

THE EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY 10002

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2012 FORM 990

2012 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

THOMAS LANNING

EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990

FOR THE YEAR ENDING

JUNE 30, 2013

PREPARED FOR:

THE EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY 10002

PREPARED BY:

COHNREZNICK LLP
1212 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

AMOUNT DUE:

NOT APPLICABLE

MAIL CHECK PAYBLE TO:

NOT APPLICABLE

MAIL EXTENSION AND (CHECK IF APPLICABLE) TO:

NOT APPLICABLE

EXTENSION MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THE EXTENSION FOR FORM 990 HAS QUALIFIED FOR ELECTRONIC FILING. FORM 8868 EXTENDS THE DUE DATE OF THE ORGANIZATION'S FORM 990 RETURN UNTIL MAY 15, 2014. THE EXTENSION HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

PLEASE REVIEW THE TAX RETURN FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTIONS OR INFORMATION IF NEEDED. FOR EXAMPLE, FORM TDF 90-22.1 IS REQUIRED TO BE FILED FOR ANY FOREIGN FINANCIAL ACCOUNTS IN WHICH A TAXPAYER HAS A FINANCIAL INTEREST OR SIGNATURE OR OTHER AUTHORITY. FAILURE TO FILE THIS FORM, ALONG WITH OTHER FORMS RELATED TO OVERSEAS ACTIVITIES SUCH AS OWNERSHIP IN FOREIGN ENTITY, GIFTS FROM OVERSEAS OR A RELATIONSHIP WITH A FOREIGN TRUST, WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE ADVISE US IMMEDIATELY IF YOU BELIEVE YOU MAY HAVE ANY FOREIGN ACTIVITY OR FOREIGN BANK OR SECURITIES ACCOUNT WHICH CARRIES A FILING REQUIREMENT AND IT IS NOT INCLUDED IN THE TAX RETURNS.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

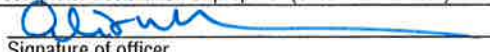
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE EDUCATIONAL ALLIANCE, INC. Doing Business As THE 14TH STREET Y Number and street (or P.O. box if mail is not delivered to street address) Room/suite 197 EAST BROADWAY City, town, or post office, state, and ZIP code NEW YORK, NY 10002 F Name and address of principal officer: ALAN VAN CAPELLE SAME AS C ABOVE	D Employer identification number 13-5562210 E Telephone number 646-395-4142 G Gross receipts \$ 48,742,623. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.EDALLIANCE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1889 M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE EDUCATIONAL ALLIANCE CHANGES LIVES FOR THE BETTER AND ENRICHES THE COMMUNITIES OF DOWNTOWN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	958
	6 Total number of volunteers (estimate if necessary)	6	1720
	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
9 Program service revenue (Part VIII, line 2g)		33,394,149.	34,373,816.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,044,833.	9,386,331.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		653,874.	632,076.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		661,648.	39,318.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,754,504.	44,431,541.
14 Benefits paid to or for members (Part IX, column (A), line 4)		48,272.	208,747.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		21,863,237.	20,877,099.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,088,776.		0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,110,312.	10,353,857.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,021,821.	31,439,703.
	19 Revenue less expenses. Subtract line 18 from line 12	8,732,683.	12,991,838.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	54,358,872.	84,791,827.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,846,799.	39,675,705.
		29,512,073.	45,116,122.

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.

Sign Here	Signature of officer:  ALAN VAN CAPELLE, PRESIDENT & CEO Type or print name and title	Date	5/14/14
Paid Preparer Use Only	Print/Type preparer's name: THOMAS LANNING Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: P00851654 Firm's name: COHNREZNICK LLP Firm's EIN: 22-1478099 Firm's address: 1212 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Phone no.: 212-297-0400		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE EDUCATIONAL ALLIANCE CURRENTLY SERVES 50,000 NEW YORKERS ANNUALLY VIA 38 PROGRAMS, INCLUDING PRESCHOOLS, CAMPS, AFTER SCHOOL PROGRAMS, SENIOR CENTERS, HEALTH & WELLNESS PROGRAMS, ARTS & CULTURE CLASSES, COUNSELING SERVICES, AND ADDICTION RECOVERY PROGRAMS. ALL PROGRAMS

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,360,277. including grants of \$) (Revenue \$ 6,392,387.) THE 14TH ST Y: THIS EDUCATION ALLIANCE HUB IS THE ONLY JEWISH COMMUNITY CENTER SOUTH OF 14TH STREET. IN ADDITION TO SERVING BOTH CHILDREN AND THEIR FAMILIES WITH A PRESCHOOL AND A PARENTING FAMILY CENTER, THE Y PROVIDES YOUTH, FAMILIES AND SENIORS WITH ART CLASES, FITNESS CLASSES, AFTER-SCHOOL PROGRAMS, SUMMER DAY CAMPS, SPORTS LEAGUES AND A VARITEY OF JEWISH LIFE AND LEARNING PROGRAMS.

