTOR                | (i)  | 229,258.   | 0.                                  | 0.                                  | 15,000.  | 21,435.                 | 265,693.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) ALAN BENDICH<br>DIRECTOR FINANCE & OPERATI         | (i)  | 125,354.   | 0.                                  | 0.                                  | 6,677.   | 29,114.                 | 161,145.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KEVIN HAGER<br>CHIEF COMMUNICATIONS & ENG          | (i)  | 167,660.   | 0.                                  | 0.                                  | 8,335.   | 12,098.                 | 188,093.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) LINDSAY JONES<br>DIRECTOR PUBLIC POLICY & ADVOCACY | (i)  | 127,870.   | 0.                                  | 0.                                  | 6,715.   | 39,252.                 | 173,837.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) STEVAN KUKIC<br>DIRECTOR SCHOOL TRANSFORMA         | (i)  | 126,793.   | 0.                                  | 0.                                  | 6,209.   | 19,417.                 | 152,419.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) SHELDON HOROWITZ<br>DIRECTOR LD RESOURCES          | (i)  | 118,239.   | 0.                                  | 0.                                  | 6,420.   | 36,462.                 | 161,121.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.

Employer identification number  
13-2899381

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH LEARNING AND ATTENTION ISSUES-BY EMPOWERING PARENTS AND YOUNG  
ADULTS, TRANSFORMING SCHOOLS AND ADVOCATING FOR EQUAL RIGHTS AND  
OPPORTUNITIES. WE'RE WORKING TO CREATE A SOCIETY IN WHICH EVERY  
INDIVIDUAL POSSESSES THE ACADEMIC, SOCIAL AND EMOTIONAL SKILLS NEEDED  
TO SUCCEED IN SCHOOL, AT WORK AND IN LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A SOCIETY IN WHICH EVERY INDIVIDUAL POSSESSES THE ACADEMIC, SOCIAL AND  
EMOTIONAL SKILLS NEEDED TO SUCCEED IN SCHOOL, AT WORK AND IN LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAMPAIGN IN PARTNERSHIP WITH THE AD COUNCIL AND OUR OTHER FOUNDING  
PARTNERS TO RAISE AWARENESS ABOUT LEARNING AND ATTENTION ISSUES AND  
ATTRACT PARENTS TO UNDERSTOOD. WE BEGAN COORDINATED MONTHLY CAMPAIGNS  
WITH THE OTHER FOUNDING PARTNERS AND WE SCALED OUR REACH ON FACEBOOK,  
TWITTER, AND PINTEREST - REACHING PARENTS WHEREVER THEY MAY BE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SECURED LANGUAGE IN THE REAUTHORIZATION BILLS FOR THE WORKFORCE  
INVESTMENT ACT (S. 1356 AND H.R. 803) THAT WAS PASSED INTO LAW IN JULY  
OF 2014. THE LAW WILL ENSURE THAT YOUNG ADULTS WHO HAVE BEEN IN SPECIAL  
EDUCATION HAVE BETTER SERVICES AFTER HIGH SCHOOL AND AS THEY TRANSITION  
TO THE WORKFORCE.

LED A SUCCESSFUL CAMPAIGN TO SECURE \$2.5 MILLION OVER 5 YEARS TO CREATE  
AND FUND A NATIONAL TECHNICAL ASSISTANCE CENTER, AN ONLINE RESOURCE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

Employer identification number  
**13-2899381**

CENTER THAT WILL PROVIDE INFORMATION TO STUDENTS WITH DISABILITIES AND THEIR FAMILIES TO ASSIST WITH THE TRANSITION TO HIGHER EDUCATION AND SERVE AS A CLEARINGHOUSE FOR INFORMATION AT UNIVERSITIES AND COMMUNITY COLLEGES.

SUPPORTED A STRONGER EDUCATION SCIENCES AND REFORM ACT (ESRA) TO RESTORE IMPORTANT INVESTMENT IN EDUCATION RESEARCH.

HOSTED A BRIEFING IN THE U.S. SENATE ON RAISING THE BAR FOR STUDENTS WITH DISABILITIES: HOW ACCOUNTABILITY AND HIGH EXPECTATIONS RESULT IN POSITIVE OUTCOMES. PANELISTS DISCUSSED THE IMPORTANCE OF HIGH EXPECTATIONS FROM THEIR UNIQUE PERSPECTIVES AND SENT A UNIFIED MESSAGE THAT PARENTS, TEACHERS, AND STUDENTS MUST BE SUPPORTED IN BOTH POLICY AND PRACTICE TO ENSURE STUDENTS WITH DISABILITIES CAN REACH THEIR FULL POTENTIAL.

