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Form	ごフ	U

Department of the Treasury Internal Revenue Service

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



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

	<u>A F</u>	or the	e 2008 calendar year, or tax year beginning and ending	
	B C a	heck (f	use IRS	D Employer identification number
		Addre	e label or IMS GLOBAL LEARNING CONSORTIUM, INC.	
		Name chang	e ^{type} Doing Business As	04-3489277
		return Termi ation	Specific I for the	E Telephone number 407-362-7783
		Amen	ded tions	G Gross receipts \$ 1,950,313.
		Applic	LAKE MARY, FL 32746	H(a) Is this a group return
		pendi	F Name and address of principal officer: ROBERT J. ABEL	for affiliates?
			469 MANGROVE CT, LAKE MARY, FL 32746	H(b) Are all affiliates included? Yes No
	<u>і</u> т	axex	empt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If *No,* attach a list. (see instructions)
			te: IMSGLOBAL.ORG	H(c) Group exemption number
				of formation 1999 M State of legal domicile FL
		rt I	Summary	W State of legal domiche 1 1
	Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGAN SETTING STANDARDS FOR DISTANT LEARNING.	IZATION IS INVOLVED IN
	nar		Check this box	
	ver			1 1 1
	ŝ		Number of voting members of the governing body (Part VI, line 1a)	1
	S &	(Number of independent voting members of the governing body (Part VI, line 1b)	···
	itie		Total number of employees (Part V, line 2a)	
	živ		Total number of volunteers (estimate if necessary)	6
	Ă		Total gross unrelated business revenue from Part VIII, Jine 12, column (G)	
		D	Net unrelated business taxable income from Form 990 REGEIVED	
				Prior Year Current Year
	ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	<u>1,425,032</u> . <u>1,566,008</u> .
	Revenue			<u>191,508.</u> <u>355,922.</u>
	Be		investment meetine (r art vin, column (A), mes 0, 4, and 70/201	35,828. 28,383.
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c OC DEN, UT	1 (50 0(0 1 050 010
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,652,368</u> . <u>1,950,313</u> .
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
			Benefits paid to or for members (Part IX, column (A), line 4)	
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>662,940.</u> 717,575.
2009	ĕ		Professional fundraising fees (Part IX, column (A), line 11e)	
3	ЧХ		Total fundraising expenses (Part IX, column (D), line 25)	×
က	-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>620,261</u> . 941,136.
		_	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,283,201.</u> <u>1,658,711.</u>
×	<u></u>	19	Revenue less expenses. Subtract line 18 from line 12	369,167. 291,602.
AP	ssets or Salances			Beginning of Year End of Year
~	Bala	20	Total assets (Part X, line 16)	<u>1,528,102</u> . <u>2,025,518</u> .
(<u></u>)	Fund Ba	21	Total liabilities (Part X, line 26)	1,267,498. 1,473,312.
SCANNEL			Net assets or fund balances. Subtract line 21 from line 20	260,604. 552,206.
Z	Pa	ert II	Signature Block	
\triangleleft			Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowledge and belief, it is true, correct,
\mathcal{Q}				7/1/10
V	Sig		Signature of office	3/2-7 8 J
	Her	е		Date /
			ROBERT J. ABEL, CHIEF EXECUTIVE OFFICER Type or print name and title	
				IECk If Preparer's identifying number
	Paid			If- (see instructions)
	Prep	arer's		nployed
	Use	Only	vours if DEVINE, MAININ + BOLOHON, I.C.	
			self-employed), 250 FIRST AVE., SUITE 101	
	<u> </u>		ZIP + 4 NEEDHAM, MA 02494-2805	Phone no. ► 781-453-8700
			RS discuss this return with the preparer shown above? (see instructions)	
	8320	01 12-	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	structions. Form 990 (2008)

	990 (2008), IMS GLOBAL LEARNING CONSORTIUM, INC. 04-3489277 Page 2
Par	III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission THE IMS GLOBAL LEARNING CONSORTIUM CREATES STANDARDS FOR THE DEVELOPMENT AND ADOPTION OF TECHNOLOGIES THAT ENABLE HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE LEARNING EXPERIENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,270,355. including grants of \$)(Revenue \$ 1,950,313.) DEVELOPMENT OF AND APPROVAL OF STANDARDS TO ENABLE INTEROPERABILITY AND ADOPTION OF LEARNING AND EDUCATIONAL TECHNOLOGY. CONTRIBUTING MEMBERS AND SUBSCRIBERS INCREASED FROM 99 TO 136 AS OF DECEMBER 31, 2008. ACTIVE WORKGROUPS INCREASED FROM 8 TO 11 AS OF DECEMBER 31, 2008.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► \$ 1,270,355 · (Must equal Part IX, Line 25, column (B).)
<u>4e</u>	Total program service expenses ►\$ 1,270,355. (Must equal Part IX, Line 25, column (B).) Form 990 (2008)