4b (Code:) (Expenses \$ 7,265,000. including grants of \$ 208,747.) (Revenue \$ 92,455.) CHILDREN AND FAMILY SERVICES: THESE PROGRAMS FOCUS ON FACILITATION CHILDREN'S SOCIAL, EMOTIONAL, PHYSICAL AND INTELLECTUAL GROWTH AND ARE OFFERED IN A COMMUNITY CENTER, FOUR PUBLIC SCHOOLS, PUBLIC HOUSING AND THROUGH HOME-BASED SERVICES FOR INFANTS. HEAD START AND EARLY HEAD START PROVIDE AN ARRAY OF COMPREHENSIVE SERVICES TO FAMILIES WITH INFANTS AND YOUNG CHILDREN AS WELL AS TO EXPECTANT PARENTS SUCH AS DEVELOPMENTAL SCREENINGS, HEALTHY MEALS, PARENTING EDUCATION AND ASSISTANCE WITH SECURING EMPLOYMENT, HOUSING AND HEALTHCARE.

4c (Code:) (Expenses \$ 4,969,000. including grants of \$) (Revenue \$ 1,993,065.) BEHAVIORAL HEALTH SERVICES: THIS COMPREHENSIVE PROGRAM IS BASED AT TWO RESIDENTIOAL THERAPEUTIC COMMUNITIES AND OUTPATIENT FACILITIES PROVIDING EDUCATION, COUNSELING, VOCATIONAL TRAINING, FAMILY REUNIFICATION AND ADDICTION SERVICES. OUTPATIENT SERVICES ALSO INCLUDE PREVENTION SERVICES TARGETING ADOLESCENTS AND SENIORS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,024,000. including grants of \$) (Revenue \$ 908,424.)

4e Total program service expenses 25,618,277.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>	X	
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 1041.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (38), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARK A. ENSELMAN - 212-780-2300 197 EAST BROADWAY, NEW YORK, NY 10002

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM D. SOKOLOFF TRUSTEE	2.00	X					0.	0.	0.	
(2) BARBARA SALMANSON TRUSTEE	2.00	X					0.	0.	0.	
(3) CLYDE R. BROWNSTONE TRUSTEE	2.00	X					0.	0.	0.	
(4) DARCY BRADBURY TRUSTEE	3.00	X					0.	0.	0.	
(5) ELINOR RATNER TRUSTEE	2.00	X					0.	0.	0.	
(6) ERICA TISHMAN TRUSTEE	6.00	X					0.	0.	0.	
(7) FREDERICK K. MAREK TRUSTEE	2.00	X					0.	0.	0.	
(8) HAROLD KODA TRUSTEE	2.00	X					0.	0.	0.	
(9) HOWARD ZIMMERMAN TRUSTEE	3.00	X					13,572.	0.	0.	
(10) IRVING SITNICK TRUSTEE	2.00	X					0.	0.	0.	
(11) JAMES F. CRYSTAL TRUSTEE	2.00	X					0.	0.	0.	
(12) JAY M. FURMAN TRUSTEE	3.00	X					0.	0.	0.	
(13) JEFFREY A. TISCHLER TRUSTEE	3.00	X					0.	0.	0.	
(14) JENNY MORGENTHAU TRUSTEE	2.00	X					0.	0.	0.	
(15) JONATHAN ROSENZWEIG TREASURER	6.00	X		X			0.	0.	0.	
(16) JOSEPH C. LANCE TRUSTEE	2.00	X					0.	0.	0.	
(17) KARYN BENDIT TRUSTEE	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATE J. SOLOMON TRUSTEE	2.00	X						0.	0.	0.
(19) LAUREN J. WACHTLER TRUSTEE	3.00	X						0.	0.	0.
(20) LINDA F. LYNN TRUSTEE	2.00 2.00	X						0.	0.	0.
(21) LIZ JAFFE TRUSTEE	2.00	X						0.	0.	0.
(22) LYNN ALBSTEIN TRUSTEE	2.00	X						0.	0.	0.
(23) MARA ENGEL WEDECK TRUSTEE	2.00	X					22,260.	0.	0.	0.
(24) MARK C. MORRIL SECRETARY	2.00	X		X				0.	0.	0.
(25) MICHELLE M. BARONE TRUSTEE	2.00 2.00	X						0.	0.	0.
(26) NORMAN A. DAWIDOWICZ TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total							35,832.	0.	0.	0.
c Total from continuation sheets to Part VII, Section A							1,681,920.	0.	306,403.	0.
d Total (add lines 1b and 1c)							1,717,752.	0.	306,403.	0.

