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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning AUG 6, 2008 **and ending** JUN 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
826 NATIONAL, INC

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
826 VALENCIA STREET

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94110

D Employer identification number
26-3217538

E Telephone number
415-642-5778

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Accounting method. ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.826NATIONAL.ORG

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

J Organization type (check only one)— ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 470,240.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	207,037.
	2	Program service revenue including government fees and contracts		2	252,434.
	3	Membership dues and assessments		3	
	4	Investment income		4	854.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances STMT 6	7a	9,915.	
	b	Less: cost of goods sold	7b	6,258.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	3,657.
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	463,982.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4		10	73,500.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	219,920.
	13	Professional fees and other payments to independent contractors		13	4,575.
	14	Occupancy, rent, utilities, and maintenance		14	7,482.
	15	Printing, publications, postage, and shipping		15	4,905.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	96,820.
	17	**Total expenses** Add lines 10 through 16 ▶		17	407,202.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	56,780.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	0.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5		20	247,061.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	303,841.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0.	22	153,526.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	0.	24	155,129.
25	**Total assets**	0.	25	308,655.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	0.	26	4,814.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	0.	27	303,841.

SCANNED JUN 30 2010

RECEIVED
MAY 17 2010
OGDEN, UT

99 12

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 11

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 8

(Grants $ 73,500.) If this amount includes foreign grants, check here ▶ ☐ 28a 198,408.

29 SEE STATEMENT 9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 14,768.

30 SEE STATEMENT 10

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 21,496.

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 234,672.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NINIVE CALEGARI, C/O 826 NATIONAL, 826 VALENCIA ST, SAN FRANCISCO, CA	CEO, PRESIDENT & BOARD CHAIR 45.00	95,833.	4,896.	0.
JENNIFER BUNSHOFT, C/O 826 NATIONAL, 826 VALENCIA ST, SAN FRANCISCO, CA	VICE PRESIDENT 2.00	0.	0.	0.
TYNNETTA MCINTOSH, C/O 826 NATIONAL, 826 VALENCIA ST, SAN FRANCISCO, CA	TREASURER 2.00	0.	0.	0.
JONATHAN DEARMAN, C/O 826 NATIONAL, 826 VALENCIA ST, SAN FRANCISCO, CA	SECRETARY 1.00	0.	0.	0.
DAVE EGGERS, C/O 826 NATIONAL, 826 VALENCIA ST, SAN FRANCISCO, CA 94110	BOARD MEMBER 7.00	0.	0.	0.
PAM MACEWAN, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
AMANDA UHLE, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
LEIGH LEHMAN, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
SCOTT SEELEY, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
HELEN JACOBSON, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
JOEL ARQUILLOS, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
MARA O'BRIEN, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.
TERRI HEIN, C/O 826 NATIONAL, SAN FRANCISCO, CA 94110	EX OFFICIO BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ CA

42a The books are in care of ▶ KELLY MARTIN, BOOKKEEPER Telephone no. ▶ 415-642-5778

Located at ▶ 826 VALENCIA STREET, SAN FRANCISCO, CA ZIP + 4 ▶ 94110

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

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

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

▶ ✓ [signature] Signature of officer — ✓ 5/12/10 Date

▶ NINIVE CALEGARI, CEO & PRESIDENT Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]		Date 5/11/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)
Firm's name (or yours if self-employed), address and ZIP + 4 ▶	ARMANINO MCKENNA LLP 12667 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4427		EIN ▶	Phone no. ▶ (925) 790-2600

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
826 NATIONAL, INC	26-3217538

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 (Please check only **one** organization)

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).** (Attach Schedule H.)

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 the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

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 - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
826 BOSTON	20-8065915	501(C)(3)	X		X		X		10,000.
826 CHICAGO	30-0248920	501(C)(3)	X		X		X		10,000.
826LA	38-3722092	501(C)(3)	X		X		X		10,000.
826 MICHIGAN	20-1963960	501(C)(3)	X		X		X		13,500.
826NYC	20-0526710	501(C)(3)	X		X		X		10,000.
Total									73,500.

SEE PART IV FOR LINE 11 CONTINUATION

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
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 - 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** 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 ▶ ☐

b **33 1/3% support test - 2007.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 ▶ ☐

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 ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
826 SEATTLE	41-2127333	501(C)(3)	X		X		X		10,000.
826 VALENCIA	04-3694151	501(C)(3)	X		X		X		10,000.
Continuation Total									20,000.

