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. Form **990**

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 2008

Department of the Treasury Internal Revenue Service

Depa	irtment o nal Rever	f the Treasury nue Service	_	► The organization may have to use a copy	of th	ns return to satisfy state	reportii	ng requirem	ents	Ор	en to Public Ins	pection	
	For the	2008 calend	lar year,	or tax year beginning Oct 1		, 2008, and	ending	Sep	30		, 2009		
В	Check if	applicable		C Name of organization					D Employ	er Iden	tification Number		
	Add	lress change		DC PUBLIC EDUCATION FU	JND	1			26-	1607	7955		
	Nan	ne change	or print or type.	Number and street (or P O box if mail is n	ot de	livered to street addr)	Room/su	ite	E Telepho	ne nun	nber		
	Initi	al return	See specific	1534 14th STREET, NW					(20:	2) 4	145-7777		
	Terr	mination	Instruc- tions	City, town or country		State ZIP co	ode + 4						
	Ame	ended return		WASHINGTON		DC 200	005		G Gross r	eceipts	\$ 5,345,053	L.	
	Арр	dication pending	F Name a	and address of principal officer			ı	H(a) Is this a group return for affiliates? Yes X N					
	_		CATE SW	INBURN SAME AS C ABOVE			1		affiliates incl		Yes	☐ No	
ī	Tax-	exempt status	X 501	(c) (3) (insert no)	494	47(a)(1) or 52	27	IT NO,	attach a list	(see in	istructions)		
J				OUCATIONFUND.ORG				H(c) Group	exemption ni	umber ¹	•		
K	Туре с	of organization	X Corpora	ation Trust Association Other	•	L Year of	Formation	on 200	7 M s	State of	legal domicile DC		
Pa	rt I	Summa	ıry										
	1 E	Briefly describ	e the org	ganization's mission or most significa	nt a	ctivities. SEE S	TATE	MENT	A				
e	_												
Activities & Governance	_											-	
ver													
Ĝ		Check this box Number of vot		if the organization discontinued its obers of the governing body (Part VI,			i more	tnan 25	% of its as	3	18		
S				t voting members of the governing bo						4	8		
itie			•	yees (Part V, line 2a)	•	,				5	4		
ctiv				eers (estimate if necessary)						6	12		
⋖		-		ousiness revenue from Part VIII, line		* *				7 a		0.	
	b F	vet unrelated	business	taxable income from Form 990-T, lir	ne 3	4		1		7 b			
									rior Year		Current Y		
ne				ts (Part VIII, line 1h)					,484,2	250.	5,157	<u>,390.</u>	
Revenue	1	•		ue (Part VIII, line 2g) art VIII, column (A), lines 3, 4, and 7d	ł)				2 2	213.		,203.	
æ			•	II, column (A), lines 5, 6d, 8c, 9c, 10		nd 11e)			2,2			, <u>203.</u> ,390.	
				nes 8 through 11 (must equal Part VI		· ·		1	,486,4	63.	5,077		
				ounts paid (Part IX, column (A), lines								,918.	
	14 E	Benefits paid	to or for r	members (Part IX, column (A), line 4)								
ø	15 5	Salaries, othe	r comper	nsation, employee benefits (Part IX, o	olur	mn (A), lines 5-10)			14,9	89.	196	,947.	
Expenses	16a F	Professional f	undraisin	g fees (Part IX, column (A), line 11e)								
cbel	ь٦	Total fundraisi	ına exper	nses (Part IX, column (D), line 25)		97,7	60.				,	. 4	
<u> a</u>				X, column (A), lines 11a-11d, 11f-24	ი —				16,2	25.	86	,997.	
	18 7	Total expense	s Add Iır	nes 13-17 (must equal Part IX, colum	h (A	(). Imer25) / [-		31,2			,862.	
				s Subtract line 18 from line 12	ľ	RECEIVE	<u>LU</u>	1	,455,2		4,122		
b 8			•		Ξ			101	ining of Y		End of Yo		
Net Assets or Fund Balances	20 7	Total assets (I	Part X, III	ne 16)	E1-37	AUG 16 20	10		,455,2		5,960		
A P	21 7	Total liabilities	(Part X,	line 26)	ш			8		0.		,371.	
25	22 N	Net assets or	fund bala	ances Subtract line 21 from line 20	ļ	OCDEN	IIT	1 1	,455,2	49.	5,793	,459.	
Pa	rt II	Signatu	re Bloc	ck	L	OUDLIV.	<u>0 1</u>						
		Under penalties	of perjury,	I declare that I have examined this return, include Declaration of preparer (other than officer) is be	ling a	ccompanying schedules a	and state	ments, and	to the best o	f my kr	nowledge and belief,	ıt ıs	
		lide, correct,		Declaration of preparet (other than officer) is o	ascu	on air imormation or write	л рісраі	ı C	ات	10			
Sig	jn		rye.	41/		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u>U</u>			
He	re	Signature of	or oricer	die Curi Luca Dea	c¦.	10.4		Da	te •				
		Type or pri	nt name and		71	dent							
		туре от ра	in name an	u me		Date		1		Te	Prenarer's identifying	number	
Pai	d			0110		Date		se	neck if		Preparer's identifying see instructions)	number	
Pre		Preparer's signature	>	KM ET		21	51	en	nployed P	X			
pai	rer's	-	· T	o Company CD3=	•		-//			L			
	Use Use Only Erirm's name (or gours if self- employed). 1920 N Street NW, Suite 3						-	 					
On	ıy	employed), address, and			<u> </u>	DC 20036		EI		(20	2) 463 65		
Mar	the ID	ZIP + 4		hington with the preparer shown above? (see	Inc.	DC 20036		J Pł	none no	(20	2) 463-65 X Yes	No	
_		•		work Reduction Act Notice, see the					TEEA0101	12/2		0 (2008)	
_~		uuy mula	uper		July					ے نے	1 01111 2/3	~ (CUUU)	

		160/95			age z
Par	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission SEE STATEMENT A				
	SEE STATEMENT A		 		
2	Did the organization undertake any significant program services during the year which were not listed on the prior				
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	X	Yes	Ц	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O		501	(.) (D)	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expension do solic) (a) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported	es Secti is to othe	on 501 rs, the	total	
4a	(Code) (Expenses \$ 444,756. including grants of \$ 0.) (Revenue	\$			0.)
	HUMAN CAPITAL - SEE STATEMENT B				
					. – – –
					-
4b	(Code) (Expenses \$ 186,018. including grants of \$ 0.) (Revenue	\$			0.)
	COMPELLING SCHOOLS - SEE STATEMENT B				
		. 			
40	(Code) (Expenses \$ 111,682. including grants of \$ 0.) (Revenue	Ś			0.)
	DATA AND ACCOUNTABILITY - SEE STATEMENT B				
		. – – –			
4 d	Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► \$ 742,456. (Must equal Part IX, Line 25, column (B))				

Form 990 (2008) DC PUBLIC EDUCATION FUND
Partity Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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		
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
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	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ا	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		х
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		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	75	Х
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	18 19	_X	х
20	Did the organization report more than \$13,000 on Fait Vin, line 9a. If Yes, complete Schedule H	20		X
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	х	
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
24	Did the exceptration have a tay exempt hand your with an extended a second of second the discount.			
247	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		x
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 :	a 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		х
ı	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х

