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# Form, **990**

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)

2009

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

Open to Public Inspection

A F	or the	2009 cal	endar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 2010</u>	
Bo	heck if	Please	C Name of organization	D Employer identifie	cation number
a	pplicable		NATIONAL SUMMER LEARNING ASSOCIATION,		
Г	Addres	- 1 labal a-	INC.		
F	Name	type	Doing Business As	26-3	356271
Η	_ichange _initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
$\vdash$	_ireturn □Termın	Cnanfa	·		
누	_lated  Ameno	Instruc-	800 WYMAN PARK DRIVE 110		710-1065
H	_lreturn ∏Applic	_ 1	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,406,322.
_	tion pendin	.a	BALTIMORE, MD 21211	H(a) Is this a group re	
	Pomen	F Nan	ne and address of principal officer.ROBERT SAFFOLD	for affiliates?	Yes X No
		800	WYMAN PARK DRIVE, SUITE 110, BALTIMORE	H(b) Are all affiliates inc	luded? Yes No
1	ах-өхө	empt statu	ıs: X 501(c) ( 3	If "No," attach a	list. (see instructions)
JV	Vebsit	e: <b>&gt;</b> WW	W.SUMMERLEARNING.ORG	H(c) Group exemption	n number 🕨
KF	orm of	organizatio	n: X Corporation Trust Association Other Ly	/ear of formation: 2008 N	
	art I	Summ			
	4		scribe the organization's mission or most significant activities. TO CONNE	CT AND EQUIP	SCHOOLS AND
ည	•		NITY ORGANIZATIONS TO DELIVER QUALITY S		
naī	2		s box In the organization discontinued its operations or disposed of r		
Ā				l l	
Ĝ	3		f voting members of the governing body (Part VI, line 1a)	3	6
ಠ	4		f independent voting members of the governing body (Part VI, line 1b)	4	6
ies	5		ber of employees (Part V, line 2a)	5	19
Ξ	6		ber of volunteers (estimate if necessary)	6	0
Ş	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Revenue GO Activities & Governance	) <b>b</b>	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.
Ę,	ľ			Prior Year	Current Year
بار. <u>2</u> 0	8	Contribut	ons and grants (Part VIII, line 1h)	22,450.	<u>3,170,903.</u>
	. 9	Program s	service revenue (Part VIII, line 2g)	42,197.	214,112.
<u>ي</u>	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	22.	291.
Œ_	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	719.	21,016.
<u> </u>	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,388.	3,406,322.
ᇤ			d similar amounts paid (Part IX, column (A), lines 1-3)	03,3001	90,000.
C			paid to or for members (Part IX, column (A), fine 4)		
				201,675.	1 500 652
Expenses	15		other compensation, employed benefits (Partitx Column (A), lines 5-10)	201,075.	1,590,653.
Ð.	поа		nal fundraising fees (Part IX, column (A), line 11e)		11,727.
, B	D	lotal fund	draising expenses (Part IX, column (D), line 25)		
_	1/		to t	85,917.	1,085,260.
			enses Add lines 13-17 (must equal Part.IX,-column (A), fine 25)	287,592.	2,777,640.
	19	Revenue	less expenses Subtradt line 18 from line 18,	<222,204.	> 628,682.
Net Assets or Fund Balances			0002	Beginning of Current Year	End of Year
aset	20	Total asse	ets (Part X, line 16)	15,032.	770,854.
\$ <del></del>	21	Total liabi	lities (Part X, line 26)	237,236.	364,376.
컆	22	Net asset	s or fund balances Subtract line 21 from line 20	<222,204.	> 406,478.
Pa	art II:	Signa	ture Block		
		Under pena	tities of perjury, I declare that I have examined this return, including accompanying schedules and statemente Declaration of preparer (otter than officer) is based on all information of which preparer has any knowless.	ents, and to the best of my knowled	ge and belief, it is true, correct,
		and comple	te Disclaration of preparer (otget than oniciar) is based on all information of which preparer has any knowl	eage /	
Sig	n		MAY XIMINA	1 1/21	/)
Her		Sigi	nature of officer	Date /	
1161	•	N DC	BERT SAFFOLD, COO/CFO	/ (	
			e or print name and title		
_			, Data	Check if Prepar	er's identifying number
Paid	d	Preparer'		self (see in:	er s identifying number structions)
Pre	parer's	Signature Firm's nam	1101111	employed	
	Only	yours if	RSM ACGUADREI, INC.	EIN ▶	
		self-employ address, ar	ad Director Mills Rolls, Bollis 300		
	_	ZIP + 4	RALEIGH, NC 27607-3625	Phone no. ▶ 9	<u> 19-781-1458</u>
Ма	y the II	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

