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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009						
В	Check if applicable	Please C Name of organization	D Employer identific	cation number					
_	Addres	Use ICS							
F	chang	print or ISKY EDUCATION FUND	76.1	150600					
누	chang	Doing Business As		26-1150699					
늗	return Termir	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	E Telephone number 301-270-4550						
누	ation		G Gross receipts \$	1,948,921.					
F	Ireturn Applic	City or town, state or country, and ZiP + 4	H(a) Is this a group re						
L	tion pendir	TAKOMA PAKK, MD 20512	for affiliates?	Yes X No					
		6930 CARROLL AVENUE, SUITE 1000, TAKOMA PA	1						
	Tay.eye	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list (see instructions)					
		te: NWW.1SKY.ORG	H(c) Group exemption						
			ear of formation: 2007 N						
	art I	Summary							
a)	1	Briefly describe the organization's mission or most significant activities. 1 SKY 1 S	A NATIONAL CA	MPAIGN IN					
Activities & Governance		THE UNITED STATES CATALYZING A SOCIETY-WIDE	MOVEMENT IN S	UPPORT OF					
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its assets	S.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u> </u>					
ص ح	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5					
es	5	Total number of employees (Part V, line 2a)	5	16					
Σij	6	Total number of volunteers (estimate if necessary)	. 6	2000					
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)	7 <u>a</u>	0.					
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	[7b]	0.					
			Prior Year 1,635,303.	Current Year 1,933,735.					
E	8	Contributions and manua (Rzinty) [Ine 1h)	1,033,303.	1,333,733.					
Revenue	9	Program service revenue (Part VIII, line 29) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		292.					
æ	10	Other revenue (Part VIII, column (A), lines 5, 4, and 70)		115.					
	11 12	Total revenue add lines 8 through 11 (musicequal Part VIII, column (A), line 12)	1,635,303.	1,934,142.					
			1,033,3031						
	14	Grants and similar amounts paul (RartiX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)							
v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		996,631.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
ber	ь .	Total fundraising expenses (Part IX, column (D), line 25) 174,715.							
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	69,862.	1,657,490.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	69,862.	2,654,121.					
	19	Revenue less expenses. Subtract line 18 from line 12	1,565,441.	<u><719,979.</u> >					
Net Assets or	<u> </u>		Beginning of Year	End of Year					
sets	20	Total assets (Part X, line 16)	2,990,637.	2,329,730.					
A P	21	Total liabilities (Part X, line 26)	89,118.	148,190.					
칠	22	Net assets or fund balances Subtract line 21 from line 20	2,901,519.	2,181,540.					
P	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled dge	ge and belief, it is true, correct,					
			1 2/12/	113					
Sig		Signature of officer	Date	10					
He	re		5410						
		GILLIAN CALDWELL, CAMPAIGN DIRECTOR Type or print name and title							
		Proporario N /	Check if Prepare	er's identifying number					
Pai	d	Preparer's Kwan Shin. CPA 5/11/19	self- employed ▶ ☐ See in:	structions) 1060463					
Pre	parer's	Firm's name (or DROLET & ASSOCIATES P. L. L. C	EIN >	,					
Use	Only	yours if BROBET & ASSOCIATES, P. H. B. C. self-employed), 1901 L STREET, NW #250	<u> </u>						
		address, and ZIP+4 WASHINGTON, DC 20036	Phone no. ▶ 2	02-822-0717					
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
1710	.,	and IHA For Privacy Act and Panerwork Reduction Act Notice see the senarate	instructions	Form 990 (2008)					