Form 990 (2008) DC PUBLIC EDUCATION FUND

Part IV | Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
i	a 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		Х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
,	c 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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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 sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		х
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		х
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		х
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		х
3Δ2		Form	990 (5008

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Form 990 (2008)

12b

Part 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 25 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? х 1 c 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 2b 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 be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3**b** 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 Х **b** 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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7 a Х **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7Ь Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7dl e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 X excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х b Did the organization make any distribution to a donor, donor advisor, or related person? 9b Х 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008) DC PUBLIC EDUCATION FUND

Page (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>se</u>	ction A. Governing Body and Management								
	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		Yes	No					
1	a Enter the number of voting members of the governing body 1a 8								
	b Enter the number of voting members that are independent 1b 8								
2	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	B 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		х					
4	Did the organization make any significant changes to its organizational documents	4		х					
	since the prior Form 990 was filed?								
5	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					
7	/a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х					
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
	a The governing body?	8a	Х						
	b Each committee with authority to act on behalf of the governing body?	8ь	Х						
9	a Does the organization have local chapters, branches, or affiliates?	9a		X_					
	b 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	х						
	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_					
<u>Se</u>	ction B. Policies								
			Yes	No					
12	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	 					
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х						
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х						
	Does the organization have a written whistleblower policy?	13		X					
	Does the organization have a written document retention and destruction policy?	14		X					
15	5 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		**]					
	a The organization's CEO, Executive Director, or top management official?	15a	Х						
	b Other officers of key employees of the organization?	15b	Х	<u> </u>					
	Describe the process in Schedule O (see instructions)		2						
16	ia 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?	16 b		<u> </u>					
Se	ction C. Disclosures								
17	List the states with which a copy of this Form 990 is required to be filed >								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	available	for pu	iblic					
	Own website Another's website X Upon request								
19	Own website Another's website Vigoral Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest po statements available to the public	icy, and	financ	ial					
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest po statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the org								

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) or 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 \$100,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	Compens	ale al	ıy oı	ncer	, ui	rector,	trus	stee, or key employee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	or director	o anstitutional trustee	Check Offir	all Key employee	ap High est connectisated to employee	y) rusnei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
MICHELA ENGLISH	1 00	v						0.	0.	0.
DIRECTOR MARK EIN	1.00	X						0.	0.	0.
DIRECTOR	1.00	х					ŀ	o.	0.	0.
RAUL FERNANDEZ DIRECTOR	1.00							0.	0.	0.
CARLY FIORINA	1.00			-	-			· ·	<u> </u>	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
JOEL I. KLEIN DIRECTOR	1.00							0.	0.	0.
JASON WASHINGTON VICE PRESIDENT	1.00			x				0.	0.	0.
BENJAMIN SOTO TREASURER/SECRETARY	2.00			x				0.	0.	0.
EARLE HORTON										
CHIEF EXECUTIVE OFFICER	1.00			х				0.	0.	0.
CATE SWINBURN										
PRESIDENT AND EXECUTIVE DIRECTOR	40.00			х	ļ	ļ		19,075.	0.	0.
	·									

Part VII Section A. Officers, Directors, Trus		ley	EIT			es,	an			mpic	yees	
(A) Name and Title	(B) Average	Posi	tion (-	c) call t	hat a	pply)	(D) Reportable	(E) Reportable		Fe	(F) timated
Name and Title	hours per week			Officer	Χey	Highest compensated employee	For	compensation from the organization (W-2/1099-MISC)	compensation for related organization (W-2/1099-MISC	m ns)	amou com; fre orga ane	int of other pensation om the anization d related inizations
								-				
								_				
1 b Total							<u> </u>	19,075.		0.		0.
 Total number of individuals (including those in 1a) w organization ► 0 	ho recei	ved	mor	e th	an S	\$10C	,000) in reportable cor	npensation from	the		
organization 0	-											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, ke	у е	mplo	уеє	, or	hıgl	nest compensated	employee		3	
4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen:	satio	on a	nd c	other	compensation fro	om		•	X
the organization and related organizations greater the individual	an \$150	,000)7 If	'Ye	s' co	mp	lete	Schedule J for su	ch		4	х
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa edule J f	ition or si	fror uch	n ar pers	iy u son	nrela	ated	organization for s	ervices		5	×
Section B. Independent Contractors												•
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent c	ontr	acto	ors t	hat	received more tha	n \$100,000 of			
(A) Name and business address	S							(B) Description of) of Services	C	(C Compe	;) nsation
MATHEMATICA POLICY PO BOX 2393 PRINCETON NJ 08543 CONSULTING								1	74,689.			
THE PARTHENON GROUP 200 STATE STREET BOSTON MA 02109 CONSULTING										2	03,125.	
2 Total number of independent contractors (including the compensation from the organization ▶ 2	hose in	1) w	ho r	ecei	ved	mo	re th	nan \$100,000 in				

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f* h Total. Add lines 1a-1f Business Code 2a b c	5,157,390.			
MSE	d				
GRA	f All other program service revenue				
<u></u>	g Total. Add lines 2a-2f	>		. *	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	4,203.	0.	0.	4,203.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)				
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c) See Part IV, line 18 a 183,458 b Less direct expenses b 267,848				1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
0	c Net income or (loss) from fundraising events	-84,390.	-84,390.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b			,	
	c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b	_			
1	c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Code	_			
	11a b	1			
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	-	_		
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	5,077,203.	-84,390.	0.	4,203.

BAA

Form 990 (2008)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are			(D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	670,918.	670,918.		
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				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,373.	31,011.	29,979.	42,383.
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	70,158.	19,996.	21,090.	29,072.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	10,783.	3,161.	3,735.	3,887.
10	Payroll taxes	12,633.	3,711.	3,788.	5,134.
11	Fees for services (non-employees)				
a	n Management				_
Ł	Legal	1,090.	0.	1,090.	0.
	: Accounting	40,375.	8,238.	32,137.	0.
	Lobbying		·		
	Prof fundraising svcs See Part IV, In 17			****	
	Investment management fees				
-	Other	8,243.	0.	5,138.	3,105.
	Advertising and promotion	10.001			
	Office expenses	19,221.	2,740.	8,992.	7,489.
14	Information technology	15,789.	2,681.	6,418.	6,690.
15 16	Royalties Occupancy				
	Travel				
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				
	Depreciation, depletion, and amortization	922.	.0.	922.	0.
	Insurance	1,357.	0.	1,357.	0.
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)	* 5. * 5.		*	
a					
t)	<u>-</u>			
(
c	1				
e	`				
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	954,862.	742,456.	114,646.	97,760.
26	Joint Costs. Check here Lift 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				

