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Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

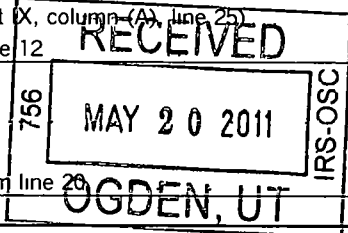
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Please use IRS label or print or type. See specific instructions. NATIONAL PERFORMANCE NETWORK 866 CAMP STREET NEW ORLEANS, LA 70156		D Employer identification number 06-1522546	
				E Telephone number (504) 595-8008	
				G Gross receipts \$ 1,216,973.	
		F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number			
J Website: WWW.NPNWEB.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1997		M State of legal domicile LA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>THE NATIONAL PERFORMANCE NETWORK IS A GROUP OF DIVERSE CULTURAL ORGANIZERS, INCLUDING ARTISTS, WORKING TO CREATE MEANINGFUL PARTNERSHIPS AND TO PROVIDE LEADERSHIP THAT ENABLES THE PRACTICE AND PUBLIC EXPERIENCE OF THE ARTS IN THE UNITED STATES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of employees (Part V, line 2a)	12
	6	Total number of volunteers (estimate if necessary)	15
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,223,301. Current Year 1,140,022.
	9	Program service revenue (Part VIII, line 2g)	89,348. 75,820.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,123. 1,131.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,324,772. 1,216,973.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,002,955. 1,185,138.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	620,862. 519,383.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) 117,949.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,074,264. 1,051,474.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,698,081. 2,755,995.
	19	Revenue less expenses Subtract line 18 from line 12	-1,373,309. -1,539,022.
	20	Total assets (Part X, line 16)	Beginning of Year 3,664,021. End of Year 2,112,349.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	271,704. 259,054.
	22	Net assets or fund balances Subtract line 21 from line 20	3,392,317. 1,853,295.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here MK Wignam Signature of officer President & CEO Type or print name and title	5/16/2011 Date



Paid Preparer's Use Only	Preparer's signature Kenneth J. Abney, CPA	Date 5/13/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 SILVA, GURTNER & ABNEY, CPA LLC 200-B GREENLEAVES BLVD MANDEVILLE, LA 70448-7018		EIN N/A	Phone no (985) 626-8299
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE NATIONAL PERFORMANCE NETWORK IS A GROUP OF DIVERSE CULTURAL ORGANIZERS, INCLUDING ARTISTS, WORKING TO CREATE MEANINGFUL PARTNERSHIPS AND TO PROVIDE LEADERSHIP THAT ENABLES THE PRACTICE AND PUBLIC EXPERIENCE OF THE ARTS IN THE UNITED STATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code: ☐) (Expenses \$ 1,296,370. including grants of \$ 675,664.) (Revenue \$)

THE RESIDENCY FUND PROVIDES A SUBSIDY TO PARTNER ORGANIZATIONS TO CONTRACT WITH PERFORMING OR VISUAL ARTISTS TO TRAVEL TO OTHER COMMUNITIES TO PERFORM OR EXHIBIT THEIR WORK.

4b (Code: ☐) (Expenses \$ 476,966. including grants of \$ 248,593.) (Revenue \$)

THE CREATION FUND WAS CREATED TO HELP SUBSIDIZE COMMISSIONING FEES AND RESIDENCY COSTS FOR ARTISTS CREATING NEW PERFORMING ARTS WORK.

4c (Code: ☐) (Expenses \$ 295,502. including grants of \$ 151,054.) (Revenue \$)

THE NATIONAL PERFORMANCE NETWORK CONVENES THE NPN/VAN PARTNERS AND ARTISTS AT AN ANNUAL MEETING AND FIVE MID-YEAR MEETINGS. THE ANNUAL MEETING INCLUDES WORKSHOPS, VIDEO SCREENINGS, PERFORMANCE SHOWCASES AND ARTISTS' DISCUSSION GROUPS. THE FIVE MID-YEAR MEETINGS INCLUDE A PARTNERS MEETING AND A WORKSHOP FOR LOCAL ARTISTS.