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 **12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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) Name and business address	(B) Description of services	(C) Compensation
R C DOLNER LLC 120 BROADWAY, SUITE 955, NEW YORK, NY 10271	CONSTRUCTION CONTRACTOR	19,229,245.
COHNREZNICK LLP, 1212 AVENUE OF THE AMERICAS, NEW YORK, NY 10036	ACCOUNTING	310,708.
TANNEBAUM HELPERN SYRACUSE & HIRSCHTRITT LL 900 THIRD AVE, NEW YORK, NY 10022	LEGAL	269,659.
BLANK ROME LLP, 600 NEW HAMPSHIRE AVE NW, WASHINGTON, DC 20037	LEGAL	149,698.
PETER FRANZESE, 80 EAST 11TH STREET, SUITE 601, NEW YORK, NY 10003	ARCHITECT	118,270.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PATRICIA KENNER TRUSTEE	2.00	X						0.	0.	0.
(28) PETER FINE TRUSTEE	2.00	X						0.	0.	0.
(29) PHILIP ALTHEIM TRUSTEE	3.00	X						0.	0.	0.
(30) RACHEL BLUTH TRUSTEE	2.00	X						0.	0.	0.
(31) RICHARD A. CANTOR TRUSTEE	3.00	X						0.	0.	0.
(32) RUSSELL E. MAKOWSKY CHAIRMAN	7.00 3.00	X		X				0.	0.	0.
(33) RUTH HOROWITZ TRUSTEE	3.00	X						0.	0.	0.
(34) SAMUEL W. ROSENBLATT TRUSTEE	3.00 2.00	X						0.	0.	0.
(35) STEPHEN M. BANKER TRUSTEE	2.00	X						0.	0.	0.
(36) STEVE MARVIN TRUSTEE	2.00	X						0.	0.	0.
(37) THOMAS L. BRODIE TRUSTEE	2.00	X						0.	0.	0.
(38) TRICIA KALLETT TRUSTEE	3.00	X						0.	0.	0.
(39) ROBIN BERNSTEIN PRESIDENT/CEO	40.00 3.00			X				326,404.	0.	42,318.
(40) TIMOTHY ETTENHEIM CFO	40.00 2.00			X				157,514.	0.	41,862.
(41) LYNN APPELBAUM CHIEF PROGRAMMING OFFICER	40.00				X			206,298.	0.	42,453.
(42) MAIDELLE GOODMAN BENAMY SVP DEV	40.00				X			210,293.	0.	36,181.
(43) STEPHEN ARNOFF EXECUTIVE DIRECTOR	40.00				X			201,433.	0.	34,260.
(44) KARENNE E BERRY DIVISION DIRECTOR	40.00					X		118,383.	0.	11,835.
(45) LEE BOTNICK DIV DIR CFS	40.00					X		129,704.	0.	40,026.
(46) NICCOLAS MERKERSON INFORMATION TECHNOLOGY DIRECTOR	40.00					X		107,929.	0.	1,248.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) RONALD WILSON CONTROLLER	40.00				X			114,677.	0.	22,617.
(48) WENDY SELIGSON ASSOCIATE DIRECTOR	40.00				X			109,285.	0.	33,603.
Total to Part VII, Section A, line 1c								1,681,920.		306,403.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 1,016,907.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 15,301,994.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 18,054,915.				
	g Noncash contributions included in lines 1a-1f: \$	72,327.				
	h Total. Add lines 1a-1f	▶ 34,373,816.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624200	9,386,331.	9,386,331.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 9,386,331.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 501,859.			501,859.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	137,116.			
		(ii) Personal				
		b Less: rental expenses	137,116.			
		c Rental income or (loss)	0.			
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,172,008.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	4,041,791.			
		c Gain or (loss)	130,217.			
	d Net gain or (loss)	▶ 130,217.			130,217.	
	8 a Gross income from fundraising events (not including \$ 1,016,907. of contributions reported on line 1c). See Part IV, line 18	a 89,100.				
		b Less: direct expenses	132,175.			
c Net income or (loss) from fundraising events		▶ -43,075.			-43,075.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a E-RATE	900099	65,744.	65,744.			
	b MISCELLANEOUS INCOME	900099	16,649.	16,649.		
	c					
	d All other revenue					
e Total. Add lines 11a-11d	▶ 82,393.					
12 Total revenue. See instructions.	▶ 44,431,541.	9,468,724.	0.	589,001.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	208,747.	208,747.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,194,831.	982,929.	163,343.	48,559.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,393,794.	12,663,720.	2,104,460.	625,614.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	581,862.	478,670.	79,545.	23,647.
9 Other employee benefits	2,143,546.	1,763,390.	293,041.	87,115.
10 Payroll taxes	1,563,066.	1,285,858.	213,684.	63,524.
11 Fees for services (non-employees):				
a Management				
b Legal	37,649.		37,649.	
c Accounting	398,385.		398,385.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,878.		64,878.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,487,286.	1,015,361.	357,906.	114,019.
12 Advertising and promotion	93,180.	60,037.	20,593.	12,550.
13 Office expenses	1,235,550.	1,027,454.	136,183.	71,913.
14 Information technology				
15 Royalties				
16 Occupancy	2,790,340.	2,403,053.	356,982.	30,305.
17 Travel	589,779.	557,136.	29,623.	3,020.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	188,103.	131,243.	56,860.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	613,982.	434,933.	179,049.	
23 Insurance	403,461.	316,300.	83,607.	3,554.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	1,812,463.	1,812,463.		
b PROFESSIONAL DEVELOPMEN	254,219.	199,883.	49,380.	4,956.
c PROVISION FOR BAD DEBT	193,740.	193,740.		
d CLIENT ASSISTANCE	174,938.	83,360.	91,578.	
e All other expenses	15,904.		15,904.	
25 Total functional expenses. Add lines 1 through 24e	31,439,703.	25,618,277.	4,732,650.	1,088,776.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1	2,465,112.	
	2 Savings and temporary cash investments	7,598,199.	2	6,739,430.	
	3 Pledges and grants receivable, net	10,128,804.	3	15,727,363.	
	4 Accounts receivable, net	1,497,263.	4	1,788,499.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7	36,840,448.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	730,885.	9	651,333.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,325,448.			
	b Less: accumulated depreciation	10b 5,427,042.	26,969,141.	10c	8,898,406.
	11 Investments - publicly traded securities	7,020,313.	11	4,759,249.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	414,267.	15	6,921,987.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,358,872.	16	84,791,827.		
Liabilities	17 Accounts payable and accrued expenses	6,052,162.	17	3,208,022.	
	18 Grants payable		18		
	19 Deferred revenue	13,677,724.	19	14,236,670.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,987,435.	23	17,792,980.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,129,478.	25	4,438,033.	
	26 Total liabilities. Add lines 17 through 25	24,846,799.	26	39,675,705.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	16,419,515.	27	25,703,963.	
	28 Temporarily restricted net assets	9,595,405.	28	15,915,006.	
	29 Permanently restricted net assets	3,497,153.	29	3,497,153.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	29,512,073.	33	45,116,122.		
34 Total liabilities and net assets/fund balances	54,358,872.	34	84,791,827.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,431,541.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,439,703.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,991,838.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,512,073.
5	Net unrealized gains (losses) on investments	5	588,392.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,023,819.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,116,122.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

