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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)

OMB No 1545-0047

Inspection

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

Open to Public

	A F	or the	2009 calendar year, or tax year beginning APR 1, 2009 and ending	MAR 31, 2010	
İ	B CI	neck if	Please C Name of organization	D Employer identific	cation number
		1Addres	use in 5		
	-	Johange]Name		76.3	015634
	누	Johange Initial	Doing Business As		
-	-	_return]Termin	Specific 2.0.5 D. CODERED NO.	•	3 <u>3</u> 8-45 <u>55</u>
	\vdash	Jated]Ameno		G Gross receipts \$	613,607.
	<u> </u>	Jreturn Application		H(a) Is this a group re	
	Щ.	Jtion pendir	F Name and address of principal officer DANIEL H. LEEDS	for affiliates?	Yes X No
			3205 R STREET NW, WASHINGTON, DC 20007	H(b) Are all affiliates inc	
	1 T	24.046	empt status. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
			e: N/A	H(c) Group exemptio	
					A State of legal domicile: DC
1					
'			Briefly describe the organization's mission or most significant activities: THE NATIO	ONAL PUBLIC E	DUCATION
	일		SUPPORT FUND WAS CREATED TO SUPPORT EFFORTS		
	Activities & Governance		Check this box if the organization discontinued its operations or disposed of m		
	o e		Number of voting members of the governing body (Part VI, line 1a)	3	3
	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	Se Se	5	Total number of employees (Part V, line 2a)	5	0
	Ě	6	Total number of volunteers (estimate if necessary)	6	_0
	5	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
	e	8	Contributions and grants (Part VIII, line 1h)	4,232.	613,590.
	Revenue		Program service revenue (Part VIII, line 2g)		4.5
	Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17.
	_	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 222	C12 C07
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,232.	613,607.
2011			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		250,000.
,~i			Benefits paid to or for members (Part IX, column (A), line 4)		
⊱=:	ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	Expense		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		
MAR	EX		Other eveness (Port IV column (A) lines 11s 11d 11f 2/f)	4,998.	279,880.
		18	Take the same of the same to t	4,998.	529,880.
		19	Revenue less expenses Subtract line 18 from line 12	<766.	> 83,727.
	58		8 FEB % % 2011 O	Beginning of Current Year	End of Year
	ages	20	Total coasts (Bort X June 16)		185,633.
S.	et Assets or nd Balances	21	Total liabilities (Part X line 26)	766.	102,672.
-0	환	22	Net assets or fund balances. Subtract line 21 from line 20 OGDEN, UT	<766.	> 82,961.
	Pa	ırt II	Signature Block	·	
			Under penaltura of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	nts, and to the best of my knowled dge	ge and belief, it is true, correct,
				12-14.	
	Sig	1	Wall F	011	
	Her	е	Signature of officer	Date	
			DANIEL H. LEEDS, PRESIDENT	· · · · · · · · · · · · · · · · · · ·	
			Type or print name and title	Check if Proper	er's identifying number
	Paid			self See in	er's identifying number structionsy
	Prep	arer's		Ciripioyed P L 10 1	06/100/
	Use	Only	yours if ROSEN SEIMOUR SHAPSS MARIIN & CO, II.	LP EIN ►	
		•	self-employed), address, and ZIP + 4 757 THIRD AVENUE \ NEW YORK, NY 10017-2049	Dhana na 🕨 2	12-303-1800
	<u></u>	. 41 1	PS discuss this return with the preparer shown above? (see instructions)	Frione no. 🚩 🗸	X Yes No

932002 02-04-10 Form 990 (2009)

26-3015634 Page 3 NATIONAL PUBLIC EDUCATION SUPPORT FUND Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes." complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or 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 Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 10 X If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 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 reported in Part X, line 16? 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. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Х 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 **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Х or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes." complete Schedule F. Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X

Form **990** (2009)

X

X

17

18

19

19

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

1c and 8a? If "Yes," complete Schedule G, Part II

Form 990 (2009) Form 990 (2009) NATIONAL PUBLIC EDUCATION SUPPORT FUND
Part IV Checklist of Required Schedules (continued) 26-3015634

			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	Х	
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 27 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	i		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		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		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			i I
	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			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	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		X
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		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity?		•	İ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			•
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00	v	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>

Form **990** (2009)

Form 990 (2009) NATIONAL PUBLIC EDUCATION SUPPORT FUND 26-3015634 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 0 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 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a b If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 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. 5a 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 any contributions that were not tax deductible? X 6a 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 provided to the payor? 7a 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? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 X 8 at any time during the year? 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: 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form 990 (2009)

12a

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

Form 990 (2009)

