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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning a	nd ending		-
В	Check if applicable	Please C Name of organization		D Employer identific	ation number
		USE INSTITUTION ASSOCIATION OF EDUCATIONAL	L		
	Addres	e print or PROCUREMENT, INC.		_	
	Name chang	e type Doing Business As		11-33	161518
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Termin	Specific 5523 RESEARCH PARK DRIVE	340	443-5	543-5540
	Ameno	ded tions City or town, state or country, and ZIP + 4		G Gross receipts \$	1,804,884.
	Applic tion	DALIIMORE, MD 21220		H(a) is this a group re	turn
	pendir	F Name and address of principal officer:DOREEN MURNER		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
1	Ta <u>x-exe</u>	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 5	27	If "No," attach a	list. (see instructions)
J	 W <u>e</u> bsit	te: WWW.NAEPNET.ORG		H(c) Group exemption	number -
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1921 M	State of legal domicile: MD
P	art I	Summary			
Ф.	1	Briefly describe the organization's mission or most significant activities: SEE	PAGE 2	2, PART III,	LINE 1 FOR
Š	-	THE ORGANIZATION'S MISSION.			
Governance	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	sets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1)	D)	4	13
Se	5	Total number of employees (Part V, line 2a)		5	11
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	45,079.
_	_b	Net unrelated business taxable income from Form 990 T, line 34		7b	0.
			<u> </u>	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		903,494.	9,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		911,008.	1,627,349.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,813.	7,409.
<u>ac</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,008.	80,898.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,902,323.	1,724,656.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L_		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	723,829.	741,179.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	714.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		981,788.	1,000,431.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,705,617.	1,741,610.
	19	Revenue less expenses Subtract line 18 from line 12		196,706.	<16,954.>
Net Assets or	3	Total assets (Part X, line 16)	В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,219,403.	1,398,748.
ASP	21	Total liabilities (Part X, line 16)		813,538.	<u>979,606.</u>
킲	22	Net assets or fund balances Subtract line 21 from 17620 MAY [8 .201		405,865.	419,142.
P	art II	Signature Block	lóil		
		Under penalties of perjury, I declare that I have examined this return, including accomplanting schedule and complete. Declaration of preparer (other than officer) is based on an incomplete. Which is required.	e and statements, as any knowledge	, and to the best of my knowledg e	ge and belief, it is true, correct,
		1 2			
Siç	gn	Morlin Murrey		5.11.20	10
He	re	Signature of officer		Date	
		DOREEN MURNER, CEO			
<u>-</u>		Type or print name and title		had to	
ج Pai	iđ	Preparer's Date	/ 100	heck if Prepare	er's identifying number structions)
אכ	parer's			mployed 🕨 💹	
_	e Only	Firm's name (or //CALIBRE CPA GROUP PLLC		EIN ▶	
Z"		self-employed), address, and 1850 K STREET, N.W.			
₹ _		ZIP+4 WASHINGTON, DC 20006		Phone no. > (<u>202)331-9880</u>
ΛMa	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶\$ 1,326,992

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		<u>1-3.</u>	TOT	218	P	age ა
Pa	t IV Checklist of Required Schedules					
			r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					Į.
	If "Yes," complete Schedule A		ŀ	_1_	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		}	_2_		X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candida	tes for	r			
	public office? If "Yes," complete Schedule C, Part I	_	}	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C		"	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	and		_		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		ŀ	5		 -
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right		1			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedul	e D, Pa	art I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		. [X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comp	ete				
	Schedule D, Part III			_8_		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or pro					
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Pa.	t IV	.	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowmen	ts?				
	If "Yes," complete Schedule D, Part V		}	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IIII, I	X, or X	ا `			
	as applicable		}	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sche	dule D),			
	Part VI					
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its to	tal				١.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		1			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its to	otal			[
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	ed in	-			
	Part X, line 167 If "Yes," complete Schedule D, Part IX					
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		i		ŀ	l
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	ses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1			!
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI, XII, and XIII.			12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		<u>X</u> _			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			13_	_	X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?			14a	<u> </u>	X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, but	siness	3,		Į	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I		}	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	on			ļ	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II			15	ļ	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to ind	ividual	is		 	
	located outside the United States? If "Yes," complete Schedule F, Part III			16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part D	ζ,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17	<u> </u>	_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII	l, lines	;			[
	1c and 8a? If "Yes," complete Schedule G, Part II			18_	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ſ			

