

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

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 or town, state or province, country, and ZIP or foreign postal 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 \$ 43,875,327. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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	36
	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 2013 (Part V, line 2a)	5	1022
	6	Total number of volunteers (estimate if necessary)	6	1720
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	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)	34,373,816.	30,277,772.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,386,331.	10,866,755.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632,076.	1,293,079.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,318.	282,941.
12			44,431,541.	42,720,547.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	208,747.	224,167.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,877,099.	22,603,476.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,148,180.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,353,857.	12,919,657.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,439,703.	35,747,300.
	19	Revenue less expenses. Subtract line 18 from line 12	12,991,838.	6,973,247.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	84,791,827.	80,633,305.
	22	Net assets or fund balances. Subtract line 21 from line 20	39,675,705.	28,269,061.
	22		45,116,122.	52,364,244.

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
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 address ▶ 1212 AVENUE OF THE AMERICAS NEW YORK, NY 10036	Firm's EIN ▶ 22-1478099 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 or note to any line 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 \$ 8,055,242. including grants of \$) (Revenue \$ 9,254,327.) 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 \$ 7,891,768. including grants of \$ 224,167.) (Revenue \$ 60,584.) 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 \$ 4,752,480. including grants of \$) (Revenue \$ 480,288.) 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 \$ 9,129,363. including grants of \$) (Revenue \$ 1,280,950.)

4e Total program service expenses 29,828,853.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</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 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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 or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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 Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply.
Own website Another's website [X] Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 or note to any line in this Part VII

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

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

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

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

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

(A) 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) ARTHUR GURWITZ TRUSTEE	2.00	X					0.	0.	0.	
(3) BARBARA SALMANSON TRUSTEE	2.00	X					0.	0.	0.	
(4) CAROLYN ALBSTEIN TRUSTEE	2.00	X					0.	0.	0.	
(5) CINDIE D. KASTENBAUM TRUSTEE	2.00	X					0.	0.	0.	
(6) CLYDE R. BROWNSTONE TRUSTEE	2.00	X					0.	0.	0.	
(7) DARCY BRADBURY TRUSTEE	3.00	X					0.	0.	0.	
(8) ELINOR RATNER TRUSTEE	2.00 2.00	X					0.	0.	0.	
(9) ERICA TISHMAN TRUSTEE	6.00 2.00	X					0.	0.	0.	
(10) FREDERICK K. MAREK TRUSTEE	2.00	X					0.	0.	0.	
(11) HAROLD KODA TRUSTEE	2.00	X					0.	0.	0.	
(12) HOWARD ZIMMERMAN TRUSTEE	3.00	X					0.	0.	0.	
(13) IRVING SITNICK TRUSTEE	2.00	X					0.	0.	0.	
(14) JAMES F. CRYSTAL TRUSTEE	2.00	X					0.	0.	0.	
(15) JAY M. FURMAN TRUSTEE	3.00	X					0.	0.	0.	
(16) JEFFREY A. TISCHLER TRUSTEE	3.00	X					0.	0.	0.	
(17) JENNY MORGENTHAU TRUSTEE	2.00	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) JONATHAN ROSENZWEIG TREASURER	6.00 1.00	X		X				0.	0.	0.
(19) KARYN BENDIT TRUSTEE	3.00 1.00	X						0.	0.	0.
(20) KATE J. SOLOMON TRUSTEE	2.00	X						0.	0.	0.
(21) LAUREN J. WACHTLER TRUSTEE	3.00	X						0.	0.	0.
(22) LINDA F. LYNN TRUSTEE	2.00 2.00	X						0.	0.	0.
(23) LIZ JAFFE TRUSTEE	2.00	X						0.	0.	0.
(24) MARA ENGEL WEDECK TRUSTEE	2.00	X						0.	0.	0.
(25) MARK C. MORRIL SECRETARY	2.00	X		X				0.	0.	0.
(26) MICHELLE M. BARONE TRUSTEE	2.00 2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,559,280.	0.	245,930.
d Total (add lines 1b and 1c)								1,559,280.	0.	245,930.