4d Other program services. (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 210,719. including grants of \$ 109,826.) (Revenue \$)

4e Total program service expenses ▶ 2,279,557.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its 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		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III</i>	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)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	99	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	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 provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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

	Yes	No
1 a Enter the number of voting members of the governing body	17	
1 b Enter the number of voting members that are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
10 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► NANETTE R. SAUCIER 900 CAMP STREET 2ND FLOOR NEW ORLEANS LA 70130 (504) 595-8008

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**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MAURICE TURNER DIRECTOR	1							700.	0.	0.
HUONG T. VU DIRECTOR	1							0.	0.	0.
TAMARA ALVARADO DIRECTOR	1	X						0.	0.	0.
ERIN BOBERG DOUGHTON DIRECTOR	1	X						0.	0.	0.
YOLANDA CESTA CURSACH DIRECTOR	1	X						0.	0.	0.
NICOLE GARNEAU SECRETARY	2	X		X				0.	0.	0.
VALLEJO GANTNER DIRECTOR	1	X						0.	0.	0.
GREG JACKSON DIRECTOR	1	X						0.	0.	0.
MARIA ROSARIO JACKSON CHARIMAN	2	X		X				0.	0.	0.
ARNIE MALINA DIRECTOR	1	X						0.	0.	0.
VICKI MEEK VICE CHAIRMAN	2	X		X				0.	0.	0.
TANYA MOTE TREASURER	2	X		X				0.	0.	0.
MEENA NATARAJAN DIRECTOR	1	X						0.	0.	0.
CYNTHIA OLIVER DIRECTOR	1	X						300.	0.	0.
JORDAN PEIMER EX-OFFICIO	2	X						0.	0.	0.
THOMAS REESE DIRECTOR	1	X						0.	0.	0.
MILDRED RUIZ DIRECTOR	1	X						100.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	7,300.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	293,490.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	839,232.			
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		1,140,022.			
PROGRAM SERVICE REVENUE		Business Code				
	2a <u>CONTRACT INCOME</u>	561000	61,606.	61,606.		
	b <u>TOUR INCOME</u>	900099	14,214.	14,214.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		75,820.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,131.			1,131.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,216,973.	75,820.	0.	1,131.	

Part IX Statement of Functional Expenses

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,040,318.	1,040,318.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	144,820.	144,820.		
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	78,969.	0.	78,969.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	345,898.	172,854.	102,147.	70,897.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	61,258.	27,827.	23,342.	10,089.
10 Payroll taxes	33,258.	15,107.	12,673.	5,478.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	52,646.	32,916.	15,246.	4,484.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	75,249.	49,843.	16,267.	9,139.
17 Travel	125,673.	89,432.	29,722.	6,519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,704.	35,524.	11,196.	984.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,751.	4,040.	2,386.	1,325.
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.)				
a <u>CONTRATORS/PROFESSIONAL FEES</u>	467,929.	415,041.	49,471.	3,417.
b <u>PROJECT ACTIVITIES</u>	220,966.	212,319.	8,129.	518.
c <u>COMMUNICATIONS</u>	26,200.	16,051.	6,506.	3,643.
d <u>PRINTING AND PUBLICATIONS</u>	14,687.	13,324.	1,305.	58.
e <u>POSTAGE AND SHIPPING</u>	12,231.	9,894.	1,095.	1,242.
f All other expenses	438.	247.	35.	156.
25 Total functional expenses. Add lines 1 through 24f.	2,755,995.	2,279,557.	358,489.	117,949.
26 Joint costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	72,332.	1	54,600.
	2 Savings and temporary cash investments	488,167.	2	141,801.
	3 Pledges and grants receivable, net	3,024,666.	3	1,788,839.
	4 Accounts receivable, net	31,374.	4	76,599.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,338.	9	22,179.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 53,043.		
	b Less: accumulated depreciation.	10b 34,112.	20,682.	10c 18,931.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,462.	15	9,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,664,021.	16	2,112,349.	
LIABILITIES	17 Accounts payable and accrued expenses	91,232.	17	69,671.
	18 Grants payable	180,472.	18	189,383.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	271,704.	26	259,054.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	-69,435.	27	-177,008.
	28 Temporarily restricted net assets	3,461,752.	28	2,030,303.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	3,392,317.	33	1,853,295.
34 Total liabilities and net assets/fund balances.	3,664,021.	34	2,112,349.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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?

b Were the organization's financial statements audited by an independent accountant?

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?