				(A) Beginning of year		(B) End of year				
	1	Cash – non-interest-bearing		986.	1	979.				
	2	Savings and temporary cash investments		999,644.	2	2,107,725.				
	3	Pledges and grants receivable, net		453,333.	3	3,837,335.				
	4	Accounts receivable, net		433,333.	4	3,037,333.				
	5	Receivables from current and former officers, directors,	trustees key employees							
]	or other related parties Complete Part II of Schedule L	ilusices, key employees,		5					
	6	Receivables from other disqualified persons (as defined	l under section 4958(f)(1))							
		and persons described in section 4958(c)(3)(B) Comple	ete Part II of Schedule L		6					
A S S E T S	7	Notes and loans receivable, net			7					
S E	8	Inventories for sale or use			8					
T S	9	Prepaid expenses and deferred charges			9					
	10 a	Land, buildings, and equipment cost basis	10a 15,781.							
	b	Less accumulated depreciation Complete Part VI of								
		Schedule D	10b 990.	1,286.	10 c	14,791.				
	11	Investments – publicly-traded securities			11					
	12	Investments – other securities See Part IV, line 11			12					
	13	Investments - program-related See Part IV, line 11			13					
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11			15					
	16	Total assets Add lines 1 through 15 (must equal line 3	4)	1,455,249.	16	5,960,830.				
	17	Accounts payable and accrued expenses			17	167,371.				
	18	Grants payable			18					
	19	Deferred revenue			19					
L	20	Tax-exempt bond liabilities		20						
A B	21	Escrow account liability Complete Part IV of Schedule	D [21					
L	22	Payables to current and former officers, directors, trust	ees, key emplo <u>y</u> ees,			** ,				
LITIES		highest compensated employees, and disqualified personal	Surgegoriu a agra o a agraessa e seu e .		v men ng ng geter na gantra					
E		of Schedule L		22						
S	23									
	24	Unsecured notes and loans payable	-		24					
	25	Other liabilities Complete Part X of Schedule D	}		25	167 271				
	26	Total liabilities. Add lines 17 through 25	V and samplete lines	0.	26	167,371.				
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and complete lines		₹./ ***	· · · · · · · · · · · · · · · · · · ·				
	27	Unrestricted net assets		981,916.	27	1,285,794.				
ASSET	28	Temporarily restricted net assets	ŀ	473,333.	28	4,507,665.				
Ī	29	Permanently restricted net assets	ŀ	4/3,333.	29	4,307,003.				
P	23	Organizations that do not follow SFAS 117, check here	e ► □ and complete	CAT /	23					
		lines 30 through 34.	und complete	Į.						
FUND	30	Capital stock or trust principal, or current funds			30	SEASON NO. NO. OF SECONOMIC SECONDS				
	31	Paid-in or capital surplus, or land, building, and equipm	nent fund		31					
BALAZCES	32	Retained earnings, endowment, accumulated income, of	· · · · · · · · · · · · · · · · · · ·		32					
Ñ	33	Total net assets or fund balances.	or other famus	1,455,249.	33	5,793,459.				
Ĕ	34	Total liabilities and net assets/fund balances.		1,455,249.	34	5,960,830.				
Pa	rt X			1,133,213.	<u> </u>	3/300/030.				
•		1 manoial etatomonto ana reporting				Yes No				
1	Acc	counting method used to prepare the Form 990 Ca	ash X Accrual	Other		1 2 1				
		re the organization's financial statements compiled or re				2a X				
		re the organization's financial statements audited by an	•			2b X				
	c If "	es' to 2a or 2b, does the organization have a committee	that assumes responsibility	for oversight of the aud	lit.					
	rev	iew, or compilation of its financial statements and select	tion of an independent accour	ntant?		2c X				
3	a As	a result of a federal award, was the organization require	d to undergo an audit or audi	ts as set forth in the Si	ngle					
		dit Act and OMB Circular A-133?				3a X				
BA		'es,' did the organization undergo the required audit or a	uui(S '			3b Form 990 (2008				
						(

SCHEDULE A (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.

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OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Name of	r the organization							Employe	r identifica	tion number		
	PUBLIC EDUCATION								60795			
Part	Reason for Pu	blic Charity Statu	ıs (All organızatıons	must (comple	te this	part.)	(see	instruc	tions)		
The or	rganization is not a priv	ate foundation becaus	se it is (Please check on	ly one o	rganızat	ion)						
1	A church, convention	on of churches or asso	ociation of churches desci	ribed in	section	170(Ь)(1)(A)(i).					
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E)								
3	A hospital or coope	erative hospital service	e organization described i	n sectio	n 170(b)	(1)(A)(ii	i). (Atta	ich Sche	dule H)			
4	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospital's		
	name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section											
5	An organization open 170(b)(1)(A)(iv).	erated for the benefit o Complete Part II)	of a college or university	owned o	r operat	ed by a	govern	mental u	nıt desci	ribed in section		
6												
7	In section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9												
10	=	•	exclusively to test for pub		•					•		
11	 more publicly supplied 	orted organizations de	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 5	out the 09(a)(3).	purposes of one or Check the box that		
	a 🗌 Type I	b Type II	c 🗌 Type II	l – Fund	tionally	integrat	ed		d 🗌	Type III— Other		
е	By checking this both than foundation ma 509(a)(2)	ex, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	d directl pported	y or indi organiza	rectly by	y one or escribed	more d in secti	isqualifie on 509(a	ed persons other a)(1) or section		
f	If the organization in check this box	received a written dete	ermination from the IRS t	hat is a	Type I, T	Гуре II о	r Type	III suppo	rting org	janization,		
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
										Yes No		
	(i) a person who	directly or indirectly of	controls, either alone or to ipported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	ıd (III)	11 g (i)		
	_	ber of a person describer	• •									
			described in (i) or (ii) ab	0,102						11 g (ii)		
h			ne organizations the orga		cupport	_				11 g (iii)		
	· · · ·	I and the second se		1				4-5-1		6-30 A		
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	the organ	ou notify nization in (i) of upport?	organızat (i) organı	s the ion in col zed in the S ?	(vii) Amount of Support		
				Yes	No	Yes	No	Yes	No			
							•					
							<u> </u>					
		-										
				<u> </u>	<u></u>							
Total												

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 DC PUBLIC EDUCATION FUND 26-1607955

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sac	tion A. Public Support	ea the box on line	5, 7, or 8 of Part	1)						
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')				1,484,250.	5,157,390.	6,641,640.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-3				1,484,250.	5,157,390.	6,641,640.			
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)				de s		4,105,753.			
6	Public support. Subtract line 5 from line 4						2,535,887.			
Sec	tion B. Total Support		•							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
7	Amounts from line 4				1,484,250.	5,157,390.	6,641,640.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				2,213.	4,203.	6,416.			
9	Net income form unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10						6,648,056.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	183,458.			
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)) ► [X]			
	tion C. Computation of Pu									
	Public support percentage for 200			e 11, column (f)		14	<u>%</u>			
15	Public support percentage for 20	U/ Schedule A, Pa	art IV-A, line 26f			15	%			
16 a	33-1/3 support test – 2008. If the and stop here. The organization				the line 14 is 33-1.	/3 % or more, che	ck this box			
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box			
17 a	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 RAA	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	13, 16a, 16b, 17a,	·	box and see insti				