	1990 (2008) 1SKY EDUCATION FUND	<u> 26-1150699</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
•	1SKY IS A NATIONAL CAMPAIGN IN THE UNITED STATES CATALYZ	TNC A	
			/TI 3
	SOCIETY-WIDE MOVEMENT IN SUPPORT OF BOLD FEDERAL ACTION		TA
	CLEAN ENERGY ECONOMY AND TACKLE GLOBAL WARMING POLLUTION	<u>. </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes", describe these new services on Schedule O.		
_			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	NO LAL
	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 exp	enses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	, , , , , , , , , , , , , , , , , , , ,		
4-	/Code: \/Circaraca		,
4a		venue \$,
	FIELD: THE FIELD PROGRAM SEEKS TO BUILD BROAD AND DEEP		
	SUPPORT FOR BOLD FEDERAL LEGISLATION TO MITIGATE THE CLI	<u> MATE CRISIS</u>	<u> • </u>
	THIS IS ACCOMPLISHED THROUGH PARTNERSHIPS WITH EXISTING	ORGANIZATIO	NS
	TO TRANSLATE THE NATIONAL MANDATE TO A LOCAL LEVEL; AND		
	ORGANIZING, ADVOCACY, AND MEDIA COVERAGE.		
	MONITERIO, ADVICACI, AND MEDIA COVERAGE.		
		· · · · · · · · · · · · · · · · · · ·	
45	(Code) (Code) (Code)		
4b		venue \$,
	INTERNET: THE INTERNET PROGRAM, THROUGH ELECTRONIC MEDI		
	EMAILS, BLOGS, AND SOCIAL NETWORKING, RECRUITS NEW PARTI	<u> CIPANTS; AN</u>	D
	DISSEMINATES INFORMATION AND RESOURCES TO THE 1SKY NETWO	RK OF ALLIE	S,
	ORGANIZERS, AND CITIZENS.		
		_	
	020 006		
4c		venue \$)
	POLICY: THE POLICY PROGRAM ENCOMPASSES TWO GOALS 1) TO	TRANSLATE	
	RELEVANT, IN-DISTRICT GRASSROOTS ACTIVITY TO POLICYMAKER	S ON CAPITO	<u>L</u>
	HILL AND 2) ANALYZE FEDERAL ACTION AND LEGISLATION AND D	ISSEMINATE	THIS
		JPPORTERS,	
	ORGANIZERS, AND COMMITTED INDIVIDUALS.	TI OILI DILO	
	ONGANIZERS, AND COMMITTED INDIVIDUALS.		
			
	·		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 160,842. including grants of \$) (Revenue \$		
4e	Total program service expenses ▶\$ 2,311,566. (Must equal Part IX, Line 25, column (B).)		
		Form 9 !	90 (2008)

Part IV	Checklist of Required Schedules
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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	X	
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	N/	A
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		Χ
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		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, IX, or X as applicable	11	X	
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			ı
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
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		<u> </u>
b	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			••
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	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		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	07		v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Form	990 (2008)
		r-orm	J J U	2000)

1. 1.

Form 990 (2008) 1SKY EDUCATION FUND
Part IV Checklist of Required Schedules (continued)

Га	t 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			
	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		_X_
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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	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	ļ. —
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	ļ	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	ļ	_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form	990 (2008) 1SKY EDUCATION FUND 26-11	<u> 50699</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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	_6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
ь	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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_		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ĭ	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	ļ
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?	. 8		<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		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter. N/A		İ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter. N/A			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			<u> </u>

Form 990 (2008)

1SKY EDUCATION FUND

26-1150699

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u> _
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		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a		<u> </u>
b	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 year			
•	by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	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, affiliates,			
•	and branches to ensure their operations are consistent with those of the organization?	9b		
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 uses to review the Form 990	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			
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13_	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X_	
b	Other officers or key employees of the organization?	15b	Х	
~	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
. 🕶	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.	tion:	-	
	THE ORGANIZATION - 301-270-4550			
	6930 CARROLL AVENUE, NO. 1000, TAKOMA PARK, MD 20912			

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.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated and compen		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BETSY TAYLOR										
PRESIDENT	16.00	X	_		-	-	-	27,000.	0.	0.
JESSICA BAILEY									•	•
VICE PRESIDENT	1.00	X	<u> </u>	_	_	├	ļ	0.	0.	0.
GUS SPETH		l	ļ						•	•
SECRETARY	1.00	X	 	-	-	-	├	0.	0.	0.
KC GOLDEN	1 00		l		ł	l		0.	0.	0
TREASURER BILL MCKIBBEN	1.00	^		├	-	┢				0.
DIRECTOR	1.00	Ţ					1	0.	0.	0.
BRACKEN HENDRICKS	1.00	^	┢		-	-		0.	0.	<u> </u>
DIRECTOR	1.00	x	1					0.	0.	0.
BILLY PARISH	100	-	<u> </u>			\vdash				
DIRECTOR	1.00	x						8,855.	0.	0.
GILLIAN CALDWELL										
CAMPAIGN DIRECTOR	40.00	ļ	_	X	-	<u> </u>	-	39,538.	0.	3,856.
					<u> </u>					