**KNOWLEDGE-BUILDING:**

COLLABORATED WITH THE LEARNING DISABILITIES ASSOCIATION (LDA) TO DEVELOP RECOMMENDATIONS FOR STATES THIRD GRADE READING LAWS AND SHARED RECOMMENDATIONS IN A "BEST PRACTICES" DOCUMENT FOR POLICYMAKERS, AN INFOGRAPHIC FOR PARENTS ON NCLD.ORG, AND A PRESENTATION FOR PRACTITIONERS AT LDA'S ANNUAL CONFERENCE IN CHICAGO.

RECEIVED A GRANT FROM THE BILL AND MELINDA GATES FOUNDATION TO STUDY AND MAKE RECOMMENDATIONS ON HOW SYSTEMS OF PERSONALIZED LEARNING BEST SERVE AND INCORPORATE STUDENTS WITH DISABILITIES.

**GRASSROOTS ADVOCACY:**

BRIEFED PARENT ADVOCATES AROUND THE NATION TO ENSURE THEY WERE FULLY INFORMED ON ESEA REAUTHORIZATION AND COULD SPEAK DIRECTLY WITH STAFF OF MEMBERS OF CONGRESS ON ISSUES THEY CARE ABOUT.

MOBILIZED A RECORD-BREAKING 3,000 PARENTS IN 72 HOURS TO TAKE ACTION THROUGH NCLD'S ACTION CENTER AND VOICE THEIR SUPPORT FOR AN AMENDMENT

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TO ESEA THAT WOULD ADDRESS THE NEEDS OF STUDENTS WITH DYSLEXIA AND  
OTHER LEARNING DISABILITIES.

HELPED THOUSANDS OF PARENTS TO CONTACT THEIR MEMBERS OF CONGRESS  
DIRECTLY THROUGH OUR ACTION ALERTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN-DEPTH ONLINE SURVEY AND ENGAGED 1,221 YOUNG ADULTS (AND A GROUP OF  
PARENTS) IN THE FALL OF 2014. THE RESULTS OF THE STUDY WERE SHARED WITH  
KEY STAKEHOLDERS IN THE SPECIAL AND GENERAL EDUCATION COMMUNITIES, AND  
A COMMUNICATIONS AND OUTREACH PLAN WAS CREATED, INCLUDING WEB POSTING,  
WEBINARS, AND CONFERENCE PRESENTATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOL TRANSFORMATION:

OUR FOCUS HAS BEEN ON HELPING SCHOOL DISTRICTS TO IMPLEMENT  
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) FRAMEWORKS, WHICH HAVE BEEN  
DEMONSTRATED TO BE THE MOST EFFECTIVE WAY TO ENSURE THAT ALL STUDENTS  
CAN SUCCEED.

BASED ON THE OUTCOMES FROM THE 2013 ROUNDTABLE ON SLD IDENTIFICATION,  
THE SCHOOL TRANSFORMATION TEAM CREATED A FREE ONLINE SLD IDENTIFICATION  
TOOLKIT AND LAUNCHED IT ON RTINETWORK.ORG IN 2014. OVER 5,000 PEOPLE  
HAVE ACCESSED THE CONTENT IN THE TOOLKIT.

SCHOOLS THAT WORK: WE BEGAN A TWO-YEAR SCHOOLS THAT WORK PROJECT WITH  
BARNSTABLE (MA) PUBLIC SCHOOL DISTRICT TO IMPLEMENT MTSS IN A  
COMPREHENSIVE, SYSTEMATIC MANNER THROUGHOUT THE DISTRICT. THE PROGRAM  
INCLUDES A FULL YEAR OF TARGETED PROFESSIONAL DEVELOPMENT, STRATEGIC  
PLANNING AND MENTORING FOCUSED ON FULLY IMPLEMENTING MTSS PRE K-12 IN  
BOTH ACADEMICS AND BEHAVIOR IN 2014 AND AN ADDITIONAL YEAR, WITH AN