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal yr beginning in) **(b)** 2005 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) **13** Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 DC PUBLIC EDUCATION FUND	26-1607955 Page 4
Part IV Supplemental Information. Complete this part to provide the explanational Part II, line 17a or 17b; or Part III, line 12. Provide any other additional	on required by Part II, line 10; I information. (see instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer Identification number
DC	PUBLIC EDUCATION FUND			26-1607955
Par		Advised Funds or Other S	imilar Funds or Acco	ounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.		
		(a) Donor advised fund	s (b) Fi	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 done funds are the organization's property, subject to			Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the impermissible private benefit??	s, and donor advisors in writing that ne benefit of the donor or donor ad	at grant funds may be visor or other	∏Yes ∏ No
Par	t II Conservation Easements Comple	ete if the organization answe	ered 'Yes' to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that ap	ply)	
	Preservation of land for public use (e.g., re	creation or pleasure)	Preservation of an historical	lly important land area
	Protection of natural habitat	□F	Preservation of certified his	toric structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a	qualified conservation contribution	n in the form of a conservat	tion easement on the last day
	of the tax year			
	T		2	Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easen		2b	
	Number of conservation easements on a certifi		2c 2d	
	Number of conservation easements included in Number of conservation easements modified, t	• •		aration during the tayable
3	vear ►	ransierreu, releaseu, extinguisileu,	or terminated by the organ	iization during the taxable
4	Number of states where property subject to cor	nservation easement is located >		
5	Does the organization have a written policy regenforcement of the conservation easement it has	arding the periodic monitoring, insolds?	pection, violations, and	Yes No
6	Staff or volunteer hours devoted to monitoring,	. ,		
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing easements	during the year <a> \$	
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{2}$	line 2(d) above satisfy the require	ments of section	Yes No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements			
Par	† III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Tre wered 'Yes' to Form 990, Pa	easures, or Other Simerart IV, line 8.	ilar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research	nue statement and balance n in furtherance of public se	e sheet works of art, historical ervice, provide, in Part XIV,
t	b) If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, not to report in its reve c exhibition, education, or research	nue statement and balance n in furtherance of public so	e sheet works of art, historical ervice, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items	ılar assets for fınancıal gaıı	n, provide the following
a	Revenues included in Form 990, Part VIII, line	1		► \$
t	Assets included in Form 990, Part X			► \$

Schedule D (Form 990) 2008 DC PUBLIC	EDUCATI	ON FUND			_	26-1607	7955		Page 2
Part III Organizations Maintaining C	ollection	s of Art, Histo	orica	l Treasures, o	r Other Sin	nilar Asso	ets (c	ontını	ied)
Using the organization's accession and other that apply)	er records,	check any of the	e follo	wing that are a si	gnificant use o	f its collecti	on iten	ns (che	ck all
a Public exhibition		d 🗀 Loan	or exc	change programs					
b Scholarly research		e Other		mange programs					
c Preservation for future generations		c 🗆 ouici	_						
Provide a description of the organization's Part XIV.	collections	and explain how	they	further the organi	zation's exemp	ot purpose i	n		
5 During the year, did the organization solici assets to be sold to raise funds rather than	t or receive i to be mair	donations of art	, histo f the c	rıcal treasures, or organization's coll	r other sımılar ection?	ſ	່່⊤Yes	Γ	No
Part IV Trust, Escrow and Custodial						Yes' to F	orm c	90 P	art
IV, line 9, or reported an amo	unt on F	orm 990, Par	t X, I	ine 21.	4	100 101	01111	.50, .	۵. ۱
1a Is the organization an agent, trustee, custo		· · · · · · · · · · · · · · · · · · ·			er assets not				
included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XI	V and com	plete the followin	ıq tabl	e		L	Yes	L	No
, ,	'	•	•				Amoun	t	
c Beginning balance					1c				
d Additions during the year					1 d				
e Distributions during the year					1 e				
f Ending balance					1f				
2a Did the organization include an amount on	Form 990	Part X June 21?					Yes	Г	No
b If 'Yes,' explain the arrangement in Part XI		r are se, mile 21				L			_,,,
Part V Endowment Funds Complete		ration answer	ed 'Y	'es' to Form 9	90 Part IV	line 10			
	rrent year	(b) Prior yea		(c) Two years bad		e years back	(e)	Four year	s hack
1 a Beginning of year balance		(2) (A) (A) (A) (A)	4	· (c) (wo yours but	(C) 1,111 C	. 4.30. 00.4025, dodolosio, 2	1.2.1.	;	J Duck
b Contributions		7.30	17.1		*	4 2 554 Abb	198		<u> </u>
c Investment earnings or losses									
d Grants or scholarships			- 4				 	453.	
e Other expenditures for facilities				**************************************		<u> </u>			
and programs		1900 100 100 1 F 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	¥ a. Starti	*,	<u> </u>		1 W 3	` ;	,
f Administrative expenses		128,213,29	****	Are / LA No. 1 Carra No.		10 MM 100	y y 8 y		ا - اف رید څ
g End of year balance		<u> </u>		V 0453 V &	Zů l		3 1	7	i circo
2 Provide the estimated percentage of the year	ear end bala	ance held as							
a Board designated or quasi-endowment ▶		 *							
b Permanent endowment ►	_ *								
c Term endowment ► %									
3a Are there endowment funds not in the possorganization by	ession of th	ne organization t	hat ar	e held and admın	istered for the		٦	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related organization	ns listed as	s required on Sch	nedule	R?			3b		
4 Describe in Part XIV the intended uses of t	he organiza	ation's endowmei	nt fund	ds					
Part VI Investments-Land, Building					(. line 10.				
Description of investment	(a) Cos	st or other basis nvestment)	(b	Cost or other casis (other)	(c) Depred	ciation	(d)	Book Va	alue
1 a Land	<u> </u>	334110110	<u> </u>	22010 (011101)					
b Buildings				-					
c Leasehold improvements									

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) BAA

d Equipment

e Other

Schedule **D** (Form 990) 2008

14,791.

14,791.

990.

15,781.