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

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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?

b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	4,473,264.	923,960.	5,652,278.	1,312,649.	1,215,842.	13,577,993.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	4,473,264.	923,960.	5,652,278.	1,312,649.	1,215,842.	13,577,993.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,934.
6 Public support. Subtract line 5 from line 4						13,551,059.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,473,264.	923,960.	5,652,278.	1,312,649.	1,215,842.	13,577,993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,998.	13,510.	10,243.	12,123.	1,131.	47,005.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV		28,285.				28,285.
11 Total support. Add lines 7 through 10						13,653,283.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	27.4 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**b 33-1/3 support test – 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 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-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. ☐

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Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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	%
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 <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
REIMBURSED EXPENSES				28,285.	
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 28,285.	\$ 0.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Financial Statements**

- Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

NATIONAL PERFORMANCE NETWORK

06-1522546

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

- 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

(a) Donor advised funds**(b) Funds and other accounts**

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??

☐ Yes ☐ No☐ Yes ☐ No**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year**a** Total number of conservation easements**2a****b** Total acreage restricted by conservation easements**2b****c** Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the tax year ►

- 4 Number of states where property subject to conservation easement is located ►

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?

☐ Yes ☐ No

- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►

\$

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, 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

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	53,043.		34,112.	18,931.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,931.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,216,973.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,755,995.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-1,539,022.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-1,539,022.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,216,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,216,973.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,216,973.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements.	1	2,755,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,755,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,755,995.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PERFORMANCE NETWORK

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States **SEE PART IV**

Part 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 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 ☐

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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
651 ARTS 651 FULTON STREET BROOKLYN, NY 11217	11-2956108	501 (C) (3)	6,182.	0.			RESIDENCY
7 STAGES 1105 EUCLID AVENUE ATLANTA, GA 30307	58-1372363	501 (C) (3)	9,497.	0.			RESIDENCY, CREATION FUND
ALVERNO PRESENTS 3400 S. 43RD STREET MILWAUKEE, WI 53234	39-0806263	501 (C) (3)	10,277.	0.			RESIDENCY
ARTSPOT PRODUCTIONS 6100 CANAL BLVD. NEW ORLEANS, LA 70124	72-1499547	501 (C) (3)	39,475.	0.			CREATION FUND
ASIAN ARTS INITIATIVE 1219 VINE STREET PHILADELPHIA, PA 19107	23-2827657	501 (C) (3)	15,469.	0.			RESIDENCY, CREATION FUND
AXIS DANCE COMPANY 1428 ALICE STREET #200 OAKLAND, CA 94612	94-3124377	501 (C) (3)	8,000.	0.			CREATION FUND
CARVER COMMUNITY CULTURAL CENTER 226 N. HACKBERRY STREET SAN ANTONIO, TX 78202	74-2480343	501 (C) (3)	10,088.	0.			RESIDENCY
CENTRAL DISTRICT FORUM P.O. BOX 22824 SEATTLE, WA 98122	91-1954917	501 (C) (3)	11,000.	0.			RESIDENCY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

69
0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CREATION FUND	12	107,739.			
RESIDENCY FUND	6	37,081.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

NPN/VAN PARTNERS COMPLETE AN ANNUAL SURVEY CERTIFYING THEY ARE IN COMPLIANCE WITH THE

AGREEMENTS THEY ENTER INTO WITH THE NATIONAL OFFICE AS WELL AS WITH THE ARTISTS

PRESENTED UNDER NPN CONTRACTS. PRESENTERS AND ARTISTS ARE ASKED TO COMPLETE FINAL

REPORTS AT THE END OF THE PROGRAM WHICH THE RECEIVED SUBSIDIES.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047
2009