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INCREASED FOCUS ON SCHOOL-BASED LEADERSHIP AND PROFESSIONAL DEVELOPMENT  
IN LEADERSHIP IN THE FOLLOWING YEAR. IN ADDITION, A SECOND DISTRICT  
WAS SELECTED IN 2014 FOR STARTING THE PROJECT IN 2015, THE NEW DISTRICT  
IS THE MASHPEE PUBLIC SCHOOLS. THEY WERE SELECTED OUT OF A COMPETITIVE  
FIELD OF OTHER APPLICANTS FROM CAPE COD AND THE ISLANDS.  
EXPENSES \$ 436,547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR REVIEW THE DOCUMENT FOR ANY  
ADJUSTMENTS AND IS COMPARED TO THE AUDITED FINANCIAL STATEMENTS. THE  
EXECUTIVE DIRECTOR REVIEWS ALL THE TEXT. AFTER THE EXECUTIVE REVIEW IS  
COMPLETE, THE FORM 990 IS FORWARDED TO THE BOARD BY E-MAIL. PAPER COPIES  
OF THE FORM 990 ARE ALSO PROVIDED TO THOSE BOARD MEMBERS WHO PREFER THEM.  
THE ORGANIZATION'S OFFICERS ADDRESS ANY QUESTIONS THAT THE BOARD MAY HAVE.  
WHEN ALL QUESTIONS AND ISSUES ARE RESOLVED, THE EXECUTIVE DIRECTOR APPROVES  
AND THE 990 IS ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY POSSIBLE CONFLICT OF INTEREST SHOULD BE PROMPTLY DISCLOSED TO THE BOARD  
OF DIRECTORS BY THE PERSON CONCERNED. THIS POLICY INCLUDES ANY DIRECTOR,  
OFFICER, STAFF MEMBER AND MEMBERS OF THE IMMEDIATE FAMILY THEREOF, OR ANY  
PARTY, GROUP OR ORGANIZATION THAT IS ASSOCIATED WITH THE ORGANIZATION.  
ANY CONTRACT PROPOSED FOR THIS ORGANIZATION IS REVIEWED AND APPROVED BY THE  
BOARD OF DIRECTORS OR A COMMITTEE THEREOF. ANY INTERESTED PERSON BRINGING  
A POTENTIAL CONFLICT OF INTEREST TO THE ATTENTION OF THE BOARD OF DIRECTORS  
(OR ITS COMMITTEE) MAY PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL  
RELEVANT INFORMATION, BUT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD (OR  
COMMITTEE) IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION

Name of the organization **NATIONAL CENTER FOR LEARNING  
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OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. THE INTERESTED PERSON SHALL NOT VOTE ON THE MATTER. THE MINUTES OF THE BOARD (OR COMMITTEE) SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DECISION OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT THAT A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR COMMITTEE), EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN. A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS FURNISHED ANNUALLY BY EACH DIRECTOR, OFFICER, AND STAFF MEMBER WHO IS PRESENTLY SERVING THE ORGANIZATION, OR WHO MAY HEREAFTER BECOME ASSOCIATED WITH IT. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF THE DIRECTORS, OFFICERS, AND STAFF MEMBERS. ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS ARE ADVISED OF THE POLICY AND SHALL FURNISH A DISCLOSURE STATEMENT PRIOR TO UNDERTAKING THE DUTIES OF SUCH OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR OF THE ORGANIZATION INCLUDES ALL OF THE FOLLOWING ELEMENTS:

1. REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS: EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ALL INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT ARE EXCLUDED FROM THE ROOM FOR DISCUSSIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION.

2. USE OF COMPARABLE COMPENSATION DATA: COMPENSATION DATA FROM SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS ARE THE DATA SOURCES UTILIZED TO ESTABLISH EXECUTIVE COMPENSATION.



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**3. CONTEMPORANEOUS DOCUMENTATION: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT IN THE BOOKS AND RECORDS OF THE ORGANIZATION. THE PROCESS FOR ESTABLISHING EXECUTIVE COMPENSATION WAS LAST PERFORMED ON JUNE 30, 2015.**

**COMPENSATION ARRANGEMENTS FOR OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE EXECUTIVE DIRECTOR, AND MAY INCLUDE COST OF LIVING INCREASES AND MERIT INCREASES, SALARY SURVEYS ARE USED TO ASSIST THE ORGANIZATION IN SETTING COMPENSATION ARRANGEMENTS. THE EXECUTIVE DIRECTOR PRESENTS THE PROPOSED COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THIS PROCESS WAS LAST PERFORMED ON JUNE 30, 2015.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
NY,AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,MN,NC,ND,NJ,NH,NM  
OH,OK,OR,PA,RI,SC,TN,VA,WA,WI,WV**

**FORM 990, PART VI, SECTION C, LINE 19:**

**THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE AS IT IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. IN ADDITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON WRITTEN REQUEST OF THE ORGANIZATION AT 32 LAIGHT STREET (2ND FLOOR), NEW YORK, NY 10013-2152; OR BY CALLING THE ORGANIZATION AT 212-545-7510.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

**LOSSES ON UNCOLLECTIBLE PLEDGES**

**-14,492.**

432212  
08-27-14

Name of the organization **NATIONAL CENTER FOR LEARNING  
DISABILITIES, INC.**

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**13-2899381**

FORM 990, PART XII, LINE 2C: AUDIT OVERSIGHT

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT  
ACCOUNTANT HAS NOT CHANGED FROM THE PROCESS EMPLOYED IN THE PRIOR YEAR.