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complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):		-	.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			₹.
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I		l	v
20		31		X
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	32		
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity?	33		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		A
33	If "Yes," complete Schedule R, Part V, line 2	25		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		Α.
30	If "Yes," complete Schedule R, Part V, line 2	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	 	<u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	1
	140tts / Will out included to complete periodic o			2009)
		1 01111		_000)

Form 990 (2009) 11-3161518 PROCUREMENT INC. Page 5 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 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 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 11 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? <u>6a</u> b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a

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12a

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

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

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

11b

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PROCUREMENT, INC.

<u>11-3161518</u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sec</u>	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body	1a		13			
b	Enter the number of voting members that are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			_	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervisioi	n			
	of officers, directors or trustees, or key employees to a management company or other person?			_	3	_	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	00 was filed?	L	4	_	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		_	5		X
6	Does the organization have members or stockholders?			L	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embei	s of the				
	governing body?			1	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons	?	1	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durın	g the year				
	by the following.						-
а	The governing body?			-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			_	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		· · · · · · · · · · · · · · · · · · ·		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Code)				
				г		Yes	No
	Does the organization have local chapters, branches, or affiliates?			-	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates	,			
	and branches to ensure their operations are consistent with those of the organization?			-	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılıng ti	ne form?	-	11		<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					7,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that course of the confidence of the confid	uld gi	/e rise			- T	
	to conflicts?	n\/	1 -1	-	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	aescribe		40-		X
42	In Schedule O how this is done Does the organization have a written whistleblower policy?			-	12c	Х	
13 14	Does the organization have a written document retention and destruction policy?			-	13 14	^	X
15	Did the process for determining compensation of the following persons include a review and approve	al by	ndonondont	}	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	паерепает				
_	The organization's CEO, Executive Director, or top management official			1	15a	х	•
a	Other officers or key employees of the organization			ŀ	15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			-	130	A	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	with a				
- 74	taxable entity during the year?		u		16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate	its participati	on t	100		
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization			}			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MD						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Г (501	(c)(3)s only) a	vailable f	or		
	public inspection. Indicate how you make these available. Check all that apply.	-					
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest p	olicy, an	d fina	ncial	
	statements available to the public		·				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the o	organizati	on: 🕨	·	
	PAUL RAVENSCROFT - 443-543-5540						
	5523 RESEARCH PARK DR, SUITE 340, BALTIMORE, MD 2	212:	28				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees
 See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	<u> </u>	neck	all	that	арр	ly)	compensation from	compensation from related	amount of
	per week	ndividual trustee or director						the	organizations	other compensation
		ord	ee			sated		organization	(W-2/1099-MISC)	from the
		rustee	II trusi		æ	шbеш		(W-2/1099-MISC)		organization
		lgngl	Institutional trustee	<u></u>	Key employee	est co oyee	تة			and related
) d	Instr	Officer	Key	Highest compensated employee	Former			organizations
NANCY BROOKS										
IMMEDIATE PAST PRESIDENT	1.00	x		x				0.	0.	0.
JOHN RILEY										
PRESIDENT	1.00	Х		Х				0.	0.	0.
SANDY HICKS										
SR VICE PRESIDENT	1.00	X		X				0.	0.	0.
CAROL BARNHILL										
FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
WILLIAM HARRIS										
SECOND VICE PRESIDENT	1.00	X		X	<u> </u>	_		0.	0.	0.
W. THOMAS KALOUPEK								_	_	_
TREASURER	1.00	X		X			ļ	0.	0.	0.
TORY WINDLEY	4 00									
E&I LIAISON	1.00	Х			_			0.	0.	0.
DICK WORDEN	1 00	,,								0
DISTRICT I DIRECTOR	1.00	X						0.	0.	0.
STAN BEHNKEN DISTRICT II DIRECTOR	1.00	X						0.	0.	^
ANNETTE EVANS	1.00	Α.						0.	<u> </u>	0.
DISTRICT III DIRECTOR	1.00	v						0.	0.	0.
KAREN COOPERSMITH	1.00	^	 				-	0.	0.	<u> </u>
DISTRICT IV DIRECTOR	1.00	x						0.	0.	0.
STACEY WINTER	1.00								•	<u> </u>
DISTRICT V DIRECTOR	1.00	x						0.	0.	0.
RICHARD TAYLOR						-			•	
DISTRICT VI DIRECTOR	1.00	x				i		0.	0.	0.
DOREEN MURNER										
CEO	40.00			X				146,503.	0.	44,091.
PAUL RAVENSCROFT										
DIRECTOR OF FINANCE	40.00			X				85,696.	0.	18,851.
TONI VALENTI							~			
DIRECTOR OF MARKETING	40.00			<u> </u>		Х		102,089.	0.	16,848.
		<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>		- 000 (2222)