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

**Open to Public
Inspection**

Name of the organization		Employer identification number					
NATIONAL PERFORMANCE NETWORK		06-1522546					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOUD EYE CONTROL 3130 ROWENA AVENUE #10 LOS ANGELES, CA 90027	26-3226324	501 (C) (3)	9,440.				RESIDENCY
COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN CHICAGO , IL 60605	36-6112087	501 (C) (3)	6,616.				RESIDENCY
CONTEMPORARY ARTS CENTER 900 CAMP STREET NEW ORLEANS, LA 70130	72-0798830	501 (C) (3)	26,670.				RESIDENCY
CONTEMPORARY DANCE THEATER INC. 1805 LARCH AVENUE CINCINNATI, OH 45224	23-7431573	501 (C) (3)	10,620.				RESIDENCY
CULTURAL ODYSSEY P.O. BOX 156680 SAN FRANCISCO, CA 94115	94-2955032	501 (C) (3)	14,620.				RESIDENCY, CREATION FUND
DANCE PLACE 3225 8TH STREET, NE WASHINGTON, DC 20017	52-1118504	501 (C) (3)	23,111.				RESIDENCY
DANCE THEATER WORKSHOP 219 W. 19TH ST. NEW YORK, NY 10011	13-6206608	501 (C) (3)	7,816.				RESIDENCY
DANCE THEATRE X 7926 GERMANTOWN AVE. 2ND FLOOR PHILADELPHIA, PA 19118	13-2678071	501 (C) (3)	11,000.				CREATION FUND
DANCE UMBRELLA/AUSTIN PO BOX 1323 AUSTIN, TX 78767	74-1931054	501 (C) (3)	12,500.				RESIDENCY
DIASPORA VIBE CULTURAL ARTS INCU 3938 NORTH MIAMI AVENUE MIAMI, FL 33127	02-0546537	501 (C) (3)	5,015.				RESIDENCY

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
NATIONAL PERFORMANCE NETWORK		06-1522546					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSE WORKS ARTSPACE							
1117 EAST FREEWAY							
HOUSTON, TX 77002	76-0035355	501 (C) (3)	17,492.				RESIDENCY
DIVINE RHYTHM PRODUCTIONS/ELKA S							
NEW YORK, NY 10019	59-3095423	501 (C) (3)	6,000.				CREATION FUND
DOVA INC.							
260 W. BROADWAY STE 4							
NEW YORK, NY 10013	13-2678071	501 (C) (3)	12,000.				CREATION FUND
EFFORTS OF GRACE							
1712 ORETHA CATLE HALEY BLVD.							
NEW ORLEANS, LA 70113	72-1266819	501 (C) (3)	15,218.				RESIDENCY
EL CENTRO SU TEATRO							
721 SANTA FE							
DENVER, CO 80204	74-2440659	501 (C) (3)	24,772.				RESIDENCY
EL TEATRO CAMPESENO							
705 FOURTH ST.							
SAN JUAN BAUTISTA, CA 95045	94-2214186	501 (C) (3)	10,000.				CREATION FUND
EVERY HOUSE HAS A DOOR, NFP							
1144 NORTH HOYNE AVE							
CHICAGO, IL 60622	94-3435623	501 (C) (3)	12,000.				CREATION FUND
FLORIDA DANCE ASSOCIATION, INC.							
111 SW 5TH AVE SUITE 202							
MIAMI, FL 33130	59-1760273	501 (C) (3)	12,000.				RESIDENCY
FLYNN CENTER FOR THE PERFORMING							
153 MAIN ST.							
BURLINGTON, VT 05401	03-0277052	501 (C) (3)	24,972.				RESIDENCY, COMMUNITY FUND
GUARDIANS OF THE FLAME							
1941 ALVAR STREET							
NEW ORLEANS, LA 70117	72-1492451	501 (C) (3)	11,210.				RESIDENCY

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047
2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
NATIONAL PERFORMANCE NETWORK		06-1522546					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC LOWER 9TH WARD COUNCIL PO BOX 770570 NEW ORLEANS, LA 70117	26-3471054	501 (C) (3)	8,949.				COMMUNITY FUND
INKBOAT 351 SHOTWELL AVE SAN FRANCISCO, CA 94110	26-1657623	501 (C) (3)	11,000.				CREATION FUND
JANE COMFORT AND COMPANY 55 N. MOORE STREET NEW YORK, NY 10013	13-3835811	501 (C) (3)	9,000.				CREATION FUND
JESS CUTRIS/GRAVITY DANCE 1310 MISSION ST. SAN FRANCISCO, CA 94103	68-0575118	501 (C) (3)	6,000.				CREATION FUND
JOHN MICHAEL KOHLER ARTS CENTER 608 NEW YORK AVE SHEBOYGAN, WI 53081	39-1085180	501 (C) (3)	12,000.				RESIDENCY
JUNEBUG PRODUCTIONS PO BOX 2331 NEW ORLEANS, LA 70176	72-1057381	501 (C) (3)	10,416.				RESIDENCY
LA PENA CULTURAL CENTER 3105 SHATTUCK AVE BERKELEY, CA 94705	94-2459560	501 (C) (3)	16,349.				RESIDENCY
LACE 6522 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	95-3397305	501 (C) (3)	5,513.				RESIDENCY
LEGION ARTS INC 1103 THIRD ST. SE CEDAR RAPIDS, IA 52401 LINKS HALL 3435 N. SHEFFIELD 2ND FLOOR CHICAGO, IL 60657	42-1154136	501 (C) (3)	12,937.				RESIDENCY
	36-3135652	501 (C) (3)	5,226.				RESIDENCY