NATIONAL PUBLIC EDUCATION SUPPORT FUND

26-3015634 Page
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

Section A. Governing Body and Management

ec	tion A. Governing Body and Management						
_	E to the control of t	١.	1	٦٢		Yes	No
	Enter the number of voting members of the governing body	1a	 	_3			1
	Enter the number of voting members that are independent	<u>1b</u>	<u> </u>		Ţ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other	İ			.,
_	officer, director, trustee, or key employee?			}	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne aire	ct supervision	ŀ			
	of officers, directors or trustees, or key employees to a management company or other person?	00	0	}	3		X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo		U was filed?	ŀ	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asserble organization become aware during the year of a material diversion of the organization's asserble organization become	ts?		ŀ	5		X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members.		- of the	ŀ	6_		<u> </u>
/a	governing body?	ember	s or the		7-		_x_
h	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	roope')	}	7a 7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken			t	-/B		
8	by the following.	i danni	y ti le year				
_	The governing body?			- 1	8a	X	
	Each committee with authority to act on behalf of the governing body?			ŀ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	aabad	at the	t	00_		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at til o		9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)	1	<u> </u>		
	tion 5.1 onotes (mis decilor b requests mornation about policies not required by the memail	ie verre	e code./			Yes	No_
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates.		104		 -
_	and branches to ensure their operations are consistent with those of the organization?	. оф.	o.o, aa.o,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina th	e form?	Ī	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ı			
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aiv	e rise	Ţ			
_	to conflicts?	3			12b	Х	İ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	ſ			
_	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?			ſ	13		X
14	Does the organization have a written document retention and destruction policy?			Ī	14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent	ſ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	N	A
b	Other officers or key employees of the organization				15b	N/	A
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
	taxable entity during the year?			1	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızat	ion's	1			1
	exempt status with respect to such arrangements?		<u></u>		16b		<u> </u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►DC						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) avail	able 1	for		
	public inspection Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest polic	y, an	d fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the orga	ınızatı	iou.	·	
	DEBORAH LAYN - 202-338-4555						
	3205 R STREET NW, WASHINGTON, DC 20007						

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

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

(A) Name and Title	(B) Average	(C) Position						r, or trustee. (D) Reportable	(E) Reportable	(F) Estimated
	hours	(check all that a					compensation	compensation	amount of	
	per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DANIEL H. LEEDS	30 00	7.		,				0	0	•
PRESIDENT/DIRECTOR ELIZABETH SULLIVAN	30.00	X		X	<u> </u>	-		0.	0.	0.
VP/TREASURER/DIRECTOR	0.50	x		x				0.	121,800.	4,872.
BOB WISE							-			
SECRETARY/DIRECTOR	0.50	_	_	X			 	0.	316,444.	27,423.
	_									
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Part VII Section A. Officers, Directors, Tru	stees. Kev Er	nplo	vee	s. a	nd k	-liah	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average			Pos		1		Reportable	Reportable	E	stıma	ted
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	a	moun	
	per week	혍						from the	from related organizations	con	othe	r sation
	Week	ŧ	يو ا			ated		organization	(W-2/1099-MISC	- 1	rom t	
		nstee	truste		 8	npeus		(W-2/1099-MISC)	(, _, , , , , , , , , , , , , , , , , ,		ganiza	
		Individual trustee or director	Institutional trustee	_	Key employee	st col	5				d rela	
		Mg.	Instit	Jecer Jecer	Key e	Highest compensated employee	Former			org	anıza	tions
		-		-						-		
	<u>. </u>					<u> </u>				_		
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							L.					
		_				_						
1b Total		<u> </u>	!	l		—		0.	438,244	1. 3	2.2	295.
Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	no re					
compensation from the organization									-			
											Yes	No
3 Did the organization list any former officer,		stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su		ام مد		0000	stion	, and	1 0+1	har aampapastion fram	the ergenization	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							·	ule organization	4	х	
5 Did any person listed on line 1a receive or a									ices rendered to	1		
the organization? If "Yes," complete Sched	•									5		X
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of compe	ensation	from	
the organization.							_	(D)				
(A) Name and business	address							(B) Description of s	ervices	Compe	C) ensati	on
EDUCATION COUNSEL LLC, 10	01 CONS	rII	נטיז	ri(ON		ヿ	· · · · · · · · · · · · · · · · · · ·				
AVENUE NW, WASHINGTON, DO								STRATEGIC MG	MT SVCS	14	0,0	000.
	 ·				-		\dashv					
-								<u> </u>				
							_					
							\neg					

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

	990 (IC EDUCA	<u> </u>	RT FUND	<u> 26-3015</u>	634 Page 9
Pa	rt VIII	I Statement of Rever	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
E,G	С	Fundraising events	1c					
ig ig	d	Related organizations	1d	325,000.				
S,E	е	Government grants (contribut	ions) 1e	_				
	f	All other contributions, gifts, gran						
		similar amounts not included abo	i 1	288,590.				
50	g	Noncash contributions included in lines	1a-1f \$	•				
오림	_	Total. Add lines 1a-1f		<u> </u>	613,590.			
				Business Code				
	2 a							
Program Service Revenue	_ b							
ᇮ푈	c							
E %	d							
ğœ	-							
Ę	f	All other program service reve	nue					·····
	a	Total. Add lines 2a-2f		•	, ,			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		•	17.			17.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties	•	>				
		•	(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						
	C	D1-1						
	d							
	7 a	Gross amount from sales of	(ı) Securities	(ıi) Other				
		assets other than inventory						
	b	Less, cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
a	8 a	Gross income from fundraisin	g events (not					
ᇎ		ıncludıng \$	of					
ě		contributions reported on line	1c). See			1		
Other Revenue		Part IV, line 18	. 6	ı				
훗	b	Less. direct expenses	t) <u> </u>				
		Net income or (loss) from fund						
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19		•				
		Less: direct expenses		·		İ		
		Net income or (loss) from gan		<u> </u>				
	10 a	Gross sales of inventory, less				,		
		and allowances		9				
		Less: cost of goods sold	•	•				
	<u> </u>	Net income or (loss) from sale		Duamana Cada				
	44.0	Miscellaneous Revenu		Business Code				
	11 a b							
	C							
	d							
	_	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.			613,607.	0.	0.	17.
9320							-	Form 990 (2009)