Depreciation and Amortization Detail FORM 990-EZ PAGE 1 990-EZ

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MACHINERY & EQUIPMENT								
1	COMPUTER EQUIPMENT	07 01 08	SL	5.00	16	1,067.			458.
	* 990-EZ PG 1 TOTAL MACHINERY & EQUIPMENT					1,067.	0.	0.	458.
	* GRAND TOTAL 990-EZ PG 1 DEPR					1,067.	0.	0.	458.

- Current year section 179 (D) - Asset disposed

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PROGRAM EXPENSES	76,190.
INSURANCE	11,438.
OFFICE EXPENSE	4,672.
FUNDRAISING EXPENSES	3,133.
ADMINISTRATIVE EXPENSES	627.
EQUIPMENT REPAIRS	302.
DEPRECIATION	458.
TOTAL TO FORM 990-EZ, LINE 16	96,820.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	45,715.
NOTES RECEIVABLE	0.	97,000.
INVENTORY	0.	9,733.
PREPAID EXPENSES	0.	2,072.
OTHER DEPRECIABLE ASSETS	0.	609.
TOTAL TO FORM 990-EZ, LINE 24	0.	155,129.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	0.	4,814.
TOTAL TO FORM 990-EZ, LINE 26	0.	4,814.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATES ADDRESS	PURPOSE OF PAYMENT	AMOUNT
826 BOSTON	3035 WASHINGTON STREET ROXBURY, MA 02119-1227	GENERAL SUPPORT	10,000.
826 CHICAGO	1331 NORTH MILWAUKEE AVE CHICAGO, IL 60622	GENERAL SUPPORT	10,000.
826LA	685 VENICE BLVD VENICE, CA 90291	GENERAL SUPPORT	10,000.
826 MICHIGAN	115 E LIBERTY ST ANN ARBOR, MI 48104	GENERAL SUPPORT	13,500.
826NYC	372 FIFTH STREET BROOKLYN, NY 11215	GENERAL SUPPORT	10,000.

AFFILIATE'S NAME	AFFILIATES ADDRESS
826 SEATTLE	8414 GREENWOOD AVENUE NORTH SEATTLE, WA 98103-4237

PURPOSE OF PAYMENT	AMOUNT
GENERAL SUPPORT	10,000.

AFFILIATE'S NAME	AFFILIATES ADDRESS
826 VALENCIA	826 VALENCIA STREET SAN FRANCISCO, CA 94110

PURPOSE OF PAYMENT	AMOUNT
GENERAL SUPPORT	10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	73,500.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
FUNDS TRANSFERRED IN FROM 826 VALENCIA	247,061.
TOTAL TO FORM 990-EZ, LINE 20	247,061.

FORM 990-EZ INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A STATEMENT 6

INCOME		
1. GROSS RECEIPTS	9,915	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		9,915
4. COST OF GOODS SOLD (LINE 13)	6,258	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3,657
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED	15,991	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		15,991
12. INVENTORY AT END OF YEAR	9,733	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		6,258

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

CHAPTER SUPPORT: 826 NATIONAL'S MOST IMPORTANT GOAL IS TO MAKE SURE THAT EVERY 826 CHAPTER IS SUCCEEDING IN OUR CHAPTER STANDARDS -- A COMPREHENSIVE GUIDE TO OUR PROGRAMMING, FUNDRAISING, AND BEST PRACTICES. BY PROVIDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES, TRAININGS, AND RESOURCES, WE SUPPORT THRIVING 826 CHAPTERS ACROSS THE COUNTRY.

EACH YEAR, 826 NATIONAL COORDINATES A STAFF CONFERENCE IN AN 826 CITY. FOR TWO AND A HALF DAYS, WE FACILITATE SMALL-GROUP SEMINARS WITH OTHER 826 STAFF MEMBERS ACROSS THE COUNTRY AND SHARE NEWS AND HIGHLIGHTS FROM THE YEAR. WE ADDRESS COMMON CHALLENGES AND FIND SOLUTIONS. THIS ANNUAL PROFESSIONAL DEVELOPMENT EXPERIENCE IS ESSENTIAL TO THE SUCCESS AND VIBRANCY OF OUR ORGANIZATION, AND A CONSIDERABLE AMOUNT OF RESOURCES ARE DEDICATED TO MAKING IT HAPPEN YEAR AFTER YEAR.