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PERFORMANCE NETWORK

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING ARTS OF TULSA							
307 E. BRADY							
TULSA, OK 74120	23-7394502	501 (C) (3)	9,085.				RESIDENCY
MACLA							
510 S. FIRST ST.							
SAN JOSE, CA 95113	77-0251774	501 (C) (3)	12,463.				RESIDENCY
MASON/RHYNES							
PO BOX 5163							
CAPITOL HEIGHTS, MD 20791	52-2336178	501 (C) (3)	12,250.				CREATION FUND
MIAMI-DADE COMMUNITY COLLEGE							
300 NE 2ND AVE. SUITE 5501							
MIAMI, FL 33132	59-1210485	501 (C) (3)	5,250.				RESIDENCY
MULTI-CULTURAL EDUCATION AND COU							
1900 KANE ST.							
HOUSTON, TX 77007	74-2044904	501 (C) (3)	6,826.				RESIDENCY
MUSEUM OF CONTEMPORARY ART							
220 EAST CHICAGO AVE							
CHICAGO, IL 60611	36-6154098	501 (C) (3)	12,500.				RESIDENCY
MYRNA LOY CENTER							
15 N. EWING							
HELENA, MT 59601	51-0185430	501 (C) (3)	33,165.				RESIDENCY
NATIONAL ASSOC. OF LATINO ARTS							
1208 BUENA VISTA							COMMUNITY FUND
SAN ANTONIO, TX 78207	74-2581293	501 (C) (3)	40,000.				
ON THE BOARDS							
100 W. ROY STREET							
SEATTLE, WA 98119	91-1081983	501 (C) (3)	15,567.				RESIDENCY
OTHER GRANTS DISTRIBUTED							
UNDER \$5,000	MULTIPLE	501 (C) (3)	120,087.				VARIOUS

Employer identification number

06-1522546

OMB No 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

**Open to Public
Inspection**

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
NATIONAL PERFORMANCE NETWORK		06-1522546					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUT NORTH							
3800 DEBARR ROAD							
ANCHORAGE, AK 99508	92-0113286	501 (C) (3)	23,055.				RESIDENCY
OUTPOST PRODUCTIONS, INC.							
P.O. BOX 4543							
ALBUQUERQUE, NM 87196	85-0363945	501 (C) (3)	6,579.				RESIDENCY
PAINTED BRIDE ART CENTER							
230 VINE ST.							
PHILADELPHIA, PA 19106	23-1946391	501 (C) (3)	14,276.				RESIDENCY
PANGAEA WORLD THEATER							
711 WEST LAKE ST. SUITE 101							RESIDENCY, COMMUNITY FUND
MINNEAPOLIS, MN 55408	41-1854164	501 (C) (3)	6,295.				CREATION, COMMUNITY FUND
PAT GRANEY COMPANY							
925 E. THOMAS ST. STE. B							
SEATTLE, WA 98102	91-1480720	501 (C) (3)	19,000.				RESIDENCY
PERFORMANCE SPACE 122							
150 FIRST AVE.							
NEW YORK, NY 10009	13-3522283	501 (C) (3)	8,444.				RESIDENCY
PORTLAND INSTITUTE CONTEMPORARY							
224 NW 13TH AVE #305							
PORTLAND, OR 97209	93-1177971	501 (C) (3)	26,664.				RESIDENCY
RADIOHOLE							
294 MACON ST.							
BROOKLYN, NY 11216	06-1603899	501 (C) (3)	12,000.				CREATION FUND
REDCAT							
631 WEST 2ND STREET							
LOS ANGELES, CA 90012	95-6102146	501 (C) (3)	26,876.				RESIDENCY
ROSANNA/GAMSON WORLD WIDE INC							
343 LAVETA TERRACE							
LOS ANGELES, CA 90026	91-1986400	501 (C) (3)	10,000.				CREATION FUND

