

# Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the  
IRS generally cannot redact the information on the form.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2018

Open to Public  
Inspection

**A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

<b>C Name of organization</b> Lesson Study Alliance	
Number and street (or P. O. box, if mail is not delivered to street address) 4801 S Kenwood Ave	Room/suite
Chicago, IL606152015 City or town, state or province, country, and ZIP or foreign postal code	

**D Employer identification number**

27-3869694

**E Telephone number**

(773) 888-3404

**F Group Exemption Number**

Number . . . ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ [LSAlliance.org](http://LSAlliance.org)

**J Tax-exempt status**(check only one) -  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Form of organization:**  Corporation  Trust  Association  Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.** If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **46,968**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	1,505
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	36,057
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	145
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	145
	<b>6</b> Gaming and fundraising events . . . . .		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	2,535	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	1,852	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	683	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	6,726	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	45,116	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	200
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	44,286
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	2,978
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	35,334
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	82,798
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-37,682
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	92,342
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	54,660

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments. . . . .	82,230	22	32,004
23 Land and buildings. . . . .	0	23	0
24 Other assets (describe in Schedule O). . . . .	17,444	24	25,924
25 <b>Total assets.</b> . . . .	99,674	25	57,928
26 <b>Total liabilities</b> (describe in Schedule O). . . . .	7,332	26	3,268
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	92,342	27	54,660

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Educational - teacher professional development  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Software development of LessonNote (an iPad app, available for free) and LessonNote Pro (a web application). The number of users of LessonNote for iPad is unknown but the number of total downloads exceeds 40,000. LessonNote Pro has 484 users. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	26,456
29 Organize the annual Chicago Lesson Study Conference, a 2-day conference attended by 140 educators (Grants \$ 200) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,803
30 Provide a summer workshop for 30 educators (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,408
Provide other workshops, events, and training for teachers. Total attendance approximately 500; approximately 300 distinct individuals. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	25,457
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>77,124</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Akihiko Takahashi President, Treasurer	5	0	0	0
Joshua Lerner Secretary	0	0	0	0
Alice Gill Director	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2018) questions 33-45b regarding organizational activities, financials, and compliance. Includes questions about significant activity, changes to documents, unrelated business income, political expenditures, Form 1120-POL, borrowing, section 501(c)(7) organizations, section 501(c)(3) organizations, tax-exempt interest, donor advised funds, hospital facilities, indoor tanning services, controlled entities, and Form 720.

	<b>Yes</b>	<b>No</b>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51  
 Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	No
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	No
b If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b>	Signature of officer Thomas McDougal Executive Director	2019-09-10 Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶		Firm's EIN ▶		
	Firm's address ▶		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No