Part IX | Statement of Functional Expenses

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

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	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	250,000.	250,000.						
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								
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								
8	Pension plan contributions (include section 401(k)								
_	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal .	17,085.	12,220.	4,865.					
С	Accounting	3,228.	2,309.	919.					
d	Lobbying .								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other	21,515.	15,389.	6,126.					
12	Advertising and promotion								
13	Office expenses	127.	111.	16.					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	2,586.	2,581.	5.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	61,247.	61,247.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
а	CONTRICT MANUE CERTIFICE	156,470.	156,470.						
b	MENUDED CHIEF DELIER ODMENIM	10,660.	10,660.						
C	100 1 C	5,511.	5,342.	169.					
c	VENUE DESC	1,000.	715.	285.					
e	MED DECTON	348.	249.	99.					
f		103.	103.						
25	Total functional expenses. Add lines 1 through 24f	529,880.	517,396.	12,484.	0.				
26	Joint costs. Check here ▶ If following	-							
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation				Form 990 (2009)				

Form **990** (2009)

Pai	t X	Balance Sheet		T		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	130,633
	3	Pledges and grants receivable, net	•		3	55,000
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dire	· · · · · · · · · · · · · · · · · · ·		1	
		employees, and highest compensated employee	s. Complete Part II			
		of Schedule L			5	
Assets	6	Receivables from other disqualified persons (as o		[
		4958(f)(1)) and persons described in section 495	8(c)(3)(B). Complete			
		Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	<u> </u>
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			•
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11	<u>.</u>	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	0.	16	<u> 185,633.</u>
	17	Accounts payable and accrued expenses		766.	17	<u>102,672</u> .
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	-		20	
es S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
₽	22	Payables to current and former officers, directors	s, trustees, key employees,			
Liabilities	ļ	highest compensated employees, and disqualifie	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela-	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		766.	26	102,672.
		Organizations that follow SFAS 117, check he	re X and complete		1 1	
es	ł	lines 27 through 29, and lines 33 and 34.			1 1	
au	27	Unrestricted net assets .	<766.	>27	<u>26,435</u> .	
Ba	28	Temporarily restricted net assets		28	56,526.	
2	29	Permanently restricted net assets	. —		29	
3		Organizations that do not follow SFAS 117, ch	neck here 🕨 📖 and			
ğ		complete lines 30 through 34.				
sets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
7.5	104	Decidence and a second control of the second		l .		

185,633. Form **990** (2009)

82,961.

31

32

<766.>33

31

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

			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	Х	
C	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 Schedule 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 Single Audit			
	Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	}		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1	1

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 2009

Open to Public Inspection

Name of the organization

NATIONAL PUBLIC EDUCATION SUPPORT FUND Employer identification number 26-3015634

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See ins	tructions.		
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	oox)			
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.)						
з 🔲			tal service organization		n section	170(b)(1)	(A)(iii).			
4	=	-	perated in conjunction					(b)(1)(A)(ii	i). Enter tl	ne hospital's name,
	city, and stat	-			•				•	•
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental unr	t describe	ed in
	-	(b)(1)(A)(iv). (Comple	-	•	·	·	•			
6 🗆			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).			
7 🗔		-	eives a substantial part					or from the	general c	oublic described in
· —	_	b)(1)(A)(vi). (Comple	•			3			9	
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9			eives: (1) more than 33			rom contri	butions, n	nembershi	o fees. an	d gross receipts from
· —	_	-	nctions - subject to certa							•
		•	axable income (less sec	•	•	•			• •	•
		509(a)(2). (Complete	•		,			,		
10		• • • • • • • • • • • • • • • • • • • •	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	4).		
11 X	-		perated exclusively for the	•	-			•	v out the i	ourposes of one or
	•		itions described in secti					•		•
	, -		organization and compl		•		,	•		
	a X Type I		¬	с 🔲 Тур	_		tegrated		d 🗀	Type III · Other
е 🗀	• •		t the organization is not			-	-	r more disc		
	-		han one or more publicl		-	-	=			
f		-	ten determination from		_					
	_	rganization, check th								X
g	Since August	t 17, 2006, has the o	rganization accepted ai	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
•	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıı) and (ı	ıı) below,	Yes No
	the gove	erning body of the su	upported organization?							11g(i) X
	(ii) A family	member of a persor	n described in (i) above?	>						11g(ii) X
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) above	∍?					. 11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganization	(s)					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the organization (v) Did you no				(vi) Is	the	(vii) Amount of
	anization	` '	organization (described on lines 1-9		sted in your		ion in col.	organization (i) organiz	ed in the l	support
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
	NCE FOR			1						
		<u> 11-3487339</u>	7	X			ļ	X		0.
EDUCA					:					
<u>VOTER</u>	<u>s insti</u>	<u>20-4569015</u>	7	X				X		<u>250,000.</u>
	<u> </u>									
						İ				
		ļ		 	ļ		<u> </u>	 	 	
								1		
				-				-		
								-		250 000
Total		<u> </u>	<u> </u>	1	<u> </u>	L	<u> </u>		<u> </u>	250,000.
LHA For F	rivacy Act ar	id Paperwork Redu	ction Act Notice, see t	ne Instruc	tions for			Schedul	e A (Form	990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