Schedule D (Form 990) 2008 DC PUBLIC EDUCATION	ON FUND	26-1607955 Pa	age 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iır	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total (Column (b) should equal Form 990 Part X, col (B) line 12) ►		* * * * * * * * * * * * * * * * * * * *	
Part VIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col (B) line 13) ► Part IX Other Assets (See Form 990, Part X,	lino 15)	100 · 100 ·	
``````````````````````````````````````	scription	(b) Book value	
(a) De	scription	(b) Book Value	
**			
	· · · · · · · · · · · · · · · · · · ·		
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)	<b>&gt;</b>	
Part X Other Liabilities (See Form 990, Part )	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
			1
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	•		
In Part XIV, provide the text of the footnote to the organization	n's financial statement	s that reports the organization's liability for uncertain tax	

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

			26-160795	5 Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total	revenue (Form 990, Part VIII,column (A), line 12)		5,077,203.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		954,862.
3	Exces	ss or (deficit) for the year Subtract line 2 from line 1		4,122,341.
4	Net u	nrealized gains (losses) on investments		
5	Donat	ted services and use of facilities	<u> </u>	
6	Invest	tment expenses		
7	Prior	period adjustments		
8	Other	(Describe in Part XIV)		215,868.
		adjustments (net) Add lines 4-8		215,868.
_		ss or (deficit) for the year per financial statements. Combine lines 3 and 9		4,338,209.
		Reconciliation of Revenue per Audited Financial Statements With Revenue per		
		revenue, gains, and other support per audited financial statements	1 3	5,765,620.
		ints included on line 1 but not on Form 990, Part VIII, line 12	<b>%</b> -	
		nrealized gains on investments		
		ted services and use of facilities  2b 420,56	<del>9.</del>   *.	
		veries of prior year grants	_  ;	
		(Describe in Part XIV) 2d 267,84		600 417
		ines 2a through 2d	2 e	688,417.
_		act line 2e from line 1	3	5,077,203.
		ints included on Form 990, Part VIII, line 12, but not on line 1		
		tments expenses not included on Form 990, Part VIII, line 7b  4a  (Describe in Part XIV)	$\dashv$ $\parallel$	
			4c	
		ines 4a and 4b	5	5,077,203.
		revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Reconciliation of Expenses per Audited Financial Statements With Expenses p		3,017,203.
		expenses and losses per audited financial statements	1	1,427,411.
		ints included on line 1 but not on Form 990, Part IX, line 25		
		ted services and use of facilities 204,70	1.1.	
		year adjustments 2b		
		es reported on Form 990, Part IX, line 25		
		(Describe in Part XIV) 2d 267,84	в.	
		ines 2a through 2d	2 e	472,549.
		act line 2e from line 1	3	954,862.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	tments expenses not included on Form 990, Part VIII, line 7b		
b	Other	(Describe in Part XIV) 4b		
С	Add I	ines <b>4a</b> and <b>4b</b>	4c	
5	Total	expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	954,862.
Par	t XIV	Supplemental Information		
Comp line 4	olete ti , Part	his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	, lines 1b and	2b, Part V,
<u>Pt</u> _	XII	Line 2d DIRECT EXPENSES FROM A FUNDRAISING EVENT.		
Pt_	XIII	Line 2d DIRECT EXPENSES FROM A FUNDRAISING EVENT.		
Pt_	XI_I	Line 8DONATED SERVICES AND EQUIPMENT PLEDGED TO THE FUND		
		IN THE REPORTING FISCAL YEAR AND RECORDED AS PLEDGE	S RECEIVA	ABLE.

Schedule D (Form 990) 2008 DC PUBLIC EDUCATION FUND  Part XIV   Supplemental Information (continued)	26-1607955	Page 5
Part XIV   Supplemental Information (continued)		

TEEA3305 07/24/08

Schedule **D** (Form 990) 2008

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the or	ganization					Employer identifica	ation number
DC PUBL	IC EDUCATION FUND					26-160795	5
	undraising Activities.	Complete if t	the orga	nızatıon	answered 'Yes' to	Form 990, Part IV	, line 17.
1 Indica	ite whether the organization ra	aised funds thro	ough any o	f the follow	wing activities Check al	I that apply.	
M	ail solicitations				Solicitation of non-c	government grants	
□ E	mail solicitations				Solicitation of gover	rnment grants	
□ P	hone solicitations				Special fundraising	events	
In	i-person solicitations						
emplo	e organization have written or oyees listed in Form 990, Part	VII) or entity in	connection	on with pro	ofessional fundraising se	ervices?	Yes No
<b>b</b> If 'Yes comp	s,' list the ten highest paid ind ensated at least \$5,000 by the	ividuals or entit e organization l	ies (fundra Form 990E	aisers) pui EZ filers ai	rsuant to agreements ur re not required to compl	nder which the fundraise ete this table.	er is to be
	Name of individual r entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
		•					
·							
			ļ <u>-</u>				
-			L				
Total				•			
3 List all or lice	ll states in which the organiza ensing	tion is registere	ed or licen	sed to soli	cit funds or has been no	otified it is exempt from	registration

Page 2

(a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col. (a) Phrough Event bypo)  1 Gross receipts  2 Less Chantable contributions  3 Gross revenue (line 1 minus line 2)  1 R3, 458.  1 Cash prizes  4 Cash prizes  5 Non-cash prizes  6 Rent/facility costs  8 Direct expense summary Add lines 4- through 7 in column (d)  9 Net income summary. Combine lines 3 and 8 in column (d)  1 Gross revenue  (a) Event #2 (d) Total Events (Add col. (a) Phrough Col. (b) Publication (a) through Col. (c) (c) (c) (c) (d) Phrough Col. (d)	Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18 ater t	3, or han s	\$5,00	00.
2 Less Charitable contributions  3 Gross revenue (line 1 minus line 2)  183,458.  183,458.  4 Cash prizes  5 Non-cash prizes  5 Non-cash prizes  267,848.  267,848.  3 Direct expense summary. Add lines 4- through 7 in column (d)  9 Net income summary. Combine lines 3 and 8 in column (d)  9 Net minus summary. Combine lines 3 and 8 in column (d)  1 Gross revenue  1 Gross revenue  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities in each of these states?  bif 'No, Explain  10 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  13 In Does the organization operate gaming activities with nonmembers?  14 In Does the organization operate gaming activities with nonmembers?  15 In Does the organization operate gaming activities with nonmembers?  16 In Does the organization operate gaming activities with nonmembers?  17 Direct expenses of the organization operate gaming activities with nonmembers?  18 In Does the organization operate gaming activities with nonmembers?  19 In Does the organization operate gaming activities with nonmembers?	R		•	(a) Event #1 INAUGURAL EVENT	<b>(b)</b> Event #2	(c) Other Events	(6	) Tota	l Even	nts
2 Less Charitable contributions  3 Gross revenue (line 1 minus line 2)  183,458.  183,458.  4 Cash prizes  5 Non-cash prizes  5 Non-cash prizes  267,848.  267,848.  3 Direct expense summary. Add lines 4- through 7 in column (d)  9 Net income summary. Combine lines 3 and 8 in column (d)  9 Net minus summary. Combine lines 3 and 8 in column (d)  1 Gross revenue  1 Gross revenue  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities in each of these states?  bif 'No, Explain  10 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  13 In Does the organization operate gaming activities with nonmembers?  14 In Does the organization operate gaming activities with nonmembers?  15 In Does the organization operate gaming activities with nonmembers?  16 In Does the organization operate gaming activities with nonmembers?  17 Direct expenses of the organization operate gaming activities with nonmembers?  18 In Does the organization operate gaming activities with nonmembers?  19 In Does the organization operate gaming activities with nonmembers?	EVEZ	1	Gross receipts	183,458.				1	83,4	158.
4 Cash prizes  5 Non-cash prizes  6 Rent/facility costs  7 Other direct expenses summary Add lines 4: through 7 in column (d)  9 Net income summary Combine lines 3 and 8 in column (d)  9 Net income summary Combine lines 3 and 8 in column (d)  9 Net income summary Combine lines 3 and 8 in column (d)  9 Net income summary Combine lines 3 and 8 in column (d)  9 Net income summary Combine lines 4 in column (d)  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rentifacility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expenses summary Add lines 2 through 5 in column (d)  9 Enter the state(s) in which the organization operates gaming activities in each of these states?  9 Enter the state(s) in which the organization operates gaming activities in each of these states?  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  12 Is the organization operate gaming activities with nonmembers?  13 Is the organization operate gaming activities with nonmembers?  14 Is the organization operate gaming activities with nonmembers?  15 Is the organization operate gaming activities with nonmembers?  16 It is the organization operate gaming activities with nonmembers?  17 It is the organization operate gaming activities with nonmembers?	Ē	2	Less Charitable contributions			-				