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	990 (2008) IMS GLOBAL LEARNING CONSORTIUM, INC. 04-34892	<u>277</u>	P	age 3
Par	t 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)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	L	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	ļ
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	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? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	
	disgualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	'A
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
-	prior year? If "Yes," complete Schedule L, Part I	25b	N/	'A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	ſ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20	<u> </u>	+
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	1	x
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IMS	GLOBAL	LEARNING	CONSORTIUM,	INC.
of Poquiro	d Schodul	SE (continued)		

Form	1990 (2008) IMS GLOBAL LEARNING CONSORTIUM, INC. 04-3489	277	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			ł
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u>N/</u>	<u>A</u>
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? If "Yes," complete Schedule R, Part VI	37		X

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	990 (2008) IMS GLOBAL LEARNING CONSORTIUM, INC. 04-3489	211	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		V	
			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ĺ
				į
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		x
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u>1c</u>		^
28				ŧ
h	filed for the calendar year ending with or within the year covered by this return 2a 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5	2b	х	Í
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this returns (see instructions)	20	-	
3-		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	50		<u> </u>
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
Ь	If "Yes," enter the name of the foreign country:	40		
D.	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
•	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c). N/A			1
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year? N/A	8	ļ	<u>_</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	ļ	ļ
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł	1	
11	Section 501(c)(12) organizations. Enter. N/A			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	ł		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		1	<u> </u>

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Form 990 (2008)

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IMS GLOBAL LEARNING CONSORTIUM, INC.

Internal Revenue Code)	Part VI Governance, N	Management, and Disclosure (Sections)	A, B, and C request information about policies	not required by the
	Internal Revenue C	ode)		

Sec	tion A. Governing Body and Management				
			<u> </u>	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circum	stances.			
	processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	14			
ь	Enter the number of voting members that are independent 1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	ther			
	officer, director, trustee, or key employee?		2	[Х
3	Did the organization delegate control over management duties customarily performed by or under the direct super	ervision			
-	of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		Х
6	Does the organization have members or stockholders?		6		Х
	Does the organization have members, stockholders, or other persons who may elect one or more members of the	е			
	governing body?	-	7a		Х
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear			
Ť	by the following:				ĺ
а	The governing body?		8a	x	ĺ
ь	Each committee with authority to act on behalf of the governing body?		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, af	filiates			
	and branches to ensure their operations are consistent with those of the organization?	imatoo,	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	must			
	describe in Schedule O the process, if any, the organization is governing body before it was med. All organizations describe in Schedule O the process, if any, the organization uses to review the Form 990	most	10	x	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	10			
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
Sec	tion B. Policies				
				Yes	N
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
-	to conflicts?		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descr	1be			
•	in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	1	X
15	Did the process for determining compensation of the following persons include a review and approval by indepe	ndent			T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
а	The organization's CEO, Executive Director, or top management official?		15a	1	2
	Other officers or key employees of the organization?		15b		X
	Describe the process in Schedule O. (see instructions)	•		1	
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?		16a	1	2
۲.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its par	ticipation		1	1
J	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b	1	1
Sec	tion C. Disclosure			<u> </u>	<u> </u>
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s		e for		

public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19

statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ORGANIZATION - 407-362-7783