Form 990 (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **THE EDUCATIONAL ALLIANCE, INC.** Employer identification number **13-5562210**

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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26816578.	28742306.	23876564.	33394149.	34373816.	147203413
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26816578.	28742306.	23876564.	33394149.	34373816.	147203413
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2003014.
6 Public support. Subtract line 5 from line 4.						145200399

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	26816578.	28742306.	23876564.	33394149.	34373816.	147203413
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	615,742.	529,453.	523,543.	286,300.	638,975.	2594013.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	739,751.	191,910.	337,448.	707,057.	171,493.	2147659.
11 Total support. Add lines 7 through 10						151945085
12 Gross receipts from related activities, etc. (see instructions)					12	33,201,939.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.56 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.24 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. 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 stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. 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"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2012

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
RICHARD CANTOR	5,041,916.	2,003,014.

Total Excess Contributions to Schedule A, Part II, Line 5 **2,003,014.**

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.

OMB No. 1545-0047

2012

Name of the organization

THE EDUCATIONAL ALLIANCE, INC.

Employer identification number

13-5562210

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

Name of organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRY AND JEANETTE WEINBERG FOUNDATION 7 PARK CENTER CT OWINGS MILLS, MD 21117	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION 110 WILLIAM ST NEW YORK, NY 10038	\$ 10,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES 220 CHURCH ST NEW YORK, NY 10013	\$ 2,440,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NYC DEPARTMENT FOR THE AGING 2 LAFAYETTE STREET NEW YORK, NY 10007	\$ 1,270,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 161 WILLIAM STREET NEW YORK, NY 10038	\$ 1,079,589.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NYC HUMAN RESOURCES ADMINISTRATION 180 WATER ST NEW YORK, NY 10038	\$ 1,448,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE 501 FASHION AVE FL 8 NEW YORK, NY 10018	\$ 3,632,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES 26 FEDERAL PLAZA RM 4114 NEW YORK, NY 10023	\$ 4,262,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	UJA FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK, NY 10022	\$ 1,486,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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. ▶ See separate instructions.**