To the direct expenses  7 Other direct expenses  8 Direct expenses summary Add lines 4- through 7 in column (d)  9 Net income summary. Combine lines 3 and 8 in column (d)  1 Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pull tabs/instant (c) Other gaming (Add col. (a) through of lings of li		3	Gross revenue (line 1 minus line 2)	183,458.				1	<u>83,4</u>	<u> 158.</u>
7 Other direct expenses  267,848.  267,848  8 Direct expense summary Add lines 4- through 7 in column (d)  9 Not income summary Combine lines 3 and 8 in column (d)  9 Not income summary Combine lines 3 and 8 in column (d)  15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pult tabs/instant bingo/progressive bingo  (c) Other garning (d) Total garning (Add col. (e) through 5 in column (d)  2 Cash prizes  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Yes	,	4	Cash prizes							
7 Other direct expenses  267,848.  267,848  8 Direct expense summary Add lines 4- through 7 in column (d)  9 Not income summary Combine lines 3 and 8 in column (d)  9 Not income summary Combine lines 3 and 8 in column (d)  15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pult tabs/instant bingo/progressive bingo  (c) Other garning (d) Total garning (Add col. (e) through 5 in column (d)  2 Cash prizes  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Gross revenue  2 Cash prizes  4 Rent/facility costs  5 Other direct expenses  1 Yes	ח–שהר	5	Non-cash prizes					<del></del>		
9 Net income summary Combine lines 3 and 8 in column (d)  Part IIII Garming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (Add col (a) throug col (c))  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  (b) Ves		6	Rent/facility costs							
9 Net income summary Combine lines 3 and 8 in column (d)  Part IIII Garming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (Add col (a) throug col (c))  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  (b) Ves	¢ P E ≥ α	7	Other direct expenses	267,848.				2	67,8	348.
Part III Gaming. Complete if the organization answered "Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Puli tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c)) The pull tabs/instant bingo/progressive bingo (c) Other gaming (Add cof (a) through cof (c) Other gaming (c) (c) Other gaming (Add cof (a) through cof (c) Other gaming (c) Other gaming (c) (c) (c) Other gaming (c) (c) Other gaming (c) (c) Other gaming (c) (c)	S S			•		<b>&gt;</b>				
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other garning (Add col (a) throug col (ci) (ci) (ci) (ci) (ci) (ci) (ci) (ci)	Par		Gaming. Complete if the organization	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	porte			
Terror texpenses    Yes   No   Yes   No	R E V E N		Ψ13,000 011 0111 330-22, tine oa		bingo/progressive	(c) Other gaming	(d (Add	dicol (	(a) thre	ng ough
No N	E —	1	Gross revenue							
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?  9 a  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		2	Cash prizes							
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?  9 a  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	D P R N	3	Non-cash prizes							
7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states?  9 If 'No,' Explain  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  11 Does the organization operate gaming activities with nonmembers?  11 In Does the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	Č S T E S	4	Rent/facility costs							
6 Volunteer labor  No N		5	Other direct expenses							
8 Net gaming income summary Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities a list he organization licensed to operate gaming activities in each of these states? 9 If 'No,' Explain  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers? 11 List the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		6		III						<del></del>
9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9 if 'No,' Explain  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 if 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•				
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?  9 b If 'No,' Explain  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 b If 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		8	Net gaming income summary Combine li	nes 1 and 7 in column (	(d)					
a Is the organization licensed to operate gaming activities in each of these states?  b If 'No,' Explain  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 b If 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	9	Ente	er the state(s) in which the organization op	erates gaming activities				1		NO
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a  b If 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		ls th	ne organization licensed to operate gaming					9a		2
b If 'Yes,' Explain  11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	L		o, explain					<b>\</b> ?	~	11.
11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	10 a	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
11 Does the organization operate gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	t	If 'Y 	es,' Explain 						" "" "" ,""	\$ 8 2
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	11	 Doe	s the organization operate gaming activitie	 s with nonmembers?				11		, , ,
	12	Is th	ne organization a grantor, beneficiary or tru ninister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to			Link See	

Schedule G (Form 990 or 990-EZ) 2008 DC PUBLIC EDUCATION FUND	26-1607955		age <b>3</b>
	_	YES	NO
13 Indicate the percentage of gaming activity operated in	_		
a The organization's facility	*		
b An outside facility 13b	*		
14 Provide the name and address of the person who prepares the organization's gaming/special events books	and records		
Name· ►			
Address •			
15a Does the organization have a contact with a third party from whom the organization receives gaming reven	ue? 15	a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			
Name· ►			
Address ►			
16 Gaming manager information			
Name			
Coming manager companyation <b>b C</b>			
Gaming manager compensation   \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor	,		
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	etain the	a	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or sper	nt in the	- 4	
organization's own exempt activities during the tax year 🕨 \$			
BAA TEEA3703 07/18/08 Scher	dule G (Form 990 or	990-EZ	2008

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545-0047

**≗** □ (h) Purpose of grant or assistance **A** ы Randill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form SEE STMT Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 26-1607955 (g) Description of non cash assistance ტ SEE STMT 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) FMV670,918. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 0 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations DC PUBLIC EDUCATION FUND

Ration Grants and Assistance 115 53-6001131 (P) EIN Enter total number of other organizations 1 (a) Name and address of organization DC_PUBLIC_SCHOOLS____ 1200_FIRST_STREET,_NE_ WASHINGTON DC 20002 or government Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) 2008

TEEA3901 12/19/08

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

Page 2 Schedule I (Form 990) 2008 DC PUBLIC EDUCATION FUND

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non cash assistance				provide the information required in Part I, line 2, and any other additional information.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						                         
(e) Method of valuation (book, FMV, appraisal, other)				rt I, line 2, and any oth		 						             
(d) Amount of non-cash assistance				tion required in Pai	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	                 	                 			                 		               
(c) Amount of cash grant				rovide the informa		 	               			 		               
(b) Number of recipients								 		 		:               
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to	't <u>line_2S</u> E							

BAA

Schedule I (Form 990) 2008

#### SCHEDULE L (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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BENJAMIN SOTO

Employer identification number Name of the organization 26-1607955 PUBLIC 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? (b) Description of transaction (a) Name of disqualified person 1 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. (g) Written agreement? (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (e) In default (f) Approved by board or committee? (d) Balance due Yes No Yes No No źż **Total** Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of grant or type of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of transaction \$ (e) Sharing of organization's (b) Relationship between interested person and the (d) Description of transaction (a) Name of interested person organization revenues? Yes No