	990 (2009) INC	26-335	6271	Page 2						
Pa	rt III Statement of Program Service Accomplishments									
1,	Briefly describe the organization's mission:									
	TO CONNECT AND EQUIP SCHOOLS AND COMMUNITY ORGANIZATIONS TO DELIVER									
	QUALITY SUMMER LEARNING PROGRAMS TO OUR NATION'S YO									
	THE ACHIEVEMENT GAP.									
				<del></del>						
2	Did the organization undertake any significant program services during the year which were not listed o	n								
_	the prior Form 990 or 990-EZ?		Yes	X 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 si	ervices?	Vec	X No						
•	If "Yes," describe these changes on Schedule O	J. V. C. C. S.								
4	Describe the exempt purpose achievements for each of the organization's three largest program service	as hy avnancas								
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an	• •								
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	iount or granto and								
	anocations to citatio, the total experiese, and totalide, it any, to each program corride reported.									
4a	(Code: ) (Expenses \$ 1,473,155. including grants of \$ 90,00	0 • ) (Revenue \$	230	543.)						
74	TO PROVIDE RESOURCES FOR HIGH QUALITY SUMMER LEARNI	, ,		J=J• ,						
	YOUTH. THIS OBJECTIVE WAS ACCOMPLISHED BY PROVIDIN			EST						
	PRACTICES, PROFESSIONAL DEVELOPMENT FOR EDUCATORS A									
	PROFESSIONALS, OUTREACH AND PUBLIC EDUCATION AND A									
	PUBLIC INVESTMENT IN SUMMER LEARNING OPPORTUNITIES.	VOICE FOR .	LINCINDA	<u>.0110</u>						
	TODDIC INVESTMENT IN DOMMEN DEALWING OFFORTONITIES.									
				-						
46	(Code) \/Evenness \$ maludum events of \$	\	· · · · · · · · · · · · · · · · · · ·							
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$		)						
	· · · · · · · · · · · · · · · · · · ·		_							
4c	(Code. ) (Expenses \$ including grants of \$	) (Revenue \$		)						
	<del></del>									
4d	Other program services. (Describe in Schedule O.)									
	(Expenses \$ including grants of \$ ) (Revenue \$	)								
4e	Total program service expenses ▶\$ 1,473,155.									
			Form 9	<b>90</b> (2009)						

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Form 990 (2009) INC.

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 .	1	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			!
	Part VI.	!		ļ
•	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.		l	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	•		;
Ť	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		ŀ	]
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	X	- 1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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	16		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	17		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	18	ļ	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	19	<del> </del>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	(2000)
		Form	22U	(2009)

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Form 990 (2009)

[Part IV] Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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		
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? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	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
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	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?			i
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
		Form	990	(2009)

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Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 16 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 19 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 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 За X 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 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 provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7**b 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 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Entera 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: Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

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

12a

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

Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body	1a	=.	6				
b	Enter the number of voting members that are independent	1b		6				
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?							
3	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?							
4	4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		<u>X</u>		
6	Does the organization have members or stockholders?			6		_X_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the	İ				
	governing body?			7a		<u>X</u>		
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year					
	by the following.							
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			7.5		
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>		
<del>26</del> C	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)					
40-	Dana the average have local sharters because of the tark			40-	Yes	No_X		
	Does the organization have local chapters, branches, or affiliates?	4		10a				
D	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapt	ers, aπiliates,	405				
44	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilına th	a form?	10b		Х		
11 11A		illing u	e ioiiii	'''				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	į		
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aw	e rise	120				
•	to conflicts?	ala giv	0.100	12b	х			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe					
_	in Schedule O how this is done	,		12c	Х			
13	Does the organization have a written whistleblower policy?	•		13	X			
14	Does the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv	al by II	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			ĺ	أ		
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	X	ļ		
	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		1			
	taxable entity during the year?			16a		X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-					ļ		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizat	ion's	ļ	ŀ	,		
	exempt status with respect to such arrangements?			16b	<u></u>			
Sec	tion C. Disclosure							
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 ff applicable), 990, and 990-	T (501	(c)(3)s only) availa	able for				
	public inspection. Indicate how you make these available. Check all that apply							
	Own website X 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, and fina	incial			
	statements available to the public	•						
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the orgai	nization:	<b>-</b>			
	BOB SAFFOLD - 919-710-1065 800 WYMAN PARK DRIVE, SUITE 110, BALTIMORE, MD 23	1211	1					
	OUU WIMAN PARR DRIVE, BUITE IIU, BAHTIMUKE, MD 🛭 🕹	L	L					