Form 990 (2009)

PROCUREMENT, INC.

	11-3161518	Page 8
est Compensated Employees	s (continued)	

rai	Section A. Officers, Directors, Tru	istees, Key Er	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
•	Name and title	Average			Pos	itior	1		Reportable	Reportable	}	Es	tımat	ed
		hours	(cl	heck	all	that	арр	ly)	compensation	compensation	n	am	ount	of
		per	Ē						from	from related			othe	r
		week	Individual trustee or director	1			_		the	organizations	;	com	pens	ation
			00	ite E		ŀ	Highest compensated employee		organization	(W-2/1099-MIS	C)	fre	om th	ne
		[asa	[<u>\$</u>		8	le E		(W-2/1099-MISC)			orga	anıza	tion
			量	Institutional trustee		Key employee	15 at	_				and	d rela	ited
			Į	# <u>E</u>	Officer	ey er	age Beg	Former				orga	ınızat	tions
					-	×	± "	14.						
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		<u> </u>		<u> </u>				<u>L</u> ,						
1b	Total .								334,288.		0.	<u> </u>	<u>9 , 7</u>	790.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wl	ho re	eceived more than \$100	,000 in reportable	€			
	compensation from the organization													2
									 		_	_	Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v еп	olar	vee.	or h	nighest compensated er	mplovee on				
_	line 1a? If "Yes," complete Schedule J for s			•	•		, ,					3		X
4	For any individual listed on line 1a, is the si			ama	one:	atioi	n an	d otl	her compensation from	the organization		<u> </u>		† *
4										the Organization			v	
_	and related organizations greater than \$15										-	4	X	+-
5	Did any person listed on line 1a receive or				rom	an	y uni	relat	ed organization for serv	ices rendered to				1
	the organization? If "Yes," complete Sched	lule J for such	pers	on		<u> </u>		-				5		X_
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ition f	rom	
_	the organization NONE													
	(A)							- 1	(B)			(C	;)	
	Name and business	address							Description of s	services	Co	mpe	nsatı	on
								-						
								- $ $						
								Ì						
		 -												
								Ì						
								\perp	<u> </u>					
								_	L					
2	Total number of independent contractors (including but r	not li	mite	d to	the	se li	stec	d above) who received in	nore than				
-	\$100,000 in compensation from the organi						0		•					
												-Orm	990	(2009)