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

TREASURER/SECRETARY

Schedule L (Form 990 or 990-EZ) 2008

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O.MR. SOTO SERVES ON THE

MAINTAINS ITS ACCOUNTS.

BOARD OF DCPEF AND A BANK AT WHICH DCPEF

## SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

Employer identification number

DC PUBLIC EDUCATI	ON FUND	26-1607955
Pt_III,_Line_2	IN FISCAL YEAR 2009, DC PUBLIC EDUCATION FUND RA	ISED FUNDS AND FACILIATED
	PUBLIC-PRIVATE PARTNERSHIPS TO SUPPORT A SELECT SET O	F HIGH-IMPACT PROGRAMS IN DC
	PUBLIC SCHOOLS. THESE PROGRAMS PRIMARILY FELL UND	ER THREE REFORM AREAS THAT
	WE BELIEVE HAVE THE GREATEST POTENTIAL TO RAIS	E STUDENT
	ACHIEVEMENT AND IMPROVE STUDENT OUTCOMES IN TH	E DISTRICT: HUMAN
	CAPITAL, DATA AND ACCOUNTABILITY, AND COMPELLI	NG_AND_EFFECTIVE
	SCHOOLS. SPECIFIC PROGRAMS THAT DC PUBLIC EDUC	ATION FUND
	SUPPORTED IN FISCAL YEAR 2009 ARE DESCRIBED IN	STATEMENT B.
Pt_VI-A, Line 10	MANAGEMENT PROVIDES PRELIMINARY INFORMATION TO	LANE & COMPANY
	AND REVIEWS THE 990 DRAFT, THEN SHARES WITH TH	E BOARD FOR
	REVIEW AND APPROVAL.	
Pt_VI-C, Line 19	ALL AVAILABLE UPON REQUEST.	
Pt_VI-B, Line 120	SEE STATEMENT C.	
Pt_VI-B, Line 15	SEE STATEMENT F.	
		·

## DC PUBLIC EDUCATION FUND 2008 FORM 990

EIN#: 26-1607955

#### PAGE 1, PART I: MISSION

DC Public Education Fund's mission is to dramatically improve student achievement in the District of Columbia by serving as a strategic partner to businesses, foundations, community leaders, and individual donors in supporting and investing in high-impact programs with the District of Columbia Public Schools. This work includes attracting critical funding resources, managing key public-private partnerships, and acting as fiscal sponsor for all grants made on behalf of DC Public Schools.

## DC PUBLIC EDUCATION FUND 2008 FORM 990

Page 2, Part III, line 4

#### **Human Capital: \$444,756**

Attract and retain the most highly effective educators in the country, develop them, and compensate them well. Supported initiatives include:

- IMPACT: DCPEF is providing training and other resources to support implementation of this pioneering school-based personnel evaluation system, which provides school-based personnel with a clear understanding of what defines excellence in their work along with constructive and databased feedback about their performance and a variety of supports to increase their effectiveness.
- Anchor Assignments: DCPEF is providing materials and other resources to expand this model of planning, grading, and reflecting on common assessments to more schools across the District.

#### **Compelling Schools:** \$186,018

Create schools that provide a consistent foundation in academics, strong support for social and emotional needs, and a variety of challenging programs and appealing themes. Supported initiatives include:

- DC Catalyst Project: DCPEF is providing professional development, materials, and central office support to help transform schools through themes integration.
- Reggio Emilia Program at Scott Montgomery: DCPEF is supplying materials and professional development to support implementation of an early childhood program encouraging learning through exploration, art, and selfdirected play.

#### **Data and Accountability:** \$111,682

Support decision-making with accurate information about how students are performing and how the district as a whole is performing. Supported initiatives include:

 Office of Data and Accountability Strategic Planning: DCPEF is providing resources to build The Office of Data and Accountability's capacity to respond quickly to changing demands and deliver on its responsibility to support DCPS educators with data and tools.

- School-Based Data Capacity Building: DCPEF is providing for the Office of Data and Accountability and the Office of the Chief Academic Officer to engage with The Achievement Network, a Boston-based not-for-profit organization that works directly with schools, to provide schools with tools and activities, such as assessments to measure student learning against DCPS standards, coaching for teachers on how to effectively use data to structure their lessons, and procedures to embed data-driven practice as a consistent part of schools' everyday routine, that will help teachers better use data to raise student achievement.
- School Scorecards: DCPEF has supported data analysis key to developing school scorecards, a tool that combines quantitative and qualitative measures to offer a comprehensive and nuanced view of school performance, which will be a template for communicating school performance data to DCPS constituents, thereby improving transparency and accountability in DCPS.

#### Page 6, Part VI, Section B, line 12c

Each year, each Covered Person shall complete a Conflict of Interest Declaration Form concerning the name(s) of any organization, institution or other entity with whom the Covered Person (including such person's parent, spouse, sibling, son or daughter, or domestic partner) has a significant ownership or investment interest in, has a compensation arrangement with, or has a relationship with as a director, trustee, officer, employee or consultant, and shall sign a statement affirming that such Covered Person:

- a. Has provided complete and accurate information on the Disclosure Form as described in the preceding paragraph,
- b. Has received a copy of this Conflict of Interest Policy,
- c. Has read and understands the Policy,
- d. Has agreed to comply with the Policy, and
- e. Understands that the Corporation is a charitable organization and that, in order to maintain its federal tax exemption, the Corporation must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

DC PUBLIC EDUCATION FUND 2008 FORM 990

#### **SCHEDULE 1: PART I, LINE 2**

DCPEF plays a critical role in working with DCPS to ensure that privately funded initiatives and projects are managed with the accountability and oversight necessary to maximize impact on student achievement. As the fiduciary for contributions provided to benefit DCPS, DCPEF monitors the use of grant funds closely and provides status updates to both private donors and DCPS.

DCPEF adds significant value in its fiduciary role by conducting due diligence, fostering partnerships, supporting implementation, and facilitating communication and evaluation. In monitoring expenditures, DCPEF provides project cash flow management and third-party contract administration, where appropriate. Additionally, DCPEF ensures that grant restrictions and grant agreement terms are met, tracks progress toward milestones and project outcomes, and assumes responsibility for reporting and evaluation functions.

DCPEF maintains tight controls over its disbursements process to ensure funds are used effectively and in accordance with grant terms. Disbursements processed for payments require sign off from the relevant DCPS program administrator and DCPEF Executive Director. A disbursement form (along with all related paperwork) is sent to our external accountants, Lane & Company, to enter into the accounting system and cut a check, then forwarded to DCPEF Treasurer to sign checks. The DCPEF Treasurer sends signed checks and paperwork to DCPEF management. Checks are mailed to vendors along with a photocopy of the invoice and paperwork is returned to Lane & Company for filing.

In addition to its tight front end controls, DCPEF management meets monthly with Lane & Company to review financial reports, including data on revenues/expenses by program and coding for all recent revenues/expenses.

Finally, DCPEF management communicates frequently with DCPS to receive progress reports on supported programs; these meetings often include reports on expenses and grant balances that are provided by Lane & Company.

#### SCHEDULE I, PART II, LINE 1h

In FY09, DCPEF raised funds and facilitated public-private partnerships to support a select set of high-impact programs in DCPS. These programs primarily fell under three reform areas that we believe have the greatest potential to raise student achievement and improve student outcomes in the District: Human Capital, Data and Accountability, and Compelling and Effective Schools.

Human Capital programs seek to attract and retain the most highly effective educators in the country, develop them, and compensate them well. Data and Accountability programs seek to support decision-making with accurate information about how students are performing and how the district as a whole is performing. Compelling Schools programs seek to create schools that provide a consistent foundation in academics, strong support for social and emotional needs, and a variety of challenging programs and appealing themes.

For all of these programs, DCPEF provided in kind services and materials on behalf of DCPS, as opposed to sub-granting funds directly into DCPS. This relationship provides appropriate oversight on disbursements and ensures accountability for all parties.