WE ALSO MAINTAIN AN EHANDBOOK FOR THE CHAPTERS TO REFERENCE. HERE WE OFFER MATERIALS THAT ALL STAFF MEMBERS CAN SHARE AND LEARN FROM, LIKE TIMELINES FOR PROGRAM IMPLEMENTATION, BOILERPLATE, EVENT PROTOCOL, AND FUNDRAISING MATERIALS. PROVIDING THESE RESOURCES NOT ONLY SAVES THE CHAPTERS VALUABLE TIME AND ENERGY, BUT ALSO SUPPORTS THEM AS THEY IMPLEMENT PROGRAMMING.

826 NATIONAL ALSO COORDINATES LARGE-SCALE PROJECTS THAT INCLUDE OR BENEFIT THE EIGHT 826 CHAPTERS. THESE INCLUDE PUBLISHING PROJECTS (BOOKS, POSTERS, ETC.), FUNDRAISING EVENTS (NATIONAL MOVIE SCREENING TOURS, BENEFIT AUCTIONS, ETC.), PUBLICITY MATERIALS (BROCHURES, PRINTED MATERIALS, ETC.), AND ONLINE INITIATIVES SUCH AS NATIONAL WRITING GALLERIES AND SOCIAL MEDIA CAMPAIGNS.

EVALUATION: WE SPEARHEAD THE PROGRAM EVALUATION PROCESS FOR OUR CHAPTERS. OUR EVALUATION TOOLS ARE ALIGNED WITH OUR CHAPTER STANDARDS, AND WE HOLD OURSELVES ACCOUNTABLE TO OUR STUDENTS, TEACHERS, AND PARENTS BY EMPLOYING THESE TOOLS. THE DATA WE HAVE GATHERED ABOUT OUR IMPACT ON STUDENTS' LIVES CONTINUES TO BE STRONG. LAST SCHOOL YEAR WE SERVED 22,000 STUDENTS NATIONALLY AND SAW INCREASED SKILLS AND CONFIDENCE IN WRITING FOR STUDENTS AT EACH CHAPTER. SOME HIGHLIGHTS FROM OUR DATA INCLUDE:

- NINETY PERCENT OF THE STUDENTS WE WORK WITH IN AFTER-SCHOOL TUTORING ACROSS THE COUNTRY SAY THAT 826 TUTORING HAS HELPED THEM DO BETTER IN SCHOOL.
- OF THE STUDENTS WE WORK WITH DURING IN-SCHOOL PROJECTS, 88 PERCENT SAID THEY WERE PROUD OF THE WORK THEY PRODUCED.
- A FULL 100 PERCENT OF THE TEACHERS WE WORKED WITH DURING OUR IN-SCHOOLS PROJECTS FELT THAT 826 WAS A GOOD RESOURCE AND THAT THEY WOULD LIKE TO PARTNER WITH US AGAIN IN THE FUTURE.
- NINETY-NINE PERCENT OF OUR FIELD TRIP TEACHERS SURVEYED SAID THAT 826 FIELD TRIPS ARE A VALUABLE LEARNING OPPORTUNITY FOR THEIR STUDENTS.
- EIGHTY-SEVEN PERCENT OF PARENTS OF OUR TUTORING STUDENTS REPORTED THAT THEIR CHILD IS NOW MORE CONFIDENT ABOUT DOING SCHOOLWORK.
- OF PARENTS IN OUR AFTER-SCHOOL TUTORING PROGRAM, 92 PERCENT REPORT THAT THEIR CHILD COMPLETES ALL OF HIS OR HER HOMEWORK AT 826, WHICH CONTRASTS WITH THE MERE 44 PERCENT WHO REPORT THAT THEIR CHILD COMPLETES ALL OF HIS OR HER HOMEWORK WHEN NOT AT 826.
- WE PRODUCED OVER 800 STUDENT PUBLICATIONS IN THE LAST SCHOOL YEAR.

IN ADDITION, WE ALSO RECEIVE POSITIVE QUALITATIVE FEEDBACK FROM TEACHERS, PARENTS, STUDENTS AND VOLUNTEERS. PIRETTE MCKAMEY, THE TEACHER WITH WHOM 826 VALENCIA WORKED AT MISSION HIGH SCHOOL IN THE 2007 - 2008 SCHOOL YEAR, SAID THIS ABOUT OUR COLLABORATION: "WHEN STUDENTS WORK WITH PEOPLE ONE-ON-ONE ON THEIR WRITING, THE BENEFIT IS SO GREAT. IT HELPS STUDENTS BEGIN TO RECOGNIZE THE RELATIONSHIP BETWEEN THEIR WRITING AND COMMUNICATION TO OTHER PEOPLE - THAT WRITING ACTUALLY HAS THE POWER TO DO THAT. IT'S GREAT TO HAVE OUTSIDE PEOPLE. I THINK THE STUDENTS FEEL LESS COMFORTABLE WORKING WITH OUTSIDE PEOPLE, SO THEY HAVE TO DO SOME SELF-STRUGGLE AND OVERCOME BARRIERS TO FIGURE OUT HOW TO COMMUNICATE THEIR IDEAS TO SOMEONE THEY DON'T ASSUME IS SYMPATHETIC. AND IT'S GOOD FOR THEM - VERY POWERFUL, AND GOOD FOR THEM."