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization **THE EDUCATIONAL ALLIANCE, INC.** Employer identification number **13-5562210**

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 contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor 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).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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?
- 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)?
- 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) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, 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 Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,276,000.	4,541,000.	3,863,000.	3,948,000.	4,965,000.
b Contributions					
c Net investment earnings, gains, and losses	659,000.	-117,000.	764,000.	348,000.	-780,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	218,000.	148,000.	86,000.	433,000.	237,000.
f Administrative expenses					
g End of year balance	4,717,000.	4,276,000.	4,541,000.	3,863,000.	3,948,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 74.14 %
- c Temporarily restricted endowment 25.86 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		465,377.		465,377.
b Buildings		4,982,930.	2,015,731.	2,967,199.
c Leasehold improvements		3,170,644.	931,054.	2,239,590.
d Equipment		2,834,553.	2,480,257.	354,296.
e Other		2,871,944.		2,871,944.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,898,406.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	6,812,517.
(2) SECURITY DEPOSITS	109,470.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,921,987.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERNMENT AGENCIES	1,110,710.
(3) INTERCOMPANY PAYABLES	3,327,323.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,438,033.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1 49,166,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a 588,392.	
b	Donated services and use of facilities	2b 2,721,626.	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d 1,490,144.	
e	Add lines 2a through 2d		2e 4,800,162.
3	Subtract line 2e from line 1		3 44,366,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 64,878.	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c 64,878.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 44,431,541.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1 35,680,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a 2,721,626.	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d 1,815,116.	
e	Add lines 2a through 2d		2e 4,536,742.
3	Subtract line 2e from line 1		3 31,144,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 64,878.	
b	Other (Describe in Part XIII.)	4b 230,791.	
c	Add lines 4a and 4b		4c 295,669.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 31,439,703.

Part XIII Supplemental Information

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

PART V, LINE 4: THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN ITS
ENDOWMENTS GENERATED FROM CONTRIBUTIONS OVER TIME IN ACCORDANCE WITH THE
SPENDING AND INVESTMENT POLICIES ESTABLISHED BY THE ORGANIZATION THE
SPENDING POLICY IS TO DISTRIBUTE AN AMOUNT EQUAL TO THE BOARD-APPROVED
BUDGET TO SUPPORT OPERATIONS.

PART X, LINE 2: THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AS
OF JUNE 30, 2013. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS

Part XIII Supplemental Information (continued)

PRIOR TO FISCAL YEAR 2010 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, THE ORGANIZATION WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS MANAGEMENT AND GENERAL EXPENSES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES AND INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISNG EXPENSES	-22,044.
RENTAL EXPENSES	137,116.
RELATED ORGANIZATIONS REVENUES	2,533,000.
INTERCOMPANY ELIMINATIONS	-2,973,000.
SCHOLORSHIPS RECLASSED	-208,747.
RECLASSIFICATION OF NOTE RECEIVABLE	2,023,819.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,490,144.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATIONS EXPENSES	1,745,000.
RENTAL EXPENSES	137,116.
INTERCOMPANY ELIMINATIONS	-67,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,815,116.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLORSHIPS RECLASSED	208,747.
------------------------	----------

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES 22,044.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 230,791.

Multiple horizontal lines for supplemental information.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	1,106,007.			1,106,007.
	2 Less: Contributions	1,016,907.			1,016,907.
	3 Gross income (line 1 minus line 2)	89,100.			89,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25,000.			25,000.
	7 Food and beverages	82,421.			82,421.
	8 Entertainment	20,483.			20,483.
	9 Other direct expenses	4,271.			4,271.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(132,175.)
11 Net income summary. Combine line 3, column (d), and line 10				-43,075.	

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.

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate 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: _____

- 11 Does the organization operate gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Table with Yes/No columns and percentage boxes for lines 13a and 13b.

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization
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?
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. Complete this part to 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 complete this part to provide any additional information (see instructions).

Blank lines for supplemental information input.

**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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **THE EDUCATIONAL ALLIANCE, INC.** Employer identification number **13-5562210**

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 Governments and Organizations in the United States. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) 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) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** 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
ASSISTANCE TO INDIVIDUALS	312	208,747.	0.		

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

SCHEDULE I, PART I, LINE 2: SCHEDULE I, PART I LINE 2 EA ENSURES THAT THE FUNDS PROVIDED FOR ASSISTANCE ARE USED FOR THE PURPOSE INTENDED BY IN SOME CASES MAKING DIRECT PAYMENT ON BEHALF OF THE OTHER CLIENT/RECIPIENT IN OUR SCREENING PROCESS WE ENSURE THAT ALL RECIPIENTS FALL BELOW THE US GOVERNMENT POVERTY GUIDELINES AND CAN DEMONSTRATE NEED, ARE NYC RESIDENTS AND ARE EXISTING CLIENTS OF EA.