PROCUREMENT, INC. Part IX Statement of Functional Expenses

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

•	All other organizations must comple		tions must complete all not required to comple	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		·		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	295,141.	152,475.	142,666.	
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	335,517.	304,901.	30,616.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	15,871.		15,871.	
9	Other employee benefits	53,187.	26,274.	26,913.	
10	Payroll taxes	41,463.	30,226.	11,237.	
11	Fees for services (non-employees).				
а					
b	Legal	168.		168.	
С	Accounting	18,463.		18,463.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	187,772.	146,932.	40,840.	
12	Advertising and promotion				
13	Office expenses .	24,977.	22,802.	2,175.	
14	Information technology	23,427.	18,005.	5,422.	
15	Royalties				
16	Occupancy	74,727.	55,561.	19,166.	
17	Travel	37,489.	22,490.	14,999.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	440,859.	409,559.	21,600.	9,700.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,609.	24,246.	8,363.	
23	Insurance	6,417.	2,177.	4,240.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	1			
а	DOLLED WEST DESIGNAT AND WA	34,751.	29,273.	5,478.	
b	CDDDIE CARD DIGCOIDING	33,352.	26,098.	7,240.	14.
c	DD TAIMTAIG AAID GODUTAIG	25,469.	24,562.	907.	
d	MT CODI I AMBOUG	21,989.	8,576.	13,413.	
е	DOGGRAGIE AND GUITDDING	19,655.	17,790.	1,865.	
	All other expenses	18,307.	5,045.	13,262.	
25	Total functional expenses. Add lines 1 through 24f	1,741,610.	1,326,992.	404,904.	9,714.
26	Joint costs. Check here If following		<u> </u>		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

	rt X	Balance Sheet	<u> </u>		<u> </u>	3161518 Page II
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		50,726.	1	113.
	2	Savings and temporary cash investments	. [674,199.	2	746,757.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		68,679.	4	22,935.
	5	Receivables from current and former officers, direct	ctors, trustees, key			
		employees, and highest compensated employees.	·		1	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de	fined under section			
		4958(f)(1)) and persons described in section 4958(
		Part II of Schedule L			6	
j	7	Notes and loans receivable, net	Ì		7	
23265	8	Inventories for sale or use	Ì	2,705.	8	3,181
Č	9	Prepaid expenses and deferred charges	Ī	77,504.	9	187,129
		Land, buildings, and equipment: cost or other	1			
			385,171.			
	Ь		ю 226,210.	160,838.	10c	158,961
	11	Investments - publicly traded securities	220/220	164,994.	11	259,621
	12	Investments - other securities See Part IV, line 11		201/3310	12	233,022
	13	Investments - program-related. See Part IV, line 11	•		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	ì	19,758.	15	20,051
	16	Total assets. Add lines 1 through 15 (must equal)	ine 34\	1,219,403.	16	1,398,748
_	17	Accounts payable and accrued expenses		79,099.	17	36,659
	18	Grants payable	Ì		18	
	19	Deferred revenue	Ì	673,916.	19	855,740
	20	Tax-exempt bond liabilities	ì	0,0,5200	20	000,710
,	21	Escrow or custodial account liability Complete Pa	rt IV of Schedule D		21	
}	22	Payables to current and former officers, directors,	l l			
		highest compensated employees, and disqualified	• • • •			
Ĭ		of Schedule L	persons complete runt ii		22	
	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated t	' I		24	7.7.
	25	Other liabilities Complete Part X of Schedule D	ind parties	60,523.	25	87,207
	26	Total liabilities. Add lines 17 through 25		813,538.	26	979,606
		Organizations that follow SFAS 117, check here	▶ X and complete	<u> </u>	-20	373,000
'n		lines 27 through 29, and lines 33 and 34.	and complete			
2	27	Unrestricted net assets		405,865.	27	419,142
Ē	28	Temporarily restricted net assets	·	403,003.	28	417,144
Š	29	Permanently restricted net assets			29	
Š	20	Organizations that do not follow SFAS 117, che	ck here 🕨 🔲 and		25	····
_		complete lines 30 through 34.	ck nere			
3	30	Capital stock or trust principal, or current funds			20	
2	31	Paid-in or capital surplus, or land, building, or equi	nment fund	-	30	
Š	l	Retained earnings, endowment, accumulated inco	·		31	
net Assets of Fund balances	32	_	me, or other lungs	405,865.		110 112
	33	Total net assets or fund balances	}		33	419,142.
	34_	Total liabilities and net assets/fund balances		1,219,403.	34	1,398,748.