	organization, check this box and stop here		
Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	9
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	9
16a	3 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, check this box and	
	stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization		
17a	a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a	nd line 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai	rt IV how the organization	

7a 10% -facts-and-circumstances test - 2009. 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 discumstances test. 2009 if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%						
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%						
Section D. Computation of Investment Income Percentage									
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17							
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%						
198	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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
ı	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 it	nstructions	<u> </u>						
	S	chedule A (F	orm 990 or 990-EZ) 2009						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

pen to Public Inspection

Department of the Treasury Internal Revenue Service or organizations exempt from mounte has order section of her and section of

Complete if the organization is described below.

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

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

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

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

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

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

_ • S∈	ection 501(c)(4), (5), or (6) organizat	ions: Complete Part III				
Name	of organization				Emplo	oyer identification number
	NATIONA	L PUBLIC EDUCATI	ON SUPPORT	FUND _		<u> 26-3015634</u>
Par	t I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 5	27 oı	rganization.
1 F	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities	ın Part IV.		
2 F	Political expenditures				▶\$	
3 √	/olunteer hours					0.
Par	t I-B Complete if the org	anization is exempt und	der section 501(c	(3).		· - <u></u>
1 E	Enter the amount of any excise tax	incurred by the organization un	der section 4955		▶\$	
2 E	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	▶\$	
3 I	f the organization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?			Yes No
4a V	Vas a correction made?					L Yes L No
$\overline{}$	f "Yes," describe in Part IV.		Jan		<u> </u>	-1(0)
		anization is exempt und			_)(3).
	Enter the amount directly expended	, , ,	•		▶\$	
	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	. .	
	exempt function activities				▶\$	
	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	- ;		
	ine 17b			•	> \$	
	Old the filing organization file Form					☐ Yes ☐ No
	Enter the names, addresses and en			-		• •
	For each organization listed, enter t hat were promptly and directly deli	,	J		•	
	PAC). If additional space is needed	• • •		sparate segregated tu	iu oi a	political action continuites
<u> </u>		•		(d) Amount poid	from:	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received and
				funds. If none, ent		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
		 				

932041 02-04-10

LHA

2.2

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL PUBLIC EDUCATION SUPPORT FUND 26-3015634 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group. B Check if the filing organization checked box A and "limited control" provisions apply. (b) Affiliated group (a) Filing **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) 0 c Total lobbying expenditures (add lines 1a and 1b) 529,880. d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) 529,880. 104,482. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 26,121 g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (c) 2008(d) 2009 (a) 2006 (b) 2007 (e) Total (or fiscal year beginning in) 1,000. 104,482. 105,482. 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 158,223. 0 . c Total lobbying expenditures 250. 26,121. <u> 26,371.</u> d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) 39,557.

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

0.

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL PUBLIC EDUCATION SUPPORT FUND 26-3015634 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? 	Yes	No		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			Amo	ount
or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				_
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_			
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1:				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		4-1		
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
			Yes	Γ
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
"Yes." Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
		2a		
•				
a Current year		2b		
•		<u> </u>		
a Current year b Carryover from last year		2b		
 a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	ess	2b 2c		
 a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 		2b 2c		
 a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b 2c		
 a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p 		2b 2c 3		