**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" to Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE EDUCATIONAL ALLIANCE, INC.

Employer identification number

13-5562210

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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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) and 501(c)(4) 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN BERNSTEIN PRESIDENT/CEO	(i)	325,114.	0.	1,290.	22,000.	20,318.	368,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY ETTENHEIM CFO	(i)	156,404.	0.	1,110.	8,572.	33,290.	199,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN APPELBAUM CHIEF PROGRAMMING OFFICER	(i)	205,996.	0.	302.	16,500.	25,953.	248,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAIDELLE GOODMAN BENAMY SVP DEV	(i)	209,797.	0.	496.	16,500.	19,681.	246,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN ARNOFF EXECUTIVE DIRECTOR	(i)	201,210.	0.	223.	0.	34,260.	235,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEE BOTNICK DIV DIR CFS	(i)	129,238.	0.	466.	12,781.	27,245.	169,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE EDUCATIONAL ALLIANCE, INC.** Employer identification number **13-5562210**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	72,327.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

SCHEDULE M, PART I, COLUMN (B): COLUMN B REPRESENTS THE NUMBER OF
CONTRIBUTORS.

Multiple horizontal lines for data entry.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE EDUCATIONAL ALLIANCE, INC.

Employer identification number

13-5562210

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

MANHATTAN. EDUCATIONAL ALLIANCE EDUCATES, PROVIDES COMFORT AND SOCIAL SERVICES, EXPOSES PEOPLE TO THE ARTS, PROMOTES HEALTH AND WELL-BEING, AND BRINGS PEOPLE OF ALL AGES AND BACKGROUNDS TOGETHER TO LEARN, CREATE, AND PLAY. PROGRAMS INCLUDE HEAD START AND EARLY HEAD START, JEWISH PRESCHOOLS, AFTER-SCHOOL PROGRAMS, AN ART SCHOOL, FITNESS PROGRAMS, SENIOR CENTERS, A PROGRAM FOR MENTALLY ILL AND HOMELESS JEWISH ADULTS, DRUG TREATMENT AND COUNSELING.

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

FEATURE INTERGENERATIONAL AND CROSS-CULTURAL ACTIVITIES - BRINGING TOGETHER PEOPLE FROM DIFFERENT BACKGROUNDS AND AGE GROUPS, SO THEY CAN LEARN FROM AND WITH EACH OTHER.

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

OLDER ADULTS SERVICES: THESE PROGRAMS HELP OUR MOST FRAIL, VULNERABLE AND ELDERLY NEIGHBORS LIVE AS INDEPENDENTLY AS POSSIBLE AND WITH UTMOST DIGNITY. AND ENHANCE THE QUALITY OF LIFE FOR ACTIVE, RECENTLY RETIRED SENIORS. THE PROGRAMS INCLUDE HIGH-QUALITY COMPREHENSIVE CASE MANAGEMENT SERVICES AND A VARIETY OF STIMULATING EDUCATIONAL, SOCIAL, RECREATIONAL AND CULTURAL PROGRAMMING. THE SENIOR LIVE IN NEARBY HOUSING PROJECTS, LOW-INCOME COOPERATIVE, TENEMENTS AND THE ALLIANCE'S FEDERALLY FUNDED HOUSING.

EXPENSES \$ 2,369,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 204,703.

COMMUNITY SCHOOLS AND YOUTH SERVICES: THIS PROGRAM INCLUDES NINE

Name of the organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
--	--

CENTERS. ALL ARE PART OF THE ALLIANCE'S CHARTER WITH BOYS AND GIRLS CLUBS OF AMERICA AND MAKE USE OF THE COMMUNITY SCHOOL MODEL, WHICH BRINGS A BROAD AND CUSTOMIZED RANGE OF SERVICES AND RESOURCES INTO THE PROGRAM AND ALLOWS THE ALLIANCE TO WORK WITH OTHER COMMUNITY PARTNERS TO PROVIDE MENTAL HEALTH TREATMENT, PARENTING AND AFTER-SCHOOL PROGRAM. EXPENSES \$ 2,543,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,129.