Form **990** (2009)

Form	990 (2009) PROCUREMENT, INC.	11-3161518	Pag	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1 .	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
` 2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit	Į.	Į
	Act and OMB Circular A-133?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of t	the organizati	on NATIONA	L ASSOCIATIO	N OF	EDUCA	TIONA	L	E	mployer ic	dentificati	on numbe	er:
			MENT, INC.						11	<u>-3161</u>	<u>518</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part) See inst	ructions				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					_
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	ital service organization	described	ın section	170(b)(1)	A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's name,	
	city, and stat	e:										
5 🗔	An organizat	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a governr	nental un	ıt describe	d in		_
	section 170	(b)(1)(A)(iv), (Compl	ete Part II)									
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	embersh	ıp fees, and	d gross red	ceipts from	n
	activities rela	ted to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	s support f	rom gross	ınvestmer	nt
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	fter June 3	0, 1975.	
	See section	509(a)(2). (Complete	e Part III)					-				
10 🔲	An organizat	on organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	l).				
11 🔲	An organizat	on organized and o	perated exclusively for the	he benefit (of, to perfo	orm the fur	nctions of,	or to car	ry out the p	ourposes o	f one or	
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2) See sec	tion 509	(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a 🔲 Type	ь 🗀	Type II d	с 🗀 Тур	e III - Func	tionally int	egrated		d 🗀	Type III - C	Other	
e 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	more dis	qualified p	ersons oth	ier than	
	foundation m	nanagers and other t	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check tl	his box									
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	firectly controls, either a	lone or tog	ether with	persons o	lescribed i	n (ii) and	(III) below,		Yes No	<u>D_</u>
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A famıly	member of a perso	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abovi	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		,	···									
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) l	s the	(vii) Am	nount of	
	anization	` '	organization (described on lines 1-9		sted in your			organizati (i) organi U.S	zed in the		port	
			above or IRC section	governing	document?	(i) of your	support	U.S	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
						ļ		ļ				
				<u> </u>	ļ				$oldsymbol{ol}}}}}}}}}}}}}}}}}$			
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Total		<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>						
LHA For F	Privacy Act ar	nd Paperwork Redu	iction Act Notice, see t	he Instruc	tions for	-		Schedu	le A (Form	990 or 99	10-EZ) 200	09

932021 02-08-10

Form 990 or 990-EZ.

	(Complete only if you checke						/i)
Se	ction A. Public Support	···-					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and					1	
	membership fees received (Do not						•
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a		,				
	governmental unit or publicly		,"				
	supported organization) included		/				
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,					>	
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>				
Se	ction B. Total Support				1	1	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		1	<u> </u>	l <u></u>	1	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
<u></u>	organization, check this box and stor					• • • •	▶∟_
	ction C. Computation of Publ					1 1	
	Public support percentage for 2009 (=	column (f))		14	
15	Public support percentage from 2008	•				15	
162	33 1/3% support test - 2009.If the o	_		•	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						. ▶∟
	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check th	ils box
47.	and stop here. The organization qual	, ,			40.4040-		▶∟
1/8	1 10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•		arτ IV now the orgai	nization
	meets the "facts-and-circumstances"					17a and ! 45	▶ ∟_
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		•
40	organization meets the "facts-and-circ				· · · · · ·		· ·
10	Private foundation. If the organization	m did not check a	a DUX OF line 13, 16	oa, 100, 17a, 0117			
					Sch	edule A (Form 990	or 990-EZ) 20