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		UCATION SUPPORT FUND	26-3015634
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	l)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		or Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service, pro	ovide 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		ın, provide
	the following amounts required to be reported under SFAS	116 relating to these items.	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02**-**01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 NATIONA	L PUBLIC E	DUCA	TION	SUPPORT	_ FUN	D	26-30	1563	4 P	age 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical 1	reasures,	or Oth	er Simi	lar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of th	e following tha	at are a s	significant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	C	. 🗀	Loan or ex	xchange progr	ams					
b	Scholarly research	•	• 🗀	Other		_					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further	r the organizat	ion's exe	empt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical tre	easures, or oth	ner simıla	ar assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızatıon's	collection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	lete if org	janization	answered "Ye	s" to Fo	rm 990, P	art IV, line	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	ons or other a	ssets no	t included	ı	_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
							<u> </u>		Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						1d	ļ			
e	Distributions during the year						1e_				
f	Ending balance .						1f	<u> </u>			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?					. L	」 Yes	L	No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to F	Form 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back_
1a	Beginning of year balance								ļ <u> </u>		
b	Contributions .	<u> </u>							l		
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								ŀ		1
	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 >	%									
С		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held	l and administ	ered for	the organ	ızatıon	ſ		
	by:									Yes	No
	(i) unrelated organizations	•							3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ıı), are the related organization	•						•	3b		
Ba:	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				OO Dowl V line	10					
Гаі		 							(D D		
	Description of investment	(a) Cost or obasis (invest			st or other is (other)	1	Accumulat opreciation		(d) Boo	k value	ə ——
1a	Land					L					
b	Buildings .								 ,		
С	Leasehold improvements .					L					
d	Equipment										
е	Other			L		L					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pari	t X, colur	nn (B), line	€ 10(c).)			<u> </u>			0.

Schedule D (Form 990) 2009

Schedule D	(Form 990) 2009 NATIONAL	PUBLIC	EDUCATION	N SUPPORT	FUND	26-3015634 Page 3
-	Investments - Other Securities.	See Form 99	0, Part X, line 12.			
(a)	Description of security or category (including name of security)	(b) E	Book value	C	(c) Method of vost or end-of-year	
Financial der	ivatives .					
-	equity interests					
Other						
						
						
						
						
T-4-1 (O-1 (b)						
Part VIII	must equal Form 990, Part X, coi (B) line 12.) Investments - Program Related	Soo Form 0	00 Part V Irac 13	-	···	
_	· —	-) .	(c) Method of v	
((a) Description of investment type	(b) E	Book value	C	ost or end-of-year	
				··		
						
		-		· · · · · · · · · · · · · · · · · · ·	_	
		- -			· 	
						· · · · · · · · · · · · · · · · · · ·
Total. (Col (b)	must equal Form 990, Part X, col (B) line 13.)	>				
Part IX	Other Assets. See Form 990, Part X,					
		(a) Description	n			(b) Book value
						
				 -		
						
						
	4) 15 000 D 1V 1/D					
Part X	mn (b) must equal Form 990, Part X, col (B) Other Liabilities. See Form 990, Par			····		<u></u>
1.	(a) Description of liability	t A, III 10 25		(b) Amount		
Federal inco		·		·		
					4	
		· 			4	
					-	
		-		 	-	
					-	
Total (Colu	mn (b) must equal Form 990, Part X, col (B,) line 25)			1	
	potnote. In Part XIV, provide the text of the		ne organization's	financial statemen	ts that reports the	e organization's liability for
uncertain tax	x positions under FIN 48.					
932053 02-01-10						Schedule D (Form 990) 2009

	dule D (Form				C EDUCATI s from Form 9						3015634	Page 4
					s from Form 9	90 to Auc	ntea	Financi	ai Sta	tement		605
1		e (Form 990, Pa		• • •					1			607.
2		es (Form 990, P		• •				-	2			880.
3	Excess or (de	eficit) for the yea	ar. Subtract lin	e 2 from line 1			•	_	3		83	<u>,727.</u>
4	Net unrealize	ed gains (losses)	on investmen	ts				<u> </u>	4		<u> </u>	
5	Donated sen	vices and use of	facilities					_	5			
6	Investment e	expenses						L	6			
7	Prior period a	adjustments						<u> </u>	7			
8	Other (Descr	ribe in Part XIV)				•		L	8			
9	Total adjustr	nents (net). Add	lines 4 throug	h8 .	•				9			0.
10 Par					ents. Combine line I Financial Sta		With		10 Je pel	r Return		727.
		e, gains, and oth		·			*****	71010110	ю ро.	1		607.
1											013	,007.
2		luded on line 1 b		n 990, Part VIII,	1110 12.	ا م	. 1					
a		ed gains on inve vices and use of				28						
b				•		2k	\neg			-		
C		of prior year gran	its			20						
d		ribe in Part XIV)				20	1			\dashv \downarrow \downarrow		0
е	Add lines 2a	Ū								2e	<u> </u>	<u> </u>
3		2e from line 1								3		607.
4		luded on Form 9				1	1					
а		expenses not inc	cluded on Forn	n 990, Part VIII,	line 7b	48						
b	•	nbe in Part XIV.)		•		4t	<u> </u>					•
C	Add lines 4a									4c		<u> </u>
5					90, Part I, line 12		\A/:AL	. F		5		607.
Pa					d Financial St	atements	VVICE	Expen	ses p			
1	·-	ses and losses p								1	549	<u>.880.</u>
2		luded on line 1 l		m 990, Part IX, I	ine 25:	1	1					
а		vices and use of	f facilities			28	_			_		
b	Prior year ad	ljustments				2t	<u> </u>			_		
С	Other losses					_20						
d	Other (Descr	ribe in Part XIV.)		•	•	_20	<u>t</u>			_		_
е	Add lines 2a	through 2d								2e		<u> </u>
3	Subtract line	2e from line 1								3	529	<u>,880.</u>
4		luded on Form 9		•		1	1					
а	Investment e	expenses not inc	cluded on Forr	n 990, Part VIII,	line 7b	48	3			_		
b	Other (Desci	ribe in Part XIV.)				4t	o					
C	Add lines 4a	and 4b								4c		0.
5 Do		ses Add lines 3 plemental Ir		nust equal Form	990, Part I, line 1	8.)				5	529	<u>. 880 .</u>
Com	plete this part	to provide the	descriptions re	•	II, lines 3, 5, and 9; les 2d and 4b Alse							4; Part
												·- <u>-</u>
	· · · · · · · · · · · · · · · · · · ·	<u></u>										
	 -											