801	INTERNATIONAL	PARKWAY,	5тн	FLOOR,	PMB	#112,	LAKE	MARY,	FL	32 <u>746</u>	_
32006										Form 990 (2	2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	oly)	compensation	compensation	amount of
	per week	actor						from the	from related organizations	other compensation
	WEEK	ordin				ated		organization	(W-2/1099-MISC)	from the
		ustee	truste		8	Suadu		(W-2/1099-MISC)	、 , ,	organization
		tual tr	institutional trustee		Noid	stcon				and related
		Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Forme			organizations
DAVID J. ERNST						+		· · · · · · · · · · · · · · · · · · ·		<u> </u>
DIRECTOR		х					1	0.	0.	0.
CYNTHIA GOLDEN										
DIRECTOR		Х						0.	0.	0.
JOEL GREENBERG										
DIRECTOR		Х						0.	0.	0.
JOHN HARDWOOD			1							-
DIRECTOR		X			L		ļ	0.	0.	0.
RAY HENDERSON										
DIRECTOR		X	ļ			<u> </u>	_	0.	0.	<u> </u>
MICHAEL KING						1				
DIRECTOR		X			_	_	_	0.	0.	0.
CURTISS BARNES DIRECTOR		x						0.	0.	ο.
JEREMY AUGER	· · · · ·	^		├	┼—		-	<u></u>	0.	<u>.</u>
DIRECTOR		x		1				0.	0.	0.
JIM BEHNKE						+				
DIRECTOR		X	1					0.	0.	0.
FABRIZIO CARDINALI				-						
DIRECTOR		x						0.	0.	0.
PAUL DESPINS										
DIRECTOR	· · · · · · · · · · · · · · · · · · ·	X						0.	0.	0.
WILLIAM GRAVES					1	1				
DIRECTOR		X	L	L_	<u> </u> .			0.	0.	0.
MARK STILES										
DIRECTOR		X		<u> </u>	_	_		0.	0.	0.
ROBERT ABEL						1		105 000		7 000
CHIEF EXECUTIVE OFFICER	40.00			X				195,000.	0.	7,800.
LISA MATTSON	40.00			v				110 107	o.	4,407.
CHIEF OPERATIONS OFFICER JOHN FALCHI	40.00		-	X	+-	+		110,187.	0.	4,407.
CHIEF PROGRAM STATEGIST	40.00	1				x		173,400.	0.	6,936.
CHIEF PROGRAM STATEGIST		\vdash	+	┣-	+	^	+	1/3/400	0.	0,550.

Form 990 (2008)

		BAL LEAR								04-34	892	. / /	Pa	ge 8
-ai	t VII Section A. Officers, Directors,		mplo	byee			High	est					0	
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours	6		Position k all that apply)				Reportable	Reportable compensation			nateo unt c	
		per		T	T		app T	iy)	compensation from	from related			ther	~
		week	ectol						the	organizations		compe		Ion
			р Б	8			ated		organization	(W-2/1099-MISC)	fror	n the	•
			Listee	trust		8	upens		(W-2/1099-MISC)			organ		
			individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					and		
			ndivi	nsttu	Officer	(ever	a de la de l	, en el				organ	Izatio	ons
			<u> </u>	-	<u> </u>	-	1-0	Ľ						
								1						
											+-			
			_	_										
				 										
				<u> </u>										
								1						
								}						
			-	-		+		1						
								1						
			-	+		+	╈	-						
1 6	Total		_ _	J		.I			478,587.		0.	19	,1	43.
2	Total number of individuals (including th							00	· ·		••		/-	
2		Use in Tay who h	ecen	eui	nore	5 1116	uιφ	00,						
	compensation from the organization										-		Yes	No
•											F			
3	Did the organization list any former offic			e, Ke	ey er	npic	oyee,	or	highest compensated e	nployee on	1			х
	line 1a? If "Yes," complete Schedule J fo											3		<u>^</u>
4	For any individual listed on line 1a, is the									the organization			v	
	and related organizations greater than \$										-	4	X	
5	Did any person listed on line 1a receive				fron	n an	y un	relat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sch	nedule J for such	n per	son								5		X
Se	ction B. Independent Contractors													
1	Complete this table for your five highest	compensated in	ndep	end	ent	cont	ract	ors	that received more than	\$100,000 of comp	pens	ation fro	om	
	the organization.													
	(A)								(B)		_	(C)		
	Name and busine	ess address							Description of s	services	<u> </u>	ompen	satio	n
							_							
						_								
													-	•
	Total number of independent contracto					_				hr				

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation
 from the organization
 0