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		4 \$ 711	UCATION								26-1	<u> 150</u>	<u>699</u>	P	age 8
Name and table Name and table Name Na	Га	1 October 1 Triboto, Directorol		mpl	oye			High	est					(F)	
week set			Average	(c	Position					Reportable	Reportable compensation	on	am	imate ount	of
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Note			•	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization	ns	comp fro orga and	ensa om the inizati relate	ation e ion ed
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Note															
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Note				-	-										
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Note															
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3				-	-	-	-					_			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3					-	-	-	-						¢	
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes No. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3															
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes New North Programs Yes				-											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Note						_									
Compensation from the organization Yes No.								<u> </u>				0.	3	8,8	<u>56.</u>
Ves Name and business address Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation Ves Name and business address Ves 2		ose in 1a) who r	eceiv	ea n	nore	tna	ın ֆ ı	JU,(000 in reportable		•			C	
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation								•						Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	3				e, ke	y en	nplo	уөө,	or h	nighest compensated en	nployee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (A) (B) (B) (C) Compensation Compensation 1 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	4	· · · · · · · · · · · · · · · · · · ·			omo	ens	atıor	n and	otl	her compensation from t	the organization	}	3		X
the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	•										ino organization		4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	5					from	any	y unr	əlat	ed organization for serv	ices rendered to				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	Sec		nedule J for such	per	son								5		_X_
Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		Complete this table for your five highest	compensated in	ndep	ende	ent c	cont	racto	rs t	that received more than	\$100,000 of con	npens	ation fr	om	
			ess address			_					ervices	С			n
				_											·····
							_		-			_			
	2	Total number of independent contractor from the organization	rs (including thos 0	96 IU	1) w	ho r	ecei	ved (nor	e than \$100,000 in com	pensation				

Form **990** (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl		not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the 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,				
	trustees, and key employees	234,940.	178,914.	8,872.	47,154.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	657,537.	525,850.	67,734.	63,953 .
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	104,154.	81,368.	9,514.	13,272.
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	18,947.		18,947.	
13	Office expenses	46,214.	44,762.	496.	956.
14	Information technology	19,137.	17,425.	1,171.	541.
15	Royalties .				
16	Occupancy	71,836.	51,274.	12,158.	8,404.
17	Travel	44,012.	31,312.	7,884.	4,816.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,737.	23,483.	2,552.	3,702.
23	Insurance	5,901.	<u>47.</u>	5,854.	
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.)	1 222 464	1,209,339.	6,399.	16,726.
a	CONSULTING	1,232,464.		17,891.	5,230.
b	PROFESSIONAL SERVICES	52,427.	<u>29,306.</u>	963.	3,230.
C	DUPLICATION AND PRINTIN	40,001.	35,687.	4,039.	3,351.
d	MISCELLANEOUS DUES AND SUBSCIPTIONS	38,911.	34,496.	116.	791.
e	DUES AND SUBSCRIPTIONS	23,433.	<u>22,526.</u>	3,250.	5,443.
f	All other expenses	34,470.	<u>25,777.</u>	167,840.	174,715.
25_	Total functional expenses. Add lines 1 through 24f	2,654,121.	2,311,566.	10/,040.	1/4,/13.
26	Joint Costs. Check here July 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				- 000

		- Dalance Greek						
			(A) Beginning of year		(B) End of year			
	1	Cash · non-interest-bearing	650,639.	1	2,038,323			
-	2	Savings and temporary cash investments	03070331	2				
	3	Pledges and grants receivable, net	2,291,561.	3	175,000			
	4	Accounts receivable, net	2/2/2/021	4				
		Receivables from current and former officers, directors, trustees, key						
ļ	5	employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L		6				
,,	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
As	9	Prepaid expenses and deferred charges	5,771.	9	12,023			
	_	Land, buildings, and equipment: cost basis 10a 130, 273.		<u>×</u> -†				
		Less. accumulated depreciation Complete						
		Part VI of Schedule D 10b 29,740.	42,666.	10c	100,533			
	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				
1	15	Other assets See Part IV, line 11		15	3,851			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,990,637.	16	2,329,730			
	17	Accounts payable and accrued expenses	89,118.	17	148,190			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
တ္က	21	Escrow account liability. Complete Part IV of Schedule D		21				
litie	22	Payables to current and former officers, directors, trustees, key employees,						
Liabilities		highest compensated employees, and disqualified persons. Complete Part II						
		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	<u>89,118.</u>	26	148,190			
		Organizations that follow SFAS 117, check here X and complete						
es		lines 27 through 29, and lines 33 and 34.						
S S	27	Unrestricted net assets	973,851.	27	1,935,601			
3ala	28	Temporarily restricted net assets	1,927,668.	28	<u>245,939</u>			
β	29	Permanently restricted net assets		29				
Fund Balanc		Organizations that do not follow SFAS 117, check here						
o.		complete lines 30 through 34.						
Net Assets	30	Capital stock or trust principal, or current funds		30				
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
ē	32	Retained earnings, endowment, accumulated income, or other funds	0 001 510	32	0 101 540			
~	33	Total net assets or fund balances	2,901,519.	33	2,181,540			
D	34	Total liabilities and net assets/fund balances	2,990,637.	34	2,329,730			
Pai	rt XI	Financial Statements and Reporting			Yes No			
	A	ounting method used to prepare the Form 990. Cash X Accrual	Other					
1					2a X			
2a		e the organization's financial statements compiled or reviewed by an independent the organization's financial statements audited by an independent accountant?	accountailly .		2b X			
b			nsibility for oversight of the	audit				
C	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?							
2~	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Jä		and OMB Circular A-133?	one as set form in the only	,,	за Х			
b		es," did the organization undergo the required audit or audits?			3b			
	1 12-18	· · · · · · · · · · · · · · · · · · ·			Form 990 (2008			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