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HEDULI	orm 990)
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OMB No 1545-0047

(Form 990)			Governments	Grents and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Staf	s, tes		2003	਼ , <u>ਨ</u>
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Par n 990.	rt IV, line 21 or 22.		Open to Public Inspection	ublic
Name of the organization	NATIONAL	PUBLIC ED	EDUCATION SUP	SUPPORT FUND				Employer identification number 26-3015634	number 5634
Part I General In	General Information on Grants and Assistance	nd Assistance							
1 Does the organiz	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?	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	ction X Yes	8
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	onng the use of grant	funds in the United	States		:		
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	res" to Form 990, Part	t IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	box if no one recipier	t received more th	an \$5,000. Use Pa	art IV and Schedule I-	1 (Form 990) if addition	nal space is needed	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Metrica of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
EDUCATION VOTERS INSTITUTE 11 DUPONT CIRCLE WASHINGTON DC 20036	INSTITUTE	20-4569015	501(C)(3)	250,000,	0			TO SUPPORT EFFORTS TO TRANSFORM THE US EDUCATION SYSTEM AND ENSURE THAT ALL CHILDREN	TO ND ILDREN
1									
									:
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations	:		••••		▲ ▲	
a	For Privacy Act and Paperwork Reduction Act Notice, see the Instruction Privacy Act and Paperwork Reduction Act Notice, see the Instruction (H)	IV FOR COLUMN		ons for Form 990. DESCRIPTIONS	ဟ			Schedule I (Form 990) 2009	990) 2009
032101 02-02-10				29	ı				

(f) Description of non-cash assistance 26-3015634 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (d) Amount of non-cash assistance NATIONAL PUBLIC EDUCATION SUPPORT FUND (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

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Page 2

LINE 2: THE PRESIDENT OF NPESF ALSO CHAIRS THE BOARD OF THE PRESIDENT PRESIDES OVER THE STRATEGIC PLANNING MEETINGS ARE HELD WITH THE EXECUTIVE DIRECTOR, CFO AND DEVELOPMENT OFFICER Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information PROCESS FOR EDUCATION VOTERS INSTITUTE AND ACTIVELY PARTICIPATES IN THE THE ONLY GRANTEE OF NPESF AND A SUPPORTED MONTHLY OF EDUCATION VOTERS INSTITUTE TO REVIEW FINANCIAL STATEMENTS AND REVIEW OF ITS PROGRAMS, BUDGETS AND PROPOSED ACTION PLANS. EDUCATION VOTERS INSTITUTE ORGANIZATION OF NPESF. H PART I SCHEDULE Part IV

THROUGH THE PRESIDENT'S ACTIVE INVOLVEMENT, HE IS ABLE TO PROJECTIONS.

MONITOR THE USE OF THE GRANT FUNDS.

932102 02-02-10

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Schedule (Form 990) 2009 NATIONAL PUBLIC EDUCATION SUPPORT FUND 26-3015634 Page 2 Part IV Supplemental Information
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION VOTERS INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EFFORTS TO TRANSFORM THE
US EDUCATION SYSTEM AND ENSURE THAT ALL CHILDREN RECEIVE AN EXCELLENT
EDUCATION.

.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,

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions

NATIONAL PUBLIC EDUCATION SUPPORT FUND 26-3015634

Questions Regarding Compensation Part I No Yes 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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. X 5a a The organization? Х 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 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 X 6a a The organization? X 6b b Any related organization? 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 X 7 not described in lines 5 and 6? If "Yes." describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

NATIONAL PUBLIC EDUCATION SUPPORT FUND

26-3015634

Page 2

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	(C)	(D)	(E)	(F)
(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 Form 990-EZ
	Θ	0	0	0	0	0	0	0
BOB WISE	(ii)	316,444.	0.	0.	0	0	316,444.	0
	(i)							
	(1)							
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	(ii)							
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

om 950)

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 PUBLIC EDUCATION SUPPORT FUND