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 9

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
RC DOLNER LLC 120 BROADWAY, NEW YORK, NY 10271	CONSTRUCTION	7,681,154.
PLATT BYARD DOVELL WHITE LLP 20 WEST 22 ST, NEW YORK, NY 10010	ARCHITECTURAL SERVICES	450,783.
COHNREZNICK LLP, 1212 AVENUE OF THE AMERICAS, NEW YORK, NY 10036	ACCOUNTING SERVICES	271,213.
GR CONSULTING 279 AVE B, LAKE RONKONKOMA, NY 11779	ACCOUNTING CONSULANT	176,648.
MICHAEL ALBERT 833 LEEDS AVE N., BELLMORE, NY 11710	ACCOUNTING CONSULANT	111,105.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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) NORMAN A. DAWIDOWICZ TRUSTEE	1.00	X						0.	0.	0.
(28) PATRICIA KENNER TRUSTEE	2.00	X						0.	0.	0.
(29) PETER FINE TRUSTEE	2.00	X						0.	0.	0.
(30) PHILIP ALTHEIM TRUSTEE	3.00	X						0.	0.	0.
(31) RACHEL BLUTH TRUSTEE	2.00	X						0.	0.	0.
(32) RICHARD A. CANTOR TRUSTEE	3.00	X						0.	0.	0.
(33) RUSSELL E. MAKOWSKY CHAIRMAN	7.00 3.00	X		X				0.	0.	0.
(34) RUTH HOROWITZ TRUSTEE	3.00	X						0.	0.	0.
(35) SAMUEL W. ROSENBLATT TRUSTEE	3.00 2.00	X						0.	0.	0.
(36) STEPHEN M. BANKER TRUSTEE	2.00	X						0.	0.	0.
(37) STEVE MARVIN TRUSTEE	2.00	X						0.	0.	0.
(38) THOMAS L. BRODIE TRUSTEE	2.00	X						0.	0.	0.
(39) TRICIA KALLETT TRUSTEE	3.00	X						0.	0.	0.
(40) ZHENG WANG TRUSTEE	2.00	X						0.	0.	0.
(41) ALAN VAN CAPELLE PRESIDENT & CEO	40.00 3.00			X				0.	0.	0.
(42) LYNN APPELBAUM CHIEF PROGRAMMING OFFICER	40.00 3.00			X			210,176.	0.	25,083.	
(43) MAIDELLE GOODMAN BENAMY SVP DEV	40.00			X			215,659.	0.	39,268.	
(44) MARK ENSELMAN CFO	40.00 3.00			X			0.	0.	0.	
(45) ROBIN BERSTEIN PRESIDENT & CEO	40.00 3.00			X			333,330.	0.	29,674.	
(46) STEPHEN ARNOFF EXECUTIVE DIRECTOR	40.00			X			154,377.	0.	33,234.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	896,569.			
	d	Related organizations	1d	3,653,000.			
	e	Government grants (contributions)	1e	16,194,478.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,533,725.			
	g	Noncash contributions included in lines 1a-1f: \$		148,207.			
	h	Total. Add lines 1a-1f		30,277,772.			
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 624200	10,246,971.	10,246,971.	
b		DEVELOPER FEE	624200	619,784.	619,784.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		10,866,755.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		754,600.		754,600.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		3,755.		3,755.	
	6 a	Gross rents	(i) Real 158,776.				
		Less: rental expenses	(ii) Personal 0.				
		Rental income or (loss)	158,776.				
		d Net rental income or (loss)		158,776.			158,776.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 1,492,000.				
		Less: cost or other basis and sales expenses	(ii) Other 953,521.				
		Gain or (loss)	538,479.				
		d Net gain or (loss)		538,479.			538,479.
	8 a	Gross income from fundraising events (not including \$ 896,569. of contributions reported on line 1c). See Part IV, line 18	a 112,275.				
		Less: direct expenses	b 201,259.				
		c Net income or (loss) from fundraising events		-88,984.			-88,984.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	E-RATE	900099	208,084.	208,084.			
	b OTHER INCOME	900099	1,310.	1,310.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		209,394.				
12	Total revenue. See instructions.		42,720,547.	11,076,149.	0.	1,366,626.	