N	ame	of	the	organization	

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		1SKY ED	UCATION FUND						20	6-1150699	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see ins	tructions)			
he organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	ation)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desci	rıbed ın se	ction 170	(b)(1)(A)(i)				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(A) (iii). (At	tach Sche	dule H.)		
4 🔲	A medical res	earch organization	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name	,
	city, and state	ө									
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a govern	mental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗔	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	public described in	
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗔	An organizati	on that normally rec	eives. (1) more than 33 ¹	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, ar	nd gross receipts fr	om
	activities rela	ted to its exempt fui	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross investm	ent
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization a	after June 30, 1975	
	See section	509(a)(2). (Complete	the Part III)								
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1). (see ins	tructions)	
11 🔲	An organizati	on organized and o	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes of one or	•
	more publicly	supported organiza	ations described in secti	on 509(a)(1	I) or section	on 509(a)(2	?). See se c	ction 509(a	a)(3). Che	eck the box that	
	describes the	type of supporting	organization and compl							1	
	a Type I			Тур					d L	Type III - Other	
e 📖			at the organization is not								
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре І, Туре	II, or Type	ə III			
		rganization, check th									
g			organization accepted ar								
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ıı) and (ı	III) below,		<u>No</u>
	_		upported organization?							11g(i)	
			n described in (i) above?							11g(ii)	
		•	person described in (i) o							11g(iii)	
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports					
		<u> </u>	(iii) Type of	k:		6.3 Did vos		(v:) lo	tho		
	of supported	(ii) EIN	organization		organization sted in your		ion in col.	(vi) Is organization	on in cal.	(vii) Amount of	
orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	support	
	•		above or IRC section (see instructions))	Yes		Yes	No	Yes	No		
			(000				<u> </u>				
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				ļ				ļ			
				<u> </u>						···	
		-									

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

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 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not 1635303. 1933735. 3569038. 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 1635303. 1933735. 3569038. 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) 1987969. 1581069. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (a) 2004 Calendar year (or fiscal year beginning in) (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 20061635303. 1933735. 3569038. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 292 292. and income from similar sources 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.) 3569330. 11 Total support. Add lines 7 through 10 115. 12 12 Gross receipts from related activities, etc. (see instructions) 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) $\triangleright X$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 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

Sch	edule A (Form 990 or 990-EZ) 2008 irt III Support Schedule for C	Organizations	Described in	Section 509(a)	(2) (Complete only	r if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	ction A. Public Support						
Cale	endar 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						
	ınclude 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					i i	
	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						
7 a	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)						
	ction B. Total Support						
Cale	endar 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				ĺ		
	(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)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (line 8, column (f) c	divided by line 13,	column (f))		15	<u> </u>
16	Public support percentage from 2007	Schedule A, Part	t IV-A, line 27g			16	%
Se	ction D. Computation of Inve	stment Incom	<u>ie Percentage</u>				
17	Investment income percentage for 20	008 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2008. If the						17 is not
	more than 33 1/3%, check this box a						. ▶∟
t	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	100x on line 14, 19	a, or 19b, check the		hedule A (Form 99	0 or 000 E7) 0000
					50	alequie A (FUIII) 98	~ UI 00U-L4/2UU0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4).	(5), or (6) organiza	ations. Complete Part III	, , , , , , , , , , , , , , , , , , ,		
Name of organization	(-), (-), B			Emp	loyer identification number
	_ 1SKY EI	UCATION FUND			26-1150699
Part I-A To be	completed b	y all organizations exen	npt under section	501(c) and section 5	27 organizations.
See th	e instructions for	Schedule C for details.			
1 Provide a descrip	otion of the organi	zation's direct and indirect politi	cal campaign activities	ın Part IV	
Political expendit	tures			. ▶ \$	S
3 Volunteer hours					
Part I-B To be	completed b	y all organizations exen	ant under section	501(c)(3)	
	-	Schedule C for details.	ipt andor coonsi.	00.(0)(0).	
		incurred by the organization un	ider section 4955	▶ \$)
	•	incurred by organization manage		5 ▶ \$	=
3 If the organizatio	n incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a Was a correction	made?		•		Yes No
b If "Yes," describe	ın Part IV.				
Part I-C To be	completed b	y all organizations exen	npt under section	501(c), except section	on 501(c)(3).
		Schedule C for details.			
		d by the filing organization for se		•	
	• •	nization's funds contributed to o	ther organizations for s		
exempt function					i
	•	function expenditures. Add line	s 1 and 2 and enter her	re and on	
Form 1120-POL,		AAOO BOL Garabla araa		▶ 3	Yes No
		1120-POL for this year?	TINN of all acetion 507 o		
		mployer identification number (E e if the amount was paid from th			
	•	a separate political organization	• •	· ·	
·		ide information in Part IV.	•		, ,
(a) Na	me	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(-/		(2)	(0)	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
					