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					ARNING C	ONSORTIUM,	INC.	04-3489	<u>277 Page</u> 9
Pa	rt V	41	Statement of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1a					
gra		b	Membership dues	1b	1,566,008.				
am, ts,		С	Fundraising events	1c					
ilar		đ	Related organizations	<u>1d</u>					
sins		e	Government grants (contribut						
it i		f	All other contributions, gifts, gran						
e ti			similar amounts not included abo	•					
Contributions, gifts, grants and other similar amounts		9 ⊾	Noncash contributions included in lines	1a-1f \$		1566008.			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f		Business Code	1500008.			
	2	а	PROGRAM REVENUE	1	611710	355,922.	355,922.		
ŝ	-	b					00079221		·····
Sei		c				· · · · · · · · · · · · · · · · · · ·	<u></u>		
eve eve		d							
Program Service Revenue		е							
ק א		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		•	355,922.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)			28,383.	28,383.		
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties	<u>г</u>		::			
				(I) Real	(II) Personal				
	6	a	Gross Rents						
		b	Less: rental expenses						
		с -	Rental income or (loss)						E I
	7		Net rental income or (loss) Gross amount from sales of	(I) Securities	(II) Other	·····			1
	'	a	assets other than inventory	(i) Securities					
		ь	Less. cost or other basis						
		-	and sales expenses						
		с	Gain or (loss)	·					
			Net gain or (loss)	L					
ø	8		Gross income from fundraisin	g events (not					
Bun			Including \$	of					
Other Revenue	contributions reported on line 1c). See								
er			Part IV, line 18	а					
f			Less direct expenses	b					
	-		Net income or (loss) from fund						
	9	а	Gross income from gaming ad						
		L	Part IV, line 19	a					
			Less: direct expenses Net income or (loss) from gan	b and activities					1
	10		Gross sales of inventory, less	-			1		-
		a	and allowances	a		,			
		ь	Less. cost of goods sold	b					
			Net income or (loss) from sale		▶		1		
			Miscellaneous Revenu		Business Code	-			
	11	а							
		b							
		с							
		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12	_	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, <u>9c, 1</u>	0c, and 11e	1950313.	384,305.		

•

IMS GLOBAL LEARNING CONSORTIUM, INC. Part IX Statement of Functional Expenses

	Section 501(c)(3) a All other organizations must compl	and 501(c)(4) organizati ete column (A) but are i	ions must complete all	columns. te columns (B) (C) and	(D).
	ot include amounts reported on lines 6b, b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	005 107	150 504	150 500	
	trustees, and key employees	305,187.	152,594.	152,593.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	220 100	260 001	70,304.	
7	Other salaries and wages	339,198.	268,894.	10,304.	
8	Pension plan contributions (include section 401(k)				
~	and section 403(b) employer contributions)	73,190.	42,710.	30,480.	
9	Other employee benefits	13,190.	721110.	507100.	· · · · · · · · · · · · · · · · · · ·
10 11	Payroll taxes Fees for services (non-employees):				
	Management				
a b	Legal	53,203.		53,203.	
	Accounting	33,000.		33,000.	
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··			
g	Other	22,449.	22,449.		
12	Advertising and promotion				
13	Office expenses	31,168.		31,168.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	102,629.	102,629.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	111 706	111 700		
19	Conferences, conventions, and meetings	111,706.	111,706.		
20	Interest				
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACT LABOR	471,897.	471,897.		
a b	COMMISSIONS	91,700.	91,700.		
c	MISCELLANEOUS	23,384.	5,776.	17,608.	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,658,711.	1,270,355.	388,356.	0.
26	Joint Costs Check here ► If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2008)