MANNY CANTOR CENTER- LOCATED IN THE MAIN FACILITY AT 197 EAST BROADWAY. THIS EDUCATIONAL ALLIANCE HUB CONSIST OF A JEWISH PRESCHOOL, ARTS PROGRAM (THE ONLY ART SCHOOL ON THE LOWER EAST SIDE), SPORTS LEAGUES, THEATER, HEALTH AND FITNESS AND ADULT EDUCATIONAL CLASSES. EXPENSES \$ 1,112,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 696,592.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE THE FORM 990 IS FINALIZED (SIGNED) A DRAFT COPY IS CIRCULATED AMONG SENIOR MANAGEMENT, AND THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. ONLY AFTER APPROVAL FROM THE AUDIT COMMITTEE IS THE FORM SIGNED AND FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15A: THE EDUCATIONAL ALLIANCE'S BOARD EMPLOYS THE USE OF A LEGAL AND PERSONNEL COMMITTEE THAT REVIEWS AND RECOMMENDS SALARY GUIDELINES FOR ALL SENIOR MANAGEMENT AND KEY EMPLOYEES SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE UPON

Name of the organization THE EDUCATIONAL ALLIANCE, INC.	Employer identification number 13-5562210
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REQUEST.

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

REASSIGNMENT OF INTERCOMPANY RECEIVABLE	2,023,819.
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FORM 990, PART XII, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUTANT THAT AUDITED THE FINANCIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

Related Organizations and Unrelated Partnerships
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization **THE EDUCATIONAL ALLIANCE, INC.** Employer identification number **13-5562210**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALLIANCE HOLDINGS INC - 13-6160838 197 EAST BROADWAY NEW YORK, NY 10002	SECTION 202 HOUSING	NEW YORK	501(C)(3)	LINE 9	EDUCATIONAL ALLIANCE INC.		X
ALLIANCE APARTMENTS HOUSING DEVELOPMENT FUND CORPORATION - 13-3896558, 197 EAST BROADWAY, NEW YORK, NY 10002	SECTION 202 HOUSING	NEW YORK	501(C)(3)	LINE 9	EDUCATIONAL ALLIANCE INC.		X
EA FOUNDATION OF NEW YORK INC. - 45-5357449 197 EAST BROADWAY NEW YORK, NY 10002	SECTION 202 HOUSING	NEW YORK	501(C)(3)	LINE 11A, I	EDUCATIONAL ALLIANCE INC.		X
ALLIANCE HENRY HOUSING DEVELOPMENT FUND CORPORATION - 46-0551180, 197 EAST BROADWAY, NEW YORK, NY 10002	SECTION 202 HOUSING	NEW YORK	501(C)(3)	LINE 11A, I	ALLIANCE HOLDINGS, INC.		X

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	BUILDINGS & IMPROVEMENTS	VARIOUS	SL	39.00	MM	16	4,982,930.				4,982,930.	1,809,701.		206,030.	2,015,731.
	* 990 PAGE 10 TOTAL BUILDINGS						4,982,930.				4,982,930.	1,809,701.		206,030.	2,015,731.
	MACHINERY & EQUIPMENT														
5	EQUIPMENT, FURNITURE & FIXTURES	VARIOUS	SL	7.00		16	2,059,309.				2,059,309.	1,891,519.		43,132.	1,934,651.
6	COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	775,244.				775,244.	407,846.		137,760.	545,606.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,834,553.				2,834,553.	2,299,365.		180,892.	2,480,257.
	LAND														
1	LAND	VARIOUS	L				465,377.				465,377.			0.	
	* 990 PAGE 10 TOTAL LAND						465,377.				465,377.	0.		0.	0.
	OTHER														
2	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000	HY		2,871,944.				2,871,944.			0.	
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	20.00		16	3,170,644.				3,170,644.	703,994.		227,060.	931,054.
	* 990 PAGE 10 TOTAL OTHER						6,042,588.				6,042,588.	703,994.		227,060.	931,054.
	* GRAND TOTAL 990 PAGE 10 DEPR						14325448.				14325448.	4,813,060.		613,982.	5,427,042.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions THE EDUCATIONAL ALLIANCE, INC.	Employer identification number (EIN) or 13-5562210
	Number, street, and room or suite no. If a P.O. box, see instructions. 197 EAST BROADWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10002	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARK A. ENSELMAN

• The books are in the care of **197 EAST BROADWAY - NEW YORK, NY 10002**
 Telephone No. **212-780-2300** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2014.
- 5 For calendar year , or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED BY THE TAXPAYER.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

THE EDUCATIONAL ALLIANCE, INC.