		1			

Schedule C (Form 990 or 990-EZ) 2008	1SKY E	DUCA	TION FUND		26-1	150699 Page 2
Part II-A To be completed by					t filed Form 5768	3
(election under sec	tion 501(h)). See tl	ne instructions for Sch	edule C for details.		
A Check 🕨 🔙 if the filing organiza	tion belongs t	o an affi	ated group.			
B Check 🕨 🔙 if the filing organiza	tion checked	box A ar	nd "limited control" pro	ovisions apply.		
	ts on Lobbyir ditures" mear		nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public o	pinion (grassroots lobbying)		35,397.	
b Total lobbying expenditures to influ	•		•	·	13,386.	
c Total lobbying expenditures (add li	nes 1a and 1b	o)			48,783.	
d Other exempt purpose expenditure	es				2,605,338.	
e Total exempt purpose expenditure	s (add lines 1	c and 1d) .		2,654,121.	
f Lobbying nontaxable amount. Enter	er the amount	from the	following table in bot	h columns.	<u>282,706.</u>	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (en		-			70,677.	
h Subtract line 1g from line 1a Enter					0.	
i Subtract line 1f from line 1c. Enter					<u> </u>	
j If there is an amount other than ze		ie in or	line 11, did the organiz	ation file Form 4720	Г	Yes No
reporting section 4911 tax for this			raging Period Under	Section FO1/h)		
	ations that n	nade a s	ection 501(h) election	n do not have to comp through 2f of the ins		
	Lobbyin	g Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 200	5	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					282,706.	282,706.
b Lobbying ceiling amount						424 OEO
(150% of line 2a, column(e))						424,059.
c Total lobbying expenditures					48,783.	48,783.
d Grassroots non-taxable amount					70,677.	70,677.
e Grassroots ceiling amount					, , , , , , , ,	
(150% of line 2d, column (e))						106,016.
f Grassroots lobbying expenditures					35,397.	35,397.

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 1SKY EDUCATION FUND 26-1150699 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)	(b)	
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				-
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of:				
a Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?			-	
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	L .		_	
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			<u></u>	_
i Other activities? If "Yes," describe in Part IV .				
j Total lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			
of "Yes," enter the amount of any tax incurred under section 4912	•			
of If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		504(-\/5\		
rt III-A To be completed by all organizations exempt under section 501(c)(4)	, section	50 I (C)(5)	, or seci	uon
501(c)(6). See the instructions for Schedule C for details			Yes	N
			res	14
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		-
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3 501(a)(5)		<u> </u>
rt III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Dart III	-A mues	tion 2 ic	
501(C)(0) if BOTTI Part in-A, questions i and 2 are answered. No Ori				
		.,, 4	111011 3 13	
answered "Yes." See Schedule C instructions for details.		····		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members	ical	1	idon 3 is	
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures).	ical	····		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ical	1		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ical	1 2a		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ical	1 2a 2b		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	ical	1 2a 2b 2c		
answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b		
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answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Int IV Supplemental Information Inplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and any additional information.	cess political and Part II-B,	2a 2b 2c 3 4 5	o, complete	e this p
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Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excited does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Int IV Supplemental Information Inplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and any additional information. INT II-A, SECTION 501(H) AVERAGING STATEMENT:	cess colitical and Part II-B,	1 2a 2b 2c 3 4 5 5 Inne 1i. Also	o, complete	e this p

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number 26-1150699

	1SKY EDUCATION FUN			26-1150699
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pr	ıvate benefi	it? Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or p	_	storically im	portant land area
	Protection of natural habitat	Preservation of certif	ied historic	structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation e	asement on the last day
	of the tax year			·
	•			Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizati	on during the taxable
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, a	ind	
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year I		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year > \$	S	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiz	ation's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections o	-	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	•		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ıblıc service	, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items		
Ь	If the organization elected, as permitted under SFAS 116, to	•		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide th	ne following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$ \$
	(ii) Assets included in Form 990, Part X		>	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, prov	ıde
	the following amounts required to be reported under SFAS 1	16 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		>	\$
Ь	Assets included in Form 990, Part X		•	\$