1

2

Cash - non-interest-bearing

Savings and temporary cash investments

1	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			331,125.	_4	173,975.
	5	Receivables from current and former officers, di					
		employees, or other related parties. Complete P		5	·····		
	6	Receivables from other disqualified persons (as	define	d under section		-	
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			5,371.	9	56,788.
	10a	Land, buildings, and equipment: cost basis	10a	48,369.		+	
	ь	Less: accumulated depreciation. Complete				-	
		Part VI of Schedule D	10b	48,369.		10c	
	11	Investments - publicly traded securities				11	
	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			15	0.005.510	
	16	Total assets. Add lines 1 through 15 (must equ	1,528,102.	16	2,025,518.		
	17	Accounts payable and accrued expenses			1,969.	17	5,822.
	18	Grants payable		18	1 054 406		
	19	Deferred revenue		1,213,958.	19	1,354,486.	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow account liability. Complete Part IV of Sc				21	
Liabilities	22	Payables to current and former officers, directo					
iabi		highest compensated employees, and disqualit	ied pe	rsons. Complete Part II		1	
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	nird parties		23		
	24	Unsecured notes and loans payable			24	112 004	
	25	Other liabilities. Complete Part X of Schedule D		51,571.	25	113,004.	
	26	Total liabilities. Add lines 17 through 25			1,267,498.	26	1,473,312.
	1	Organizations that follow SFAS 117, check h	ere 🕨	► X and complete		ł	
es		lines 27 through 29, and lines 33 and 34.					EE0 000
Juc	27	Unrestricted net assets		_	260,604.		552,206.
Bala	28	Temporarily restricted net assets				28	
Fund Balances	29	Permanently restricted net assets				29	
Ē	1	Organizations that do not follow SFAS 117, o	check	here 🕨 🔄 and			
-		complete lines 30 through 34.				ŧ	
ets	30	Capital stock or trust principal, or current funds			30		
Net Assets o	31	Paid-in or capital surplus, or land, building, or e				31	
et /	32	Retained earnings, endowment, accumulated i	ncome	, or other funds		32	EF2 200
Ż	33	Total net assets or fund balances		Ļ	260,604.		552,206.
	34_	Total liabilities and net assets/fund balances			1,528,102.	34	2,025,518.
Pa	rt XI	Financial Statements and Reportin	g				

IMS GLOBAL LEARNING CONSORTIUM, INC. Part X · Balance Sheet

04-3489277 Page 11

(B) End of year

347,730.

1,447,025.

(A) Beginning of year

162,965.

1,028,641.

1

2

			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
	Were the organization's financial statements audited by an independent accountant?	2Ь	X	
С	If "Yes" to lines 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?	2c	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		x
Ь	Act and OMB Circular A-133?	3b		

Form **990** (2008)

Schedule D	(Form 990) 2008
	Investments

•

IMS GLOBAL LEARNING CONSORTIUM, INC.

Part VII Investments - Other Securities. Securities.	<u>ee Form 990, Part X, line</u>			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mar	
nancial derivatives and other financial products				
losely-held equity interests				
ther				
	· · · · · · · · · · · · · · · · · · ·		<u></u>	· - · · ·
	····	·		
			· · · ·	
····				
<u>, , , - , </u>				
·····	+			
				~~~~
tal. (Col (b) should equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990, Part X, IIr	<u>e 13</u>		,
(a) Description of investment type	(b) Book value		(c) Method of valua	
		Co	ost or end-of-year man	ket value
	*			
Tetal (Col /b) should aqual Form 990. Part Y, col (P) line 13.)				
otal. (Col (b) should equal Form 990, Part X, col (B) line 13 ) ▶	►			
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15. Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a	e 15. Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, Iin (a	line 15.)			(b) Book value
Part IX Other Assets. See Form 990, Part X, Iin (a	line 15.)	(b) Amount		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         (a)       Description of liability	line 15.)	(b) Amount		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a       (a         (a       (a         (a       (a         (b) should equal Form 990, Part X, col (B)       (b)         Part X       Other Liabilities. See Form 990, Part X, col (B)         (a) Description of liability       (a) Description of liability	line 15.)			(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         rederal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         rederal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)			(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         Federal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         rederal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         rederal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         Federal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         Federal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         Federal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.)	102,867.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part >	line 15.)	102,867.		(b) Book value
Part IX       Other Assets. See Form 990, Part X, Im (a         (a)       (a)         (a)       (a)         Part X       Other Liabilities. See Form 990, Part X, col (B)         Part X       Other Liabilities. See Form 990, Part X         (a)       Description of liability         Federal income taxes       ACCRUED         ACCRUED       EXPENSES	line 15.	102,867.		(b) Book value

