May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

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.

P Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

s) **2019**

DLN: 93493033005121OMB No. 1545-0047

☑ Yes ☐ No

Cat. No. 11282Y

Form **990** (2019)

Open to Public

	Reve	nue Servic	I .				Inspection	
A Fo	or the	2019	calendar year, or tax year beginning 07-01-2019 , and ending 06-30	0-2020				
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return			C Name of organization LEARNING TOGETHER INC			D Employer identification number		
		-				93		
		_	Doing business as					
☐ Final return/terminate		n/terminate				number		
☐ Amended return			Number and street (or P.O. box if mail is not delivered to street address) Room/suite 568 EAST LENOIR STREET NO 204			E Telephone number		
☐ Application pendin		on pendin	City or town, state or province, country, and ZIP or foreign postal code		(919) 850	5-5204		
			RALEIGH, NC 27601					
				1	G Gross rece		499,358 	
			F Name and address of principal officer: MIA MURPHY		this a group retu	rn for		
			568 EAST LENOIR STREET NO 204		bordinates? e all subordinate:	•	☐Yes ☑No	
Tax-exempt status:			RALEIGH, NC 27601		cluded?	3	☐ Yes ☐No	
<u> </u>	(-exen	npt status	: ✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		"No," attach a lis	•	•	
J W	ebsit	e:▶ W	NW.LEARNINGTOGETHER.ORG	H(c) Gr	oup exemption n	umber	>	
				I Voor of fo	ormation: 1975	M Ctata	of logal demisile. NC	
K Form	n of or	ganizatio	n: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year or ic	ormation: 1975	• State	of legal domicile: NC	
Pa	rt I	Sun	nmary					
1 6			escribe the organization's mission or most significant activities:					
യ	TO MEET THE DEVELOPMENTAL, EDUCATIONAL AND HEALTH NEEDS OF YOUNG CHILDREN OF ALL ABILITIES.							
Ď L								
ma I	_							
Governance	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
		3 Number of voting members of the governing body (Part VI, line 1a)					12	
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)						
Ě	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5	30	
Įπ	6	Total number of volunteers (estimate if necessary)				6	102	
AC	7a	Total ur	nrelated business revenue from Part VIII, column (C), line 12			7a	0	
	b	Net unr	elated business taxable income from Form 990-T, line 39			7b	0	
Ravenue					Prior Year		Current Year	
	8	Contribu	itions and grants (Part VIII, line 1h)		297,00	13	418,087	
	1		n service revenue (Part VIII, line 2g)		1,148,37	'2	1,073,969	
λċ.					37	'8	345	
_	11	Other re	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,05	1	-1,745	
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,440,70	2	1,490,656	
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)			0	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0	
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e)			1,077,42	:0	1,030,950	
us(16 a					0	0	
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶131,343					
ū	17	Other e	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		331,23	6	291,659	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,408,65	6	1,322,609		
	19	Revenu	e less expenses. Subtract line 18 from line 12		32,04	-6	168,047	
Se S				Beginni	ing of Current Yea	ar	End of Year	
Net Assets or Fund Balances	22	T-4 '	(Dad V. Burn 16)			<u> </u>	400 100	
	21 Total liabilit		sets (Part X, line 16)		178,57	_	482,109	
			pilities (Part X, line 26)		57,13	_	192,623	
			ets or fund balances. Subtract line 21 from line 20		121,43	9	289,486	
	rt II		nature Block perjury, I declare that I have examined this return, including accompanying	schedules	and statements	and to	the hest of my	
			ef, it is true, correct, and complete. Declaration of preparer (other than offic					
any ki	nowle	dge.						
Sign Here		****	**** 2021-01-25					
		Signa	gnature of officer Date					
		MIA I	MIA MURPHY PRESIDENT					
		Type or print name and title						
		<u> </u>	Print/Type preparer's name Preparer's signature D	ate	Chack D if PT			
Paid Preparer Use Only				I .	Check LJ if P0 self-employed	1368646	<u> </u>	
		er [·		Firm's EIN ► 56-0	517823		
			Firm's address ▶ P O BOX 17806 Phon			2-9265		
		-						
			RALEIGH, NC 276197806					