11-3161518 Page 3 Schedule A (Form 990 or 990 EZ) 2009 PROCUREMENT, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 9,000 9,000. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 594,290. 1716458. 3678602. 1881510. 1531538. 9402398. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 131,630. 131,630. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 594,290. 1716458. 3678602. 1881510. 1672168. 9543028. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 9543028. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 594,290 1716458. 3678602 9543028. 1881510. 1672168. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 9,354 11,954 14,792 19,580 7,512 63,192. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9,354 14,792 11,954 19,580 7,512. 63,192. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 603.644. 1728412. 3693394. 1901090. 1679680. Total support (Add lines 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 99.34 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 76.21 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .66 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % .76 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 18 19a 33 1/3% support tests - 2009. 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 **▶**[X] 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization NATIONAL ASSOCIAT

NATIONAL ASSOCIATION OF EDUCATIONAL

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line		20 01 7 to obtained. Complete if the			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(0, 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(2) * **********************************			
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		-			
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·				
5	Did the organization inform all donors and donor advisors in	writing that the access hald in denor ad-	unad funda			
3	are the organization's property, subject to the organization's		r			
6	Did the organization inform all grantees, donors, and donor a	•	Yes No			
U			-			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos				
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the org	ranization answered "Vos" to Form 990	Part IV line 7			
1	Purpose(s) of conservation easements held by the organization		raitiv, line 7.			
ŀ	Preservation of land for public use (e g , recreation or p		watermanilly commandered based asset			
	Protection of natural habitat		nistorically important land area			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	n of a conservation easement on the last			
	day of the tax year					
_	Total aumhor of accounts and accounts		Held at the End of the Tax Year			
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic str		2c			
	d Number of conservation easements included in (c) acquired after 8/17/06 2 Number of conservation easements modified transferred released extinguished exterminated by the executation during the terminated by the executation during the executation					
3	in the second se					
	year >					
4	Number of states where property subject to conservation ea		_			
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·				
_	violations, and enforcement of the conservation easements r		└ Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting,	•				
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17				
_	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	└ Yes └ No			
9	In Part XIV, describe how the organization reports conservati	· · · · · · · · · · · · · · · · · · ·				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for			
Da	conservation easements rt III Organizations Maintaining Collections o	Art Historical Transuras or	Other Similar Accets			
- 4	Complete if the organization answered "Yes" to Form	-	Other Similar Assets.			
	Complete if the organization answered Tes to Porti	990, Part IV, line o				
_	W.I					
та	If the organization elected, as permitted under SFAS 116, no					
	treasures, or other similar assets held for public exhibition, ed		public service, provide, in Part XIV, the text of			
	the footnote to its financial statements that describes these					
ь	If the organization elected, as permitted under SFAS 116, to					
	or other similar assets held for public exhibition, education, o	r research in furtherance of public servi	ce, provide the following amounts relating to			
	these items					
	(i) Revenues included in Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under SFAS 1	16 relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		► \$ ► \$			

		MENT, INC.					11-	316151	8 Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Similar As	sets (cont	ınued)	
3 .	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	ıt are a sıç	gnificant use of	ıts collectio	n item	s
•	(check all that apply).									
а	Public exhibition	C	יוַבַן נ	Loan or exc	hange progra	ams				
` b	Scholarly research	•	• 📖	Other						
¢	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further tl	he organizati	on's exen	npt purpose in l	Part XIV		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			_
	to be sold to raise funds rather than to be ma						·	Yes	L_	No
Par	t IV Escrow and Custodial Arran		lete if org	janization ar	nswered "Ye	s" to Forn	n 990, Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.						_		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	ıncluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing 1	table:						
								Amoun	it	
С	Beginning balance	-					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV							····		
Pai	t V Endowment Funds. Complete	f the organization at	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	0			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance						· · · · · · · · · · · · · · · · · · ·			
b	Contributions									
C	Net investment earnings, gains, and losses			_						
d	Grants or scholarships	- <u>-</u> -								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		<u> </u>							
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	<u></u> %								
С	Term endowment >	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organization			
	by:								Yes	No
	(i) unrelated organizations	•					•	3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?				_3b		<u>i</u>
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds						
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or obasis (invest		1	or other (other)	,	cumulated reciation	(d) Boo	k valu	е
1a	Land									
b	Buildings									
С	Leasehold improvements			8	9,628.		44,814.	4	4,8	$\overline{14.}$
d	Equipment				5,543.	1	81,396.		4,1	
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	t X, colur	nn (B), line 1	10(c).)		> _	15	8,9	61.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 PROCUREMEN	T, INC.		11-3161518 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
 (a) Description of security or category (including name of security) 	(b) Book value		hod of valuation: -of-year market value
inancial derivatives			
Closely-held equity interests			
Other	<u> </u>		
	<u> </u>		
	<u> </u>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>	<u> </u>	
Part VIII Investments - Program Related.	See Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		hod of valuation
		Cost or end	of-year market value
	<u> </u>		
	 		