		<u>UCATION_FU</u>							<u>50699</u>		ge 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	r Simila	<u>ar Asse</u>	ts (contil	nued)	
3	Using the organization's accession and other	r records, check any	y of the f	ollowing tha	ıt are a sıgnıfi	icant use	of its coll	ection ite	ms (chec	k all	
	that apply):										
а	Public exhibition	c	ı 🗀 1	Loan or exc	hange progra	ams					
þ	Scholarly research	e	, 🗀	Other				_,			
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	on's exem	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar :	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Trust, Escrow and Custodial	Arrangements	. Compl	ete if organi	zation answe	ered "Yes	to Form	990, Par	t IV, line 9	, or	
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.							
	•								Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete r	f organization answ	ered "Ye	s" to Form 9	990, Part IV, I	line 10.					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years t	oack_
1a	Beginning of year balance										
b	Contributions										
	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities			-							
•	and programs										
f	Administrative expenses							•			
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as.								
_	Board designated or quasi-endowment		%								
	Permanent endowment ▶	%	_								
		 %							•		
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	e organiz	ation			
-	by.						Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?			•		3b	T	
4	Describe in Part XIV the intended uses of the					•					
Par					, Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	or other (other)		preciation	on	(d) Book	k value	
	Land	Dasis (IIIVESII		Da313	(00101)	-					
	Land										
b	Buildings										—
	Leasehold improvements			1 2	0,273.		29,7	40	100	0,5	3 3
	Equipment			1.3	00,413.	-	47,1		<u> </u>	. بـ ر ن	<u>, , , , , , , , , , , , , , , , , , , </u>
	Other .		······· /5°	/mo 10(:) !					100	0,5	3 2
<u>rotal</u>	. Add lines 1a-1e. (Column (d) should equal Fo	отт 990, Рап X, соц	umn (B),	iine (U(C))					<u> </u>	<u></u>	<u></u>

Schedule D (Form 990) 2008

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

	dule D (Form 990) 2008 1SKY EDUCATION FUND				26-	1150699	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financ	ial State	ments			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,934	
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2		2,654	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			_3		<u> </u>	979.
4	Net unrealized gains (losses) on investments			4	_		
5	Donated services and use of facilities			5		119	<u>.336.</u>
6	Investment expenses			_6	_		
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			_8		<119	<u>.336.</u> :
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			<u>.979.</u> :
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Witi	1 Rever	ue per			450
1	Total revenue, gains, and other support per audited financial statements				1	2,053	478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1					
а	Net unrealized gains on investments	2a			-		
b	Donated services and use of facilities	2b	11	9,336	-		
С	Recoveries of prior year grants	2c			-		
d	Other (Describe in Part XIV)	2d			-		
е	Add lines 2a through 2d				2e		336.
3	Subtract line 2e from line 1				3	1,934	142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			4		
b	Other (Describe in Part XIV)	4b			-		•
C	Add lines 4a and 4b				4c	1 001	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		<u> </u>		5	1,934	142.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statement	ents wi	in Expe	nses pe			450
1	Total expenses and losses per audited financial statements				11	2,773	45/.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 . 1	11	0 226			
а	Donated services and use of facilities	2a		<u>9,336</u>	4		
b	Prior year adjustments .	2b			-		
С	Losses reported on Form 990, Part IX, line 25	2c			-		
d	Other (Describe in Part XIV)	2d			┥. │	110	226
_	Add lines 2a through 2d				2e		<u>.336.</u>
3	Subtract line 2e from line 1				3	2,654	141.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-{		
	Other (Describe in Part XIV)	4b			┥.		•
_	Add lines 4a and 4b				4c	2 654	0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5	2,654	141.
	t XIV Supplemental Information					0. 0	4.5
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a	and 4; Pa	rt IV, lines	1b and	2b; Part V, line	4; Part
X; Pa	art XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
DAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
FAL	XI XI, DINE 0 - OTHER ADDODUMENTS.						
וחם	NATED SERVICES INCLUDED IN EXPENSES PER FI	NANCT	AT. ST	ΑΨΕΜΕΙ	י פידע	-119336	5.
<u> </u>	WILD OUTATION INCHOUSE IN UNITEDED IN III	11111011	<u> </u>			22330	
		•					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

QUUO Open To Public Inspection

Name of the organization

Employer identification number

26-1150699 1SKY EDUCATION FUND Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved by board or (g) Written (a) Name of interested (b) Loan to or from (e) In (c) Original principal (d) Balance due default? person and purpose the organization? amount agreement? committee? Ye<u>s</u> To From Yes Nο No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 (c) Amount of grant or type (a) Name of interested person (b) Relationship between interested person and of assistance the organization **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? No 35,000.CONSULTANT X ELIZABETH TAYLOR BOARD MEMBER BILLY PARISH PRESIDENT 22,505.CONSULTANT