Sche	dule D (Form 990) 2008 IMS GLOBAL LEARNING CONSOR				04-	3489277	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financ	al Stateme	ents			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			1,950	
2	Total expenses (Form 990, Part iX, column (A), line 25)		2			1,658	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			291	,602.
4	Net unrealized gains (losses) on investments		4			<u>.</u>	
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net). Add lines 4-8		9				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10				,602.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue	per R	eturr		
1	Total revenue, gains, and other support per audited financial statements				1	1,950	<u>,313.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					1	
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	1,950	<u>,313</u> .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a					
b	Other (Describe in Part XIV)	4b		_			
с	Add lines 4a and 4b				4c		0
_5					5	1,950	<u>,313</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>ents Wi</u>	th Expense	es per	Retu	<u>im</u>	·····
1	Total expenses and losses per audited financial statements				1	1,658	<u>,711</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2Ъ					
с	Losses reported on Form 990, Part IX, line 25	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines <b>2a</b> through <b>2d</b>				2e		0
3	Subtract line 2e from line 1				3	1,658	<u>,711</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			1	1	
ь	Other (Describe in Part XIV)	4b					
с	Add lines 4a and 4b				4c		0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	1,658	,711
	rt XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·				
•	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II. lines 1a	and 4: Part IV	lines 1	b and	2b: Part V. In	e 4: Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SČH	IEDULE J	<b>Compensation Information</b>	0	MB No 1	545-004	17
• (Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<u>N</u> R	
		Compensated Employees		LU	00	1
	ment of the Treasury	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.	C	ipen to Inspe		i¢
	e of the organizati		Employer ident			nber
	• • • • • • • ge	IMS GLOBAL LEARNING CONSORTIUM, INC.	04-348			
Pa	rt I Question	s Regarding Compensation			-	
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d		nal use			
	Travel for corr	panions	sidence			
	Tax Indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	:hef)			
b	If line 1a is checked	d, did the organization follow a written policy regarding payment or reimbursement or provisi	on			
	of all of the expens	es described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	ectors,			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	ļ	X
_						
3		ny, of the following the organization uses to establish the compensation of the organization's	5			
		ector. Check all that apply.				
		compensation consultant				
	Form 990 of c	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, di	d any person listed in Form 990, Part VII, Section A, line 1a:				
а	Receive a severane	ce payment or change of control payment?	-	_4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		501(c)(4) organizations must complete lines 5-8.				
5		In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the	evenues of:		5	1	
	The organization?			5a	+	-
D	Any related organiz		-	5b		
6		or 5b, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	20		1	
6	•	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation and earnings of:	41		1	
-	contingent on the	let earnings of.		6a		
	The organization? Any related organized	zation?		6b	<u> </u>	1
U		or 6b, describe in Part III.			1	†
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	s	1	1	1
'	•	the solution provide any normal payment. The second and the organization provide any normated payment.	5	7	1	
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	 he		1	1
0	•	eption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
		and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2008

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Schedule J (Form 990) 2008

### IMS GLOBAL LEARNING CONSORTIUM, INC.

04-3489277

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	<b>(C)</b> Deferred	<b>(D)</b> Nontaxable	<b>(E)</b> Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
		195,000.	0.	0.	0.	7,800.	202,800.	0.
ROBERT ABEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	173,400.	0.	0.	0.	6,936.	180,336.	0.
JOHN FALCHI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
	(ii)_							
	(i)							
	<u>(ii)</u>	· · · · · · · · · · · · · · · · · · ·						
	(i)			·				
	(ii)							
	(i) (ii)							
	(i)	· · - · · · · · · · · · · · · · · · · ·						
	(i) (ii)		· · · · · · · · · · · · · · · · · · ·					· · · · ·
	(i)							
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	(i)							
	(ii)		· · · ·					
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)_							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

Page 2

SCHEDULE Q (Form 990)

Name of the organization

**Supplemental Information to Form 990** 

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



IMS GLOBAL LEARNING CONSORTIUM, INC.

Employer identification number 04-3489277

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CONTRIBUTING MEMBERS AND SUBSCRIBERS INCREASED FROM 99 TO 136 AS OF

DECEMBER 31, 2008. ACTIVE WORKGROUPS WITH APPROVED CHARTERS INCREASED

FROM 8 TO 11 AS OF DECEMBER 31, 2008. THE FOLLOWING DOCUMENTS ACHIEVED

APPROVAL BY THE MEMBERS: CHARTER FOR TECHNOLOGY-ENABLED FLEXIBLE

LEARNING, CHARTER FOR LEARNSAT, CHARTER FOR TARGETTED RETENTION

SYSTEMS, COMMON CARTRIDGE V1., 6 FACE-TO-FACE MEETINGS WERE HELD WITH

784 ATTENDEES.

FORM 990, PART VI, SECTION A, LINE 10: FINANCE AND ADMINISTRATIVE MANAGER RECEIVES FORM 990, REVIEWS AND APPROVES, THEN SENDS TO CEO FOR REVIEW, APPROVAL AND SIGNATURE.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.