	 		
 			
	<u> </u>		
	 	<u> </u>	
		<u> </u>	
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	·		
Part IX Other Assets. See Form 990, Part X, III			(1) Dealers
	a) Description		(b) Book value
			
			-
			
.			
			
Total. (Column (b) must equal Form 990, Part X, col (B) I Part X Other Liabilities. See Form 990. Part			
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25	(b) Amount	
		(b) Amount	
Federal income taxes		1 125	
CAPITAL LEASE OBLIGATION		$\frac{1,135}{20,177}$	
DEFERRED RENT		39,177.	
ACCRUED VACATION PAY		46,895.	
			
		07.007	
Total. (Column (b) must equal Form 990, Part X, col (B)		87,207.	
2. FIN 48 Footnote In Part XIV, provide the text of the f	ootnote to the organization's	s financial statements that rep	ports the organization's liability for
uncertain tax positions under FIN 48.		 	
932053 02-01-10			Schedule D (Form 990) 200

	dule D (Form 990) 2009 PROCUREMENT, INC.				3161518 Page	<u>. 4</u>	
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Fi	nancial State	ment			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>1,724,656</u>	<u>,</u>	
2 .	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,741,610	<u>) .</u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<16,954		
` 4	Net unrealized gains (losses) on investments		4		30,231		
5	Donated services and use of facilities		5			_	
6	Investment expenses		6				
7	Prior period adjustments	_	7			_	
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net) Add lines 4 through 8		9		30,231		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		13,277	<u>.</u>	
<u> </u>	t XII Reconciliation of Revenue per Audited Financial Stater	ments with R	evenue per n			_	
1	Total revenue, gains, and other support per audited financial statements	•		1	1,709,808	<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 _ 1	20 221				
а	Net unrealized gains on investments	2a	30,231.				
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c		l			
d	Other (Describe in Part XIV)	2d		ŀ	20 021		
е	Add lines 2a through 2d			2e	30,231		
3	Subtract line 2e from line 1			3_	1,679,577	<u> </u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1			
b	Other (Describe in Part XIV)	4b	<u>45,079.</u>			_	
C	Add lines 4a and 4b			4c	45,079		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5	<u>1,724,656</u>	<u>.</u>	
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ements With I	xpenses per	Retu			
1	Total expenses and losses per audited financial statements			1	<u>1,696,531</u>	<u></u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments .	2b					
C	Other losses .	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d	•		2e	0	<u>) .</u>	
3	Subtract line 2e from line 1			3	<u>1,696,531</u>	<u> </u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	<u>45,079.</u>				
С	Add lines 4a and 4b			4c	45,079) .	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,741,610	<u>) </u>	
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	ırt III, lines 1a and	4, Part IV, lines 1	b and 2	2b; Part V, line 4; Part	t	
X, lin	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	omplete this part t	to provide any add	ditional	information		
,							
						_	
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:	- <u>-</u>					
<u>AD</u>	<u> VERTISING REVENUE NETTED AGAINST EXPENSES</u>	S IN FINA	NCIAL			_	
ST	ATEMENTS: 45079						
D = -	OM VIII IIND AD OMIDD AD TUOMADAMO						
PAL	RT XIII, LINE 4B - OTHER ADJUSTMENTS:					—	
m	BUDDINGER NORMED DU ADUDDMICINA DEUDINGE IN EXCULUSES CONTRACTOR AFORS						
EXI	EXPENSES NETTED BY ADVERTISING REVENUE IN FINANCIAL STATEMENTS: 45079.						
							