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

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE 0

(Form 990)

832211 12-18-08

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

1SKY EDUCATION FUND

Employer identification number 26-1150699

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BOLD FEDERAL ACTION TO JUMPSTART A CLEAN ENERGY ECONOMY AND TACKLE
GLOBAL WARMING POLLUTION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNICATIONS: THE COMMUNICATIONS PROGRAM AMPLIFIES FIELD ACTIONS AND
ACTIVITIES THROUGH THE USE OF LOCAL MEDIA OUTLETS.
EXPENSES \$ 160842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE
AMENDED TO COMPLY WITH THE DISTRICT OF COLUMBIA NONPROFIT CORPORATION ACT,
2001 EDITION, TITLE 29, CHAPTER 3.
FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION SHARES THE FORM
990 AFTER IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE FORMS ARE MAILED IN THE SPRING
OF EACH YEAR TO ALL BOARD MEMBERS ELECTED AFTER THE ANNUAL MEETING. THE
FORMS ARE RETURNED TO THE OPERATIONS MANAGER AND FILED TOGETHER.
FORM 990, PART VI, SECTION B, LINE 15: THE CAMPAIGN DIRECTOR'S SALARY
COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS IN AN ANNUAL REVIEW
PROCESS THAT CONSIDERS THE TERMS OF HER HIRING CONTRACT, THE FINANCIAL
STATUS OF THE ORGANIZATION, AND PERCENTAGE SALARY ADVANCES GIVEN TO OTHER
STAFF MEMBERS WITHIN THAT SAME PERIOD. THE BOARD OF DIRECTORS ALSO REVIEWED LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Inspection

Employer identification number

Name of the organization 1SKY EDUCATION FUND 26-1150699 SALARIES AND INCREASES FROM COMPARABLE ORGANIZATIONS IN MAKING THEIR DECISION AND DELIBERATED ON THE BASIS OF ALL THOSE FACTORS IN ADDITION TO A THOROUGH PERFORMANCE REVIEW IN MAKING ITS DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL MAKES ITS ANNUAL REPORTS, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AND ITS MEMBERS, UPON REQUEST OF SUCH DOCUMENTS BY MEMBERS AND THE PUBLIC. FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Employer identification number Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 26-1150699 entrty Œ End-of-year assets status (if section Public charity ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Exempt Code section Total income 501(C)(4) 9 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>0</u> ▶ See separate instructions. ARYLAND ECONOMY AND TACKLE GLOBAL ROMOTE A CLEAN ENERGY Primary activity Primary activity WARMING POLLUTION. <u>@</u> 1SKY EDUCATION FUND Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 6930 CARROLL AVENUE SUITE 1000 1SKY ACTION FUND - 26-1181604 TAKOMA PARK, MD 20912 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti Part

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

Schedule R (Form 990) 2008

Page 2

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(J) General or managing partner? Yes No		
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
(H) Disproportion- ate allocations? Yes No		
(G) Share of end-of-year assets		
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(C) (D) (estate or controlling centry country)		
(C) Legal domicile (state or foreign country)		
(B) Primary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ooration or Trust						
(A)	(B)	(0)	(a)	(E)	(F)	(B)	(H)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	e X
							
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Schedule R (Form 990) 2008

832162 12-23-08

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Beceut of (i) interest (ii) annuties (iii) rovathes (iv) rent from a controlled entity		1a X
	•	¥
D Gilt, glant, or capital continuouton to otter organization(s)		-
c Gift, grant, or capital contribution from other organization(s)		٦ <u>ـ</u>
d Loans or loan quarantees to or for other organization(s)	:	1d X
		×
e Loans of loan gualantees by other organizationly)		
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
		×
II EACHAING OI ASSETS	:	
i Lease of facilities, equipment, or other assets to other organization(s)	;	4
j Lease of facilities, equipment, or other assets from other organization(s)	•	‡
k Performance of services or membership or fundraising solicitations for other organization(s)	:	×
l Performance of services or membership or fundraising solicitations by other organization(s)	:	# X
m Shannq of facilities, equipment, mailing lists, or other assets		t mt
		X X
		╀╌
A Beimbureament hand to other amenization for expenses		ot X
		>
p Reimbursement paid by other organization for expenses	:	Ų dL
		1
q Other transfer of cash or property to other organization(s)	;	19 +
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nsaction thresholds.	-
ĺ	į	Ş
(V)	(B)	(C)
Name of other organization(s)	type (a-r)	Amodin myorved
(1) 1SKY ACTION FUND	A	16.
	-	
(2) 1SKY ACTION FUND	Z	7,716.
	-	
(3) 1SKY ACTION FUND	Ъ	80.
(4)		
(5)		
101 102 101 101 101 101 101 101 101 101 101	Schec	Schedule R (Form 990) 2008
90-57-71 591 759		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