13-5562210

Name and title of officer

**ALAN VAN CAPELLE
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>44431541</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize COHNREZNICK LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1349622222
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING
JUNE 30, 2013

PREPARED FOR:

THE EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY 10002

PREPARED BY:

COHNREZNICK LLP
1212 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

MAIL TAX RETURN TO:

NEW YORK STATE DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

ENCLOSE A CHECK FOR \$775 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2012 and ending (mm/dd/yyyy) 06/30/2013		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization THE EDUCATIONAL ALLIANCE, INC.	d. Fed. employer ID no. (EIN) 13-5562210
	e. NY State registration no. 00-51-32	
	f. Telephone number 212 780-2300	
	g. Email	
	Number and street (or P.O. box if mail not delivered to street address) Room/suite 197 EAST BROADWAY	
	City or town, state or country and ZIP + 4 NEW YORK, NY 10002	

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	 Signature ALAN VAN CAPELLE Printed Name	PRESIDENT & CEO Title	5/14/14 Date
b. Chief Financial Officer or Treas.	 Signature MARK A. ENSELMAN Printed Name	CFO Title	5/14/14 Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.	<p>NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.</p>
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? ... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>750.</u>
c. Total fee	\$ <u>775.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ▶▶▶

THE EDUCATIONAL ALLIANCE, INC.

Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$ 4,262,550.
NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE	\$ 3,632,289.
NEW YORK STATE ADMINISTRATION OF CHILD SERVICES	\$ 2,440,907.
NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	\$ 1,448,196.
NYC DEPARTMENT FOR THE AGING	\$ 1,270,599.
NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT	\$ 1,079,589.
NYS DEPARTMENT OF HEALTH	\$ 282,761.
NEW YORK STATE DEPARTMENT OF HOUSING	\$ 154,050.
NEW YORK CITY DEPARTMENT OF EDUCATION	\$ 140,361.
NEW YORK STATE OFFICE FOR THE AGING	\$ 138,204.
DORMITORY AUTHORITY OF THE STATE OF NEW YORK	\$ 135,523.
NYC DEPARTMENT OF DESIGN AND CONSTRUCTION	\$ 65,907.
US DEPARTMENT OF JUSTICE	\$ 53,494.
UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	\$ 52,540.
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES	\$ 52,304.
LOWER MANHATTAN DEVELOPMENT CORPORATION	\$ 50,000.
UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	\$ 27,000.
NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS	\$ 15,720.
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Total Government Contributions (Grants)	\$ 15,301,994.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
----------------------------------	------------------

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

<p>For All Filers</p> <p><u>Filing Fee</u></p> <p><input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"</p> <p><u>Copies of Internal Revenue Service Forms</u></p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><input checked="" type="checkbox"/> IRS Form 990</p> <p><input checked="" type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> IRS Form 990-EZ</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> IRS Form 990-PF</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p> </td> </tr> </table>			<p><input checked="" type="checkbox"/> IRS Form 990</p> <p><input checked="" type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>	<p><input type="checkbox"/> IRS Form 990-EZ</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>	<p><input type="checkbox"/> IRS Form 990-PF</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>
<p><input checked="" type="checkbox"/> IRS Form 990</p> <p><input checked="" type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>	<p><input type="checkbox"/> IRS Form 990-EZ</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>	<p><input type="checkbox"/> IRS Form 990-PF</p> <p><input type="checkbox"/> All required schedules (including Schedule B)</p> <p><input type="checkbox"/> IRS Form 990-T</p>			

<p>Additional Article 7-A Document Attachment Requirement</p> <p><u>Independent Accountant's Report</u></p> <p><input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)</p> <p><input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)</p> <p><input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)</p>

Payee NYS DEPARTMENT OF LAW
 Vendor ID DEPARTOFLAW

Account #:

42593
 5/15/2014

Invoice	Description	Discount	Amount
DOL251514	YR END 6/30/13 TAXES # 13-5562210	\$0.00	\$775.00
Total :		\$0.00	\$775.00

THE EDUCATIONAL ALLIANCE INC.
 GENERAL CHECKING ACCOUNT
 197 EAST BROADWAY
 NEW YORK, NY 10002

TD BANK, N.A.
 1-1367/206

42593
 DATE  5/15/2014

****Seven Hundred Seventy Five and 00/100 Dollars

AMOUNT
 \$
 5/15/2014 \$775.00

PAY
 TO THE
 ORDER
 OF:

NYS DEPARTMENT OF LAW
 CHARITIES BUREAU-REGISTRATION SECTION
 120 BROADWAY
 NEW YORK, NY 10271
 USA

VOID AFTER 6 MONTHS


 AUTHORIZED SIGNATURE MP

 AUTHORIZED SIGNATURE MP

⑈04 2593⑈ ⑆0 260 136 73⑆ 4 24 5 24 94 3 1⑈

Payee NYS DEPARTMENT OF LAW
 Vendor ID DEPARTOFLAW

Account #:

42593
 5/15/2014

Invoice	Description	Discount	Amount
DOL251514	YR END 6/30/13 TAXES # 13-5562210	\$0.00	\$775.00
Total :		\$0.00	\$775.00