Employer identification number 26-3015634

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION SYSTEM, PRIMARILY BY MAKING GRANTS TO ORGANIZATIONS WHICH ARE
COMMITTED TO ENSURING THAT ALL CHILDREN RECEIVE AN EXCELLENT EDUCATION.
THE SUPPORT FUND IS A TYPE I SUPPORTING ORGANIZATION UNDER IRC SEC.
509(A)(3), THAT IS OPERATED, SUPERVISED OR CONTROLLED BY EDUCATION
VOTERS INSTITUTE AND ALLIANCE FOR EXCELLENT EDUCATION, EACH OF WHICH IS
A PUBLIC CHARITY COMMITTED TO EDUCATIONAL REFORM AND EXEMPT FROM TAX
UNDER IRC SEC. 501(C)(3). THROUGH ITS GRANTMAKING AND OTHER
EDUCATIONAL ACTIVIES, THE SUPPORT FUND WILL HELP EDUCATION VOTERS
INSTITUTE AND ALLIANCE FOR EXCELLENT EDUCATION AND OTHER SIMILAR
ORGANIZATIONS ACCOMPLISH THEIR CHARITABLE PURPOSES OF STRENGTHENING
PUBLIC EDUCATION AND PREPARING HIGH SCHOOL GRADUATES FOR COLLEGE AND
BEYOND BY CONDUCTING RESEARCH AND PROMOTING PUBLIC PARTICIPATION IN THE
POLICY-MAKING PROCESS.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE EDUCATION FUNDER STRATEGY GROUP HAS BEEN CREATED BY LEADING
EDUCATION FOUNDATIONS TO PROVIDE AN ON-GOING MECHANISM TO COMMUNICATE
AND COLLABORATE WITH EACH OTHER AS WELL AS TO FACILITATE THE EXCHANGE
OF INFORMATION WITH NATIONAL POLICYMAKERS. THE GOAL IS TO HELP MAJOR
EDUCATION FOUNDATIONS OPTIMIZE THIS OPPORTUNITY FOR FEDERAL AND STATE
PUBLIC EDUCATION REFORM TO BENEFIT ALL CHILDREN ACROSS THE CONTINUUM

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FROM EARLY CHILDHOOD THROUGH ADULTHOOD.

TO SUPPORT EFFORTS TO TRANSFORM THE US EDUCATION SYSTEM, PRIMARILY BY

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

Schedule O (Form 990) 2009

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922-03-10

SCHEDULE O (Form 990)

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Supplemental Information to Form 990

Department of the Treasury

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 26-3015634 NATIONAL PUBLIC EDUCATION SUPPORT FUND MAKING GRANTS TO ORGANIZATIONS WHICH ARE COMMITTED TO ENSURING THAT ALL CHILDREN RECEIVE AN EXCELLENT EDUCATION. INCLUDING GRANTS OF \$ 250000. REVENUE \$ 0. **EXPENSES \$ 260333.** FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITH THE ORGANIZATION'S OUTSIDE PROFESSIONAL ADVISORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR AND PRINCIPAL OFFICER SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY. IF A CONFLICT ARISES, THE DISINTERESTED BOARD MEMBERS WILL DECIDE WHETHER THE TRANSACTION IS IN THE BEST INTEREST AND WHETHER IT IS FAIR AND REASONABLE. THE DISINTERESTED MEMBERS OF THE BOARD WILL DETERMINE WHETHER THE ORGANIZATION SHOULD ENTER INTO THE TRANSACTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. ► Attach to Form 990.

Employer identification number 26-3015634

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) NATIONAL PUBLIC EDUCATION SUPPORT FUND Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Direct controlling entity status (if section Public charity 501(c)(3)) <u>e</u> CINE 7 INE 7 **Exempt Code** section 501(C)(3) 501(C)(3) ਉ DISTRICT OF COLUMBIA Legal domicile (state or foreign country) DELAWARE TO EDUCATE THE PUBLIC ABOUT 11-3487339, 1201 CONNECTICUT AVENUE NW SUITE AND ADVOCACY ORGANIZATION THAT PROMOTES HIGH SCHOOL THE ALLIANCE IS A POLICY Pnmary activity THE NEED FOR PUBLIC EDUCATION REFORM EDUCATION VOTERS INSTITUTE - 20-4569015 ALLIANCE FOR EXCELLENT EDUCATION INC. Name, address, and EIN of related organization 901 WASHINGTON, DC 20036 WASHINGTON, DC 20036 11 DUPONT CIRCLE

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

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Schedule R (Form 990) 2009

Page 2

Schedule R (Form 990) 2009 NATIONAL PUBLIC EDUCATION SUPPORT FUND

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	-	Share of total Sincome	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ooration or '	Trust (Complete if t	the organization	on answered "Yes	" to Form 990, Pa	ırt IV, Ime 32	t because it h	ad one or more r	elated
(a) Name, address, and EIN of related organization	<u> </u>	Prir	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	of total	(g) Share of Pe end-of-year ov assets	(h) Percentage ownership
					:					
		- - - 					-			
					!					
932162 07-21-10			37					Sch	Schedule R (Form 990) 2009	90) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36,)

				⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions listed in Parts II-IV?			
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entrty		:	1	×
b Gift, grant, or capital contribution to other organization(s)			tb X	
c Gift, grant, or capital contribution from other organization(s)		:	⊢	×
			;	Þ
			P	4
e Loans or loan guarantees by other organization(s)	:	:	1e	×
			_	
f Sale of assets to other organization(s)			*	×
g Purchase of assets from other organization(s)		•	1	×
			ŧ	×
				>
Lease of racilities, equipment, of other assets to other organization(s)	:		=	4
i Lease of facilities, equipment, or other assets from other organization(s)			Ţ	
	: : : : : : : : : : : : : : : : : : : :		- ;	4 >
R retionnance of services of membership of lundraising solicitations for other organization(s)	::	:	¥	4:
Performance of services of membership of fundraising solicitations by other organization(s)	:	•	=	x :
m Sharing of facilities, equipment, mailing lists, or other assets	:::::::::::::::::::::::::::::::::::::::		ᄩ	×
n Sharing of paid employees			t.	×
				1
o Reimbursement paid to other organization for expenses	. :		10 X	
p Reimbursement paid by other organization for expenses			1p	×
q Other transfer of cash or property to other organization(s)	,		1	×
			-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ig covered relationships and tr	ansaction thresholds.		
Į				
(a) Name of other organization(s)		(b) Transaction type (a-r)	(c) Amount involved	p _{e/}
(1) EDUCATION VOTERS INSTITUTE		Д	250,000.	000
TO THE TANK THE TANK TO THE		((0
(2) ALLIANCE FOR EXCELLENT EDUCALTON INC.		0	33, (,000
(3)				
(4)				
(9)				
932163 02-04-10 38		Sche	Schedule R (Form 990) 2009	5009

26-3015634 Page 4.

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Schedule R (Form 990) 2009 NATIONAL PUBLIC EDUCATION SUPPORT FUND

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

VIII			5	3	6/	(0)	(4)
(a)	(e)		<u> </u>	(a)		6	
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-		Code V-UBI	General or managino
of entity		igi	organizations?	year assets	allocations?	of Schedule K-1	partner?
		country)	Yes No		Yes No		Yes No
							1
			_				
							_
							_
							- <u>-</u> -
							_
							_
							_

932164 02-04-10

Schedule R (Form 990) 2009

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

	nt of the Treasury evenue Service	► File a separate application for each return.				
● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.						
Part I	Automatic	3-Month Extension of Time. Only submit original (no copies needed).				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only						
	r corporations (includ come tax returns.	ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.is.gov/efile and click on e-file for Charities & Nonprofits.						
Type or	Name of Exemp	t Organization	Empl	oyer identifica	ation number	
print File by the		PUBLIC EDUCATION SUPPORT FUND	2	6-30156	34	
tue date for Number, street, and room or suite no. If a P.O. box, see instructions.						
Instruction	Kum See					
Fo	Check type of return to be filed (file a separate application for each return): X Form 990					
	DEBORAH LAYN ■ The books are in the care of ■ 3205 R STREET NW - WASHINGTON, DC 20007					
Telephone No. ▶ 202-338-4555 FAX No. ▶ 202-338-0229 If the organization does not have an office or place of business in the United States, check this box						
1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ▶ □ calendar year or ▼ tax year beginning APR 1, 2009 , and ending MAR 31, 2010						
2 lf t	his tax year is for les	s than 12 months, check reason: Initial return Final return	c	hange in acco	unting period	
	his application is for nrefundable credits.	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions	За	\$		
		Form 990-PF or 990-T, enter any refundable credits and estimated	Ja			
		clude any prior year overpayment allowed as a credit.	3b	\$		
		tine 3b from line 3a. Include your payment with this form, or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment System).				
Se	See instructions 3c \$ N/A					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions						
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)						

Form 8868 (Rev. 4-2009) Page 2					
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies needed).				
Type or Name of Exempt Organization	Employer identification number				
print NATIONAL PUBLIC EDUCATION SUPPORT FUND	26-3015634				
File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for 3.2.0.5 R. STREET NW	For IRS use only				
filing the return See Instructions WASHINGTON, DC 20007					
Check type of return to be filed (File a separate application for each return):	27.1.4.7.1				
Exercise type of return to be fined (rile a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed Form 8868.				
DEBORAH LAYN • The books are in the care of ▶ 3205 R STREET NW - WASHINGTON, DC 20007 Telephone No.▶ 202-338-4555 FAX No.▶ 202-338-0229					
If the organization does not have an office or place of business in the United States, check this box					
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	s is for the whole group, check this				
box . If it is for part of the group, check this box . and attach a list with the names and EINs of all	•				
4 I request an additional 3-month extension of time until FEBRUARY 15, 2011.					
5 For calendar year , or other tax year beginning APR 1, 2009 , and ending	MAR 31, 2010				
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					
THE ORGANIZATION IS AWAITING INFORMATION FROM THIRD PA	RTIES NECESSARY				
TO COMPLETE THE RETURN.					
8a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions.	8a \$				
b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.	8b \$				
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	8c \$ N/A				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification	8c \$ N/A				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.					
Signature ► ' Call White ► ATTORNEY	Date ► /// 4//7				
	Form 8868 (Rev. 4-2009)				