## DC PUBLIC EDUCATION FUND 2008 FORM 990

EIN#: 26-1607955

#### PAGE 6, PART VI, SECTION B, LINE 15: COMPENSATION

The board meets to review the President's performance and compensation on an annual basis.

It is based on a review against her annual performance goals which the president prepares and submits at the first meeting of the fiscal year for the board. The President presents progress against her goals on a quarterly basis at each board meeting and reviews a performance dashboard in greater depth with the Strategy and Compensation Committee between board meetings. At the conclusion of the fiscal year the President performs a self-assessment and the Strategy and Compensation Committee performs a performance review, which includes input from employees and other board members.

The Strategy and Compensation Committee then submits to the board (in executive session) the President's performance review and a recommendation for any adjustments to compensation. The board holds a discussion on performance and compensation and votes on future compensation based on the financial position of the organization, the overall evaluation results, and comparability data pulled from Professionals for Non-Profits annual survey. An overall performance assessment is then delivered by the board chair to the president, along with notice of any compensation adjustment.

The President follows a similar deliberation process for evaluating and adjusting compensation for her direct reports, with input and sign-off by the Strategy and Compensation Committee.

## DC PUBLIC EDUCATION FUND 2008 FORM 990

#### Schedule I, Part II, line 1g

As the fiscal sponsor for contributions provided to benefit DCPS, DCPEF provides in-kind services and materials to support a range of select, high-impact initiatives in DCPS. The non-cash assistance that DCPEF provides to DCPS takes a variety of forms, including but not limited to classroom resources, professional development, and external consultants.

In fiscal year 2009, DCPEF provided non-cash assistance as opposed to sub-granting funds directly into DCPS so as to provide appropriate oversight and accountability, ensuring that funds were expended according to donors' wishes. In a fairly typical case, we managed a grant to provide additional classroom resources and out-of-school experiences to benefit student learning at an individual DCPS school. Rather than deposit funds directly into the school's budget and therefore lose oversight of the spending process, the school sent us disbursement requests, which we facilitated. We then reported back to the donor at the end of the grant term. This arrangement worked well for all parties -- the donor was comforted knowing that the grant funds were spent according to grant terms, the school was happy to receive extra resources to benefit student learning, and we were pleased to facilitate this arrangement.

Ultimately, DCPEF must ensure accountability for grant funds and support programs that are having a positive impact on student achievement while minimizing the administrative burden on DCPS staff. Providing non-cash assistance is the best way to achieve these goals.

## Form **8868**

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

	<u> </u>			l l	
<ul><li>If you are</li></ul>	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box			► [X]
<ul><li>If you are</li></ul>	e filing for an Additional (Not Aut	tomatic) 3-Month Extension, complete only Part II (or	page 2 of this	form)	ت
		ady been granted an automatic 3-month extension on			
Part I	Automatic 3-Month Exten	ision of Time. Only submit original (no copi	es needed).		
A corporation	n required to file Form 990-T and	I requesting an automatic 6-month extension — check	this box and co	mplete Part I	only ► 🗌
All other corp	porations (including 1120-C filers, eturns	s), partnerships, REMICS, and trusts must use Form 7	004 to request a	an extension o	of time to file
returns noted the additiona Form 990-T	l below (6 months for a corporation of the local light in the local li	electronically file Form 8868 if you want a 3-month auton required to file Form 990-T). However, you cannot sion or (2) you file Forms 990-BL, 6069, or 8870, grouply completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	file Form 8868 of returns, or a c	electronically i	if (1) you want consolidated
	Name of Exempt Organization	<del></del>		Employer identi	fication number
Type or					
print	DC PUBLIC EDUCATION	FIND		26-16079	355
File by the	Number, street, and room or suite number			120 10073	
due date for filing your return See	1534 14th STREET, N				
return See Instructions	City, town or post office, state, and ZIP co	ode For a foreign address, see instructions			
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Charleton a	[WASHINGTON	A location for locations		DC2	20005
·—	of return to be filed (file a separa	<u> </u>	П г 470	20	
X Form 990		Form 990-T (corporation)	Form 472		
Form 990		Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990		Form 990-T (trust other than above)	Form 606		
Form 990	)-PF	Form 1041-A	Form 887	<u>′0</u>	
Telephone If the orga If this is for check this the extens  1 I reques	anization does not have an office for a Group Return, enter the organish box  If it is for part of the sign will cover  If an automatic 3-month (6 month)	FAX No. Pe or place of business in the United States, check this anization's four digit Group Exemption Number (GEN) the group, check this box and attach a list withs for a corporation required to file Form 990-T) extends the exempt organization return for the organization return for the organization return.	th the names ar	this is for the	-
The exte	ension is for the organization's recalendar year 20 or				
2 If this ta	ax year is for less than 12 months		eturn C	change in acco	ounting period
3a If this a nonrefu	pplication is for Form 990-BL, 99 ndable credits See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any	3a \$	0.
	pplication is for Form 990-PF or include any prior year overpayme	990-T, enter any refundable credits and estimated tax ent allowed as a credit	payments	3ь\$	0.
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions	3a Include your payment with this form, or, if require by using EFTPS (Electronic Federal Tax Payment Sys	d, stem)	3c \$	0.
Caution. If yo payment instr		ic fund withdrawal with this Form 8868, see Form 845.	3-EO and Form	8879-EO for	<del></del>
BAA For Priv	vacy Act and Paperwork Reducti	ion Act Notice, see instructions.		Form 8	868 (Rev 4-2008)

Form <b>8868</b>	(Rev 4-2008) DC PUBLIC EDUCATION FUND		26-1607955	Page <b>2</b>
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only I	Part II and check the	s box	<b>►</b> X
-	complete Part II if you have already been granted an automatic 3-month exten			_
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. You r		I and one copy.	
	Name of Exempt Organization	1 ,	Employer identification numb	er
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Type or print	DC PUBLIC EDUCATION FUND		26-1607955	
<b>F</b>	Number, street, and room or suite number. If a P O box, see instructions		For IRS use only	
File by the extended				
due date for filing the	1534 14th STREET, NW	*** }** *		
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	s		
MISHACHOTIS	WASHINGTON DC 20005			
Check type	of return to be filed (File a separate application for each return)			
X Form 9		Form 1041-A	Form (	6069
Form 9		Form 4720	Form 8	8870
Form 9		Form 5227	<del>_</del>	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ext	ension on a previou	ısly filed Form 8868.	
	oks are in care of ► THE ABOVE NAMED ENTITY			
Telephone No ► (202) 445-7777 FAX No ►				
• If the organization does not have an office or place of business in the United States, check this box				
	s for a Group Return, enter the organization's four digit Group Exemption Numb		If this	s is for the
	p, check this box If it is for part of the group, check this box	and attach a list wit	th the names and EINs o	of all
	ne extension is for			
	iest an additional 3-month extension of time until Aug 16 , 20 1	.0		
5 For calendar year, or other tax year beginning Oct 1, 20 08 , and ending Sep 30, 20 09				
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period				
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER				
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.				
	VIII. 1101001111 10 1111 11 0011 1111 111			
On If the	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax less any		
nonrefundable credits See instructions		8a \$	<u> </u>	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instricts			tax	
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Under penaltie	s of perjury, I declare that I have a amined this form including accompanying schedules and statements implete, and that I am authorized to prepare this form	s, and to the best of my kr	nowledge and belief, it is true,	
correct, and co	implete, and that I am aumorized to pregrate this form			1. 1
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