OUTREACH: FINALLY, WE PARTICIPATE IN THE NATIONAL DISCUSSION AROUND WRITING AND LITERACY ADVANCEMENT. WE PRESENT AT CONFERENCES, UNIVERSITIES AND OTHER EVENTS TO SHARE OUR METHODOLOGY. OUR CO-FOUNDERS, NINIVE CALEGARI AND DAVE EGGERS, ARE OFTEN INVITED TO SPEAKING ENGAGEMENTS ABOUT THE WORK OF 826 NATIONAL AND HAVE SHARED OUR WORK WITH GROUPS AROUND THE WORLD. IN THE LAST YEAR MRS. CALEGARI PRESENTED AT THE STANFORD SCHOOL OF INNOVATION, THE UC BERKELEY GOLDMAN SCHOOL OF PUBLIC POLICY, AND THE SCOTTISH BOOK TRUST CREATIVE SPARKS CONFERENCE, AND MR. EGGERS SPOKE AT THE CLINTON SCHOOL OF PUBLIC SERVICE.

NEWS ABOUT 826'S SUCCESS HAS SPREAD OVER THE LAST 9 YEARS. THE NATIONAL OFFICE ADDRESSES AND RESPONDS TO INTEREST SPARKED FROM PEOPLE AND ORGANIZATIONS AROUND THE WORLD BY OFFERING INFORMATIONAL SEMINARS ABOUT OUR MODEL. THESE EVENTS ACT AS FUNDRAISERS THAT SUPPORT 826 NATIONAL AND THE CHAPTERS, AND ALLOW PEOPLE TO BUILD NETWORKS AROUND YOUTH LITERACY.

WE COLLECT WRITING BY STUDENTS ACROSS THE COUNTRY FOR PUBLICATION IN BOOKS AND CHAPBOOKS, AND FOR SHOWCASING IN OUR STUDENT WRITING GALLERY ON THE 826 NATIONAL WEBSITE. 826 NATIONAL ALSO SEEKS OUT PARTNERSHIPS FOR SHOWCASING STUDENT WRITING, INCLUDING THE CURATION OF A YEARLONG GALLERY OF STUDENT WORK HOSTED BY THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH.

990-EZ PG 2 STATEMENT 11

826 NATIONAL IS A FAMILY OF NONPROFIT ORGANIZATIONS DEDICATED TO HELPING STUDENTS, AGES 6-18, WITH EXPOSITORY AND CREATIVE WRITING, AND TO HELPING TEACHERS INSPIRE THEIR STUDENTS TO WRITE. 826 CHAPTERS ARE LOCATED IN SAN FRANCISCO, LOS ANGELES, NEW YORK, CHICAGO, ANN ARBOR, SEATTLE, BOSTON, AND WASHINGTON, DC. OUR MISSION IS BASED ON THE UNDERSTANDING THAT GREAT LEAPS IN LEARNING CAN HAPPEN WITH ONE-ON-ONE ATTENTION, AND THAT STRONG WRITING SKILLS ARE FUNDAMENTAL TO FUTURE SUCCESS. WE OFFER INNOVATIVE AND DYNAMIC PROJECT-BASED LEARNING OPPORTUNITIES THAT BUILD ON STUDENTS' CLASSROOM EXPERIENCE, AND STRENGTHEN THEIR ABILITY TO EXPRESS IDEAS EFFECTIVELY, CREATIVELY, CONFIDENTLY AND IN THEIR OWN VOICE.

- 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).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	826 NATIONAL	26-3217538
	Number, street, and room or suite no. If a P.O. box, see instructions. 826 VALENCIA	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94110	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

- The books are in the care of ▶ THE ORGANIZATION 826 VALENCIA - SAN FRANCISCO, CA 94110
  Telephone No. ▶ 415-642-5778 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, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year 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 TIME NEEDED TO GATHER DATA TO COMPLETE AN ACCURATE RETURN.

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

Signature and Verification

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 ▶ [signature] Title ▶ CPA Date ▶ 2/4/10