Part IX Statement of Functional Expenses

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

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

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	224,167.	224,167.		
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	896,695.	750,298.	109,440.	36,957.
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	16,896,103.	14,137,601.	2,062,137.	696,365.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	785,040.	656,872.	95,813.	32,355.
9 Other employee benefits	2,481,118.	2,076,044.	302,816.	102,258.
10 Payroll taxes	1,544,520.	1,292,353.	188,511.	63,656.
11 Fees for services (non-employees):				
a Management				
b Legal	74,980.		74,980.	
c Accounting	293,939.		293,939.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,148.		58,148.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,691,226.	2,440,703.	171,544.	78,979.
12 Advertising and promotion	230,520.	182,303.	25,285.	22,932.
13 Office expenses	1,607,440.	1,167,455.	401,366.	38,619.
14 Information technology				
15 Royalties				
16 Occupancy	3,282,960.	2,866,207.	408,548.	8,205.
17 Travel	671,552.	653,213.	11,909.	6,430.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	266,661.	119,725.	146,936.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	686,784.	505,022.	181,762.	
23 Insurance	405,031.	289,878.	109,817.	5,336.
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 FOOD	1,341,274.	1,312,118.	21,444.	7,712.
b PROGRAM SUPPLIES	607,596.	607,596.	0.	0.
c PROFESSIONAL DEVELOPMEN	232,516.	193,136.	33,646.	5,734.
d CLIENT ASSISTANCE	168,219.	108,845.	59,374.	0.
e All other expenses	300,811.	245,317.	12,852.	42,642.
25 Total functional expenses. Add lines 1 through 24e	35,747,300.	29,828,853.	4,770,267.	1,148,180.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,465,112.	1	1,536,633.
	2 Savings and temporary cash investments	6,739,430.	2	5,884,815.
	3 Pledges and grants receivable, net	15,727,363.	3	6,321,428.
	4 Accounts receivable, net	1,788,499.	4	2,006,496.
	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	36,840,448.	7	36,839,448.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	651,333.	9	531,772.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,512,429.		
	b Less: accumulated depreciation	10b 6,113,838.	8,898,406.	10c 9,398,591.
	11 Investments - publicly traded securities	4,759,249.	11	6,570,774.
	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	6,921,987.	15	11,543,348.
16 Total assets. Add lines 1 through 15 (must equal line 34)	84,791,827.	16	80,633,305.	
Liabilities	17 Accounts payable and accrued expenses	3,208,022.	17	4,768,272.
	18 Grants payable		18	
	19 Deferred revenue	14,236,670.	19	14,197,214.
	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	17,792,980.	23	7,990,485.
	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	4,438,033.	25	1,313,090.
	26 Total liabilities. Add lines 17 through 25	39,675,705.	26	28,269,061.
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	25,703,963.	27	41,329,706.
	28 Temporarily restricted net assets	15,915,006.	28	6,537,385.
	29 Permanently restricted net assets	3,497,153.	29	4,497,153.
	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	45,116,122.	33	52,364,244.
34 Total liabilities and net assets/fund balances	84,791,827.	34	80,633,305.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,720,547.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,747,300.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,973,247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,116,122.
5	Net unrealized gains (losses) on investments	5	274,875.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,364,244.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2013)

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.

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

OMB No. 1545-0047

2013

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?
 - (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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,742,306.	23,876,564.	33,394,149.	34,373,816.	30,277,772.	150,664,607.
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	28,742,306.	23,876,564.	33,394,149.	34,373,816.	30,277,772.	150,664,607.
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)						2,871,124.
6 Public support. Subtract line 5 from line 4.						147,793,483.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	28,742,306.	23,876,564.	33,394,149.	34,373,816.	30,277,772.	150,664,607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	529,453.	523,543.	286,300.	638,975.	917,131.	2,895,402.
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.)	191,910.	337,448.	707,057.	171,493.	321,669.	1,729,577.
11 Total support. Add lines 7 through 10						155,289,586.
12 Gross receipts from related activities, etc. (see instructions)					12	36,501,463.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	95.17 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.56 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2009 AMOUNT: \$ 83,953.

2010 AMOUNT: \$ 198,848.

2011 AMOUNT: \$ 616,832.

2012 AMOUNT: \$ 82,393.

2013 AMOUNT: \$ 209,394.

FUNDRAISING REVENUE

2009 AMOUNT: \$ 107,957.

2010 AMOUNT: \$ 138,600.

2011 AMOUNT: \$ 90,225.

2012 AMOUNT: \$ 89,100.

2013 AMOUNT: \$ 112,275.

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	4,717,000.	4,276,000.	4,541,000.	3,863,000.	3,948,000.
b Contributions	1,000,000.				
c Net investment earnings, gains, and losses	848,000.	659,000.	-117,000.	764,000.	348,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	42,000.	218,000.	148,000.	86,000.	433,000.
f Administrative expenses					
g End of year balance	6,523,000.	4,717,000.	4,276,000.	4,541,000.	3,863,000.

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 68.93 %
- c Temporarily restricted endowment 31.07 %

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		5,106,963.	2,227,017.	2,879,946.
c Leasehold improvements		3,230,895.	1,210,091.	2,020,804.
d Equipment		2,957,972.	2,676,730.	281,242.
e Other		3,751,222.		3,751,222.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,398,591.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	11,096,319.
(2) SECURITY DEPOSITS	144,444.
(3) DEFERRED COMPENSATION	302,585.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	11,543,348.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GOVERNMENT AGENCIES	1,313,090.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,313,090.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	44,164,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	274,875.
b	Donated services and use of facilities	2b	3,617,830.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2,390,116.
e	Add lines 2a through 2d	2e	1,502,589.
3	Subtract line 2e from line 1	3	42,662,399.
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	58,148.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	58,148.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	42,720,547.