932054 02-01-10

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

20047 2009

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF EDUCATIONAL PROCUREMENT, INC.

Employer identification number

11-3161518

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		_X_
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Ĺ	_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2009

11-3161518

PROCUREMENT, INC.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	<u>0</u>	(E)	Œ
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Eorm 900.E7
	(8	144,103.		2.400.	14.650.	29.441.	190.594.	
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF EDUCATIONAL PROCUREMENT, INC.

Employer identification number 11-3161518

FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION IS ORGANIZED AS

NON-FOR-PROFIT CORPORATION. INSTITUTIONAL MEMBERS OF THIS ASSOCIATION EXIST

AS SEVERAL TYPES AS FOLLOWS: VOTING MEMBERSHIP AND NONVOTING MEMBERSHIP.

NONVOTING MEMBERSHIP ARE COMPRISED OF ASSOCIATE MEMBERSHIP, INDIVIDUAL

MEMBERS, AND BUSINESS AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 7A: EACH VOTING MEMBER SHALL HAVE ONE VOTE IN THE AFFAIRS OF THE ASSOCIATION, WHICH SHALL BE CAST BY THE VOTING MEMBER'S DESIGNATED REPRESENTATIVE. THE MEMBERS SHALL TAKE ACTION BY THE AFFIRMATIVE VOTE OF A MAJORITY OF VOTING MEMBERS PRESENT AND ENTITLED TO VOTE, IN PERSON OR BY PROXY, ON THE ACTION EXCEPT WHERE A DIFFERENT VOTE IS REQUIRED BY LAW, THE CERTIFICATE OF INCORPORATION, OR THESE BYLAWS.

NOTWITHSTANDING THE PRECEDING SENTENCE, DIRECTORS ARE ELECTED BY A PLURALITY OF THE VOTING MEMBERS PRESENT AND ENTITLED TO VOTE, IN PERSON OR BY PROXY, AT A MEETING AT WHICH A QUORUM IS PRESENT, AND DISTRICT DIRECTORS ARE ELECTED BY PLURALITY OF THE VOTING MEMBERS OF THE DISTRICT PRESENT AND ENTITLED TO VOTE, IN PERSON OR BY PROXY, AT A MEETING AT WHICH A QUORUM IS PRESENT, UNLESS THE ARTICLES OF INCORPORATION HAVE PROVIDED OTHERWISE.

ASSOCIATE MEMBERSHIP, INDIVIDUAL MEMBERSHIP AND BUSINESS AFFILIATES CAN
NEITHER VOTE NOR SERVE AS AN OFFICER OR DIRECTOR OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY HAS ANNUAL

MEETINGS, SPECIAL MEETINGS AND AT TIMES QUORUM. DURING THESE MEETINGS THE

VOTING MEMBERS ARE PRESENT IN WHICH THEY ARE ENTITLED TO CAST A VOTE

REGARDING THE SUBJECT MATTER.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Inspection

Department of the Treasury Attach to Form 990. Internal Revenue Service NATIONAL ASSOCIATION OF EDUCATIONAL Name of the organization

Employer identification number 11-3161518

PROCUREMENT, INC.	11-3161518
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION	DOES NOT HAVE A
FORMAL POLICY PROCESS FOR FORM 990.	
	w
FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT OF THE	BOARD REVIEWS THE
CEO'S PERFORMANCE AND COMPARES AVAILABLE DATA TO PROCES	S DETERMINATION OF
COMPENSATION. THE CEO DOES SAME FOR THE KEY EMPLOYEES A	ND OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES GOVERNING
DOCUMENTS AVAILABLE THROUGH THEIR WEBSITE. THE CONFLICT	OF INTEREST POLICY
AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLI	C UPON REQUEST.