חומו אמני זוכו מייסומיס כולמייודמיטין כסכי וויסומיסין ייסומיסין פון מייסיוים אייסיוים אייסיין פון מייסין אייסי		-		į	ļ		
(A)	(B)		<u>0</u>			<u> </u>	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-		Code V-UBI	
of entity			section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?
		country)	Yes No			(Form 1065)	· · I
							· <u>-</u>
				-			
						-	
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							_
							-

Schedule R (Form 990) 2008

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

• If you			
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 complete Part II unless you have already been granted an automatic 3-month extension on a previous		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpor Part I on	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box an nly	d complete	>
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi	est an exter	nsion of time
noted be (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic ex elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 ele omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite at submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electron gov/efile and click on e-file for Chanties & Nonprofits.	ctronically if or consolid	f (1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print			
File by the	1SKY EDUCATION FUND		6-1150699
due date fo	or Number, street, and room or suite no. If a P.O. box, see instructions		
return See			
instructions	TAKOMA PARK, MD 20912		
\equiv		orm 4720 orm 5227	
• The b Telep If the	THE ORGANIZATION Chooks are in the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO Chooks are in the care of ► 1000 - TAKO Chooks are in the care of ► 201 - 270 - 4550 Chooks are in the care of Form 1041-A Chooks are in the care of ► 1000 - TAKO Chooks are in the care of ► 100	orm 6069 orm 8870 MA PAR	▶ □
The bottler for the lift the lift this box	THE ORGANIZATION cooks are in the care of ▶ 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 990-PF THE ORGANIZATION cooks are in the care of ▶ 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 990-PF THE ORGANIZATION cooks are in the care of ▶ 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 990-PF FORM 1041-A THE ORGANIZATION Cooks are in the care of ▶ 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 990-PF FORM 1041-A	orm 6069 orm 8870 MA PAR If this is for of all members of all members of above.	or the whole group, check this pers the extension will cover. The extension
The b Telep If the If this box 1 ire 2 If 1	THE ORGANIZATION concern 990-PF THE ORGANIZATION concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO concern 900 To the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKO TO TO TAKO TO	orm 6069 orm 8870 MA PAR If this is for of all members and in the until med above.	or the whole group, check this pers the extension will cover.
• The b Telep • If the • If this box ▶ 1 ire 2 If 1	THE ORGANIZATION cooks are in the care of ▶ 6930 CARROLL AVENUE, NO. 1000 - TAKO chone No ▶ 301-270-4550 FAX No. ▶ corganization does not have an office or place of business in the United States, check this box is sfor a Group Return, enter the organization's four digit Group Exemption Number (GEN) in the star of the group, check this box ▶ and attach a list with the names and EINS request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time the organization's return for the organization manner of the star year beginning OCT 1, 2008 and ending SEP 30, 2000 this tax year is for less than 12 months, check reason: Initial return Final return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	MA PAR If this is for of all members above.	or the whole group, check this pers the extension will cover. The extension Change in accounting period
The b Telep If the If this box 1 Ire 2 If 1	THE ORGANIZATION cooks are in the care of 6930 CARROLL AVENUE, NO. 1000 - TAKO conduction of the group, check this box and attach a list with the names and EINs request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time MAY 15, 2010 , to file the exempt organization return for the organization's return for Calendar year or X tax year beginning OCT 1, 2008 , and ending SEP 30, 200 this tax year is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions.	orm 6069 orm 8870 MA PAR If this is for of all members and in the until med above.	or the whole group, check this pers the extension will cover. The extension
The b Telep If the If this box 1 irr 2 if 1 3a if 1 no b if 1	THE ORGANIZATION cooks are in the care of 6930 CARROLL AVENUE, NO. 1000 - TAKO conduction of the group, check this box and attach a list with the names and EINs request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time MAY 15, 2010 , to file the exempt organization return for the organization's return for calendar year or X tax year beginning OCT 1, 2008 , and ending SEP 30, 200 this tax year is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions. this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	orm 6069 orm 8870 MA PAR If this is for of all membrane until med above.	The extension Change in accounting period
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The boundary of the second of	THE ORGANIZATION cooks are in the care of 6930 CARROLL AVENUE, NO. 1000 - TAKO conduction of the group, check this box and attach a list with the names and EINs request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time MAY 15, 2010 , to file the exempt organization return for the organization's return for calendar year or X tax year beginning OCT 1, 2008 , and ending SEP 30, 200 this tax year is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions. this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	orm 6069 orm 8870 MA PAR If this is for of all membrane until med above.	The extension Change in accounting period