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

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

1	Total expenses and losses per audited financial statements	1	42,014,620.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,617,830.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,929,173.
e	Add lines 2a through 2d	2e	6,547,003.
3	Subtract line 2e from line 1	3	35,467,617.
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	58,148.
b	Other (Describe in Part XIII.)	4b	221,535.
c	Add lines 4a and 4b	4c	279,683.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	35,747,300.

Part XIII Supplemental Information.

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

PART 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, 2014. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO
 FISCAL YEAR 2011 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING

STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW

Part XIII Supplemental Information (continued)

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,

2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES -41,992.

RENTAL EXPENSES

RELATED ORGANIZATIONS REVENUES 1,829,419.

INTERCOMPANY ELIMINATIONS -3,998,000.

SCHOLARSHIPS RECLASSIFIED -179,543.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -2,390,116.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATIONS EXPENSES 6,962,173.

RENTAL EXPENSES

INTERCOMPANY ELIMINATIONS -4,033,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,929,173.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS RECLASSIFIED 179,543.

FUNDRAISING EXPENSES 41,992.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 221,535.

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	1,008,844.			1,008,844.
	2 Less: Contributions	896,569.			896,569.
	3 Gross income (line 1 minus line 2)	112,275.			112,275.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	156,059.			156,059.
	7 Food and beverages				
	8 Entertainment	29,001.			29,001.
	9 Other direct expenses	16,199.			16,199.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				201,259.
11 Net income summary. Subtract line 10 from line 3, column (d)				-88,984.	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**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) (2013)

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	443	224,167.	0.		

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

PART I, LINE 2:

EA ENSURES THAT THE FUNDS PROVIDED FOR ASSISTANCE ARE USED FOR
 THE PURPOSE INTENDED BY MAKING DIRECT PAYMENT ON BEHALF OF THE OTHER
 CLIENT/RECIPIENT. OUR SCREENING PROCESS ENSURES 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)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

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

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

- | | |
|---|---|
| <input 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
1b		
2		
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) 2013

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) LYNN APPELBAUM CHIEF PROGRAMMING OFFICER	(i)	209,864.	0.	312.	10,744.	14,339.	235,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAIDELLE GOODMAN BENAMY SVP DEV	(i)	214,560.	0.	1,099.	11,264.	28,004.	254,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN BERSTEIN PRESIDENT & CEO	(i)	331,785.	0.	1,545.	16,774.	12,900.	363,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN ARNOFF EXECUTIVE DIRECTOR	(i)	154,237.	0.	140.	8,041.	25,193.	187,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KARENNE BERRY DIVISION DECTOR	(i)	128,447.	0.	424.	6,607.	22,021.	157,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEE BOTNICK DIV DIR CPS	(i)	135,170.	0.	500.	7,171.	12,621.	155,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDA ADAMS MARKETING DIRECTOR	(i)	136,478.	0.	249.	7,012.	36,254.	179,993.	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

2013

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

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	148,207.	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) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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.

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

OMB No. 1545-0047

2013

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. AHD 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 \$ 2,702,772. INCLUDING GRANTS OF \$ 0. REVENUE \$ 245,706.

COMMUNITY SCHOOLS AND YOUTH SERVICES: THIS PROGRAM INCLUDES NINE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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 \$ 3,738,903. INCLUDING GRANTS OF \$ 0. REVENUE \$ 680.

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 \$ 2,687,688. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,034,564.

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.

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

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

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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" on 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" on 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 9	ALLIANCE HOLDINGS, INC.		X

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

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2013 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	5,106,963.				5,106,963.	2,015,744.		211,273.	2,227,017.
	* 990 PAGE 10 TOTAL BUILDINGS						5,106,963.				5,106,963.	2,015,744.		211,273.	2,227,017.
	MACHINERY & EQUIPMENT														
5	EQUIPMENT, FURNITURE & FIXTURES	VARIOUS	SL	7.00		16	2,164,119.				2,164,119.	1,934,651.		51,501.	1,986,152.
6	COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	793,853.				793,853.	545,606.		144,972.	690,578.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,957,972.				2,957,972.	2,480,257.		196,473.	2,676,730.
	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		3,751,222.				3,751,222.			0.	
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	20.00		16	3,230,895.				3,230,895.	931,053.		279,038.	1,210,091.
	* 990 PAGE 10 TOTAL OTHER						6,982,117.				6,982,117.	931,053.		279,038.	1,210,091.
	* GRAND TOTAL 990 PAGE 10 DEPR						15,512,429.				15,512,429.	5,427,054.		686,784.	5,113,838.

• 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) 0 1

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 (other than individual)	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, 2015.

5 For calendar year _____, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

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 Forms 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 Forms 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 CPA Date