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Continuation Sheet for Schedule I (Form 990)

2009

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

**Open to Public
Inspection**

Name of the organization		Employer identification number					
NATIONAL PERFORMANCE NETWORK		06-1522546					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDGLASS THEATRE PO BOX 970 PUTNEY, VT 05346	04-3340533	501 (C) (3)	12,896.				RESIDENCY, COMMUNITY FUND
SKIRBALL CULTURAL CENTER 2701 N. SEPULVADA BLVD. LOS ANGELES, CA 90049	95-4538371	501 (C) (3)	6,391.				RESIDENCY, COMMUNITY FUND
SOUTH DALLAS CULTURAL CENTER 3400 S. FITZHUGH AVE. DALLAS, TX 75210	17-5600508	501 (C) (3)	7,313.				RESIDENCY, COMMUNITY FUND
STRATZ CENTER FOR THE PERFORMING 1010 N. W.C. MACINNES PL. TAMPA, FL 33602	59-2037085	501 (C) (3)	8,347.				RESIDENCY
THE THEATER OFFENSIVE 29 ELM ST. #2 CAMBRIDGE, MA 02139	04-3039900	501 (C) (3)	15,682.				RESIDENCY, COMMUNITY FUND
THIN MAN DANCE, INC. 140 SECOND AVE SUITE 501 NEW YORK, NY 10003	11-3400678	501 (C) (3)	14,000.				CREATION FUND
TIGERTAIL PRODUCTIONS, INC. 842 NW 9TH COURT MIAMI, FL 33136	59-1968705	501 (C) (3)	18,575.				RESIDENCY, COMMUNITY FUND
UNIVERSECITY THEATER NETWORK 2038 CICERO AVE BRONX, NY 10473	51-0461960	501 (C) (3)	7,040.				RESIDENCY
WALKER ART CENTER 1750 HENNEPIN AVE MINNEAPOLIS, MN 55405	41-0693929	501 (C) (3)	20,985.				RESIDENCY
WEXNER CENTER FOR THE ARTS 1871 N. HIGH ST. COLUMBUS, OH 43210	31-6025986	501 (C) (3)	11,769.				RESIDENCY

Open to Public Inspection

Name of the organization

NATIONAL PERFORMANCE NETWORK

Part	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government

WOMEN & THEIR WORK

1710 LACAVA

AUSTIN, TX 78710

74-1966689 501 (C) (3)

7,488.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545 0047

2009

**Open to Public
Inspection**

Name of the organization

NATIONAL PERFORMANCE NETWORK

Employer identification number

06-1522546

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE COMMUNITY FUND WAS ESTABLISHED TO ENHANCE COMMUNITY PERFORMING ARTS ACTIVITIES
INITIALLY FUNDED BY THE RESIDENCY OR CREATION FUND.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE CEO AND/OR COO REVIEW THE FORM 990 WHEN IT IS RECEIVED FROM THE TAX PREPARER.
THE FORM 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW. IF EVERYTHING
IS CORRECT, IT IS SIGNED AND MAILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

WHEN THERE IS AN ISSUE OR POLICY TO BE DISCUSSED, DIRECTORS AND EMPLOYEES ARE ASKED
TO DISCLOSE ANY CONFLICTS OF INTEREST TO THE ENTIRE GROUP. IF THE BOARD OR EMPLOYEES
DECIDE THAT A CONFLICT EXISTS, THE INDIVIDUAL WITH THE CONFLICT EXCUSES HIMSELF FROM
THE DECISION MAKING PROCESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NATIONAL PERFORMANCE NETWORK, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

NATIONAL PERFORMANCE NETWORK

Employer identification number

06-1522546

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number	
	NATIONAL PERFORMANCE NETWORK		06-1522546
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	SILVA, GURTNER & ABNEY, CPA LLC 200-B GREENLEAVES BLVD		
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	MANDEVILLE, LA 70448-7018		

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in care of _____
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 11.
- For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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 \$
8b 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 \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs ...	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 2/11/11

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

OMB No 1545-1709

► **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 . . . ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NATIONAL PERFORMANCE NETWORK	06-1522546
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	866 CAMP STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW ORLEANS, LA 70156	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **NANETTE R. SAUCIER**

Telephone No ► **(504) 595-8008** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 4-2009)