Form 990 (2009) INC. 26-3356271

# 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 Posi (check all t				I. A	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Dominion		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD TAGLE CHAIR	1 00	Ţ						0.	0.	0
DAN ANGLIN	1.00	^	├-			_			U •	0.
MEMBER	1.00	x						0.	0.	0.
BRANDILYN DUMAS		-						<u> </u>	•	
MEMBER	1.00	X	L		L		L	0.	0.	0.
RICH BERLIN										
MEMBER	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
MELISSA BAAL GUIDORIZZI			ŀ					_	_	_
MEMBER	1.00	X	<u> </u>	_	<u> </u>	<u> </u>		0.	0.	0.
JANE SUNDIUS	1 00									
MEMBER RONALD FAIRCHILD	1.00	X	-	<u>.</u>		<del> </del>		0.	0.	0.
CEO	40.00			x		1		106,815.	0.	0.
BOB SAFFOLD	30.00	$\vdash$	$\vdash$	A		$\vdash$		100,013.	•	
CFO	40.00			x				37,424.	0.	0.
						_				
	ļ	_	_			_				

Page 7

(A) Name and business address	(B) Description of services	(C) Compensation
RSM MCGLADREY, 1201 EDWARDS MILL ROAD, STE 300, RALEIGH, NC 27607	ACCOUNTING	110,589.
2 Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization	d above) who received more than	

_	990 (		<del>_</del>				26-3356	271 Page <b>9</b>
Pai	rt VII	Statement of Rever	nue	:	(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	b c d e f	All other contributions, gifts, gran similar amounts not included about	ts, and ve 1f	12,190. 1112381. 2046332.				
泛		Noncash contributions included in lines	1a-1r \$		2170002			
Ī	2 a	FEES FOR SERVICE REGISTRATION FE		Business Code 611710 611430	3170903. 209,737. 4,375.	209,737. 4,375.		- 4
Program Service Revenue	c d e	REGISTRATION FE	<u> </u>	011430	4,373.	4,3/5.		
ا تة	f	All other program service reve	enue					· · ·
	a	Total. Add lines 2a-2f		<b>•</b>	214,112.		-	
	3	Investment income (including other similar amounts) Income from investment of tax	·	est, and	291.			291.
	5	Royalties		<b>•</b>	4,585.	4,585.		
		. ioyailioo	(i) Real	(II) Personal	- 4,505.	<u> </u>		
	6 a b c	Less: rental expenses	9,265. 9,265.	1,735.		*		· ·
	d	Net rental income or (loss)			11,000.	11,000.	7	
		Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses	(i) Securities	(ii) Other	,			
		Gain or (loss) Net gain or (loss)		<b>&gt;</b>	- •	. ~ ~ ~		
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c) See			•		
ਙ		Less direct expenses	, b	L		-		-
		Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	•		менто и Ничева, у том по по приводения по	ALLER SEE THE SEE SEE		
		Less. direct expenses	b	<u>L</u>	-			
		Net income or (loss) from gam	-					
		Gross sales of inventory, less and allowances	а					
		Less: cost of goods sold	b	L				
ŀ	<u>c</u>	Net income or (loss) from sale		<b>_</b>	3,356.	3,356.		<del></del>
		Miscellaneous Revenu MISCELLANEOUS	19	Business Code 611710	2,075.	2,075.		-
	b		· · · · · · · · · · · · · · · · · · ·				<del> </del>	<del></del>
	c	Att - Al						
	d	All other revenue		<u> </u>	2 255			-
į		Total. Add lines 11a-11d			2,075.	025 400		
93200	<u>12</u>	Total revenue. See instructions.	•		3406322.	235,128.	0.	291.
02-04	-10							Form <b>990</b> (2009)

## Part IX | Statement of Functional Expenses

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

	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	90,000.	90,000.		
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 5	Benefits paid to or for members  Compensation of current officers, directors,				
6	trustees, and key employees  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 salanes and wages	1,186,728.	779,920.	334,538.	72,270.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,257.	95,558.	24,500.	9,199.
9	Other employee benefits	188,360.	127,917.	48,325.	12,118.
10	Payroll taxes	86,308.	59,354.	22,351.	4,603.
11	Fees for services (non-employees).				
а	· · ·	40 615		40 645	
Ь	Legal	49,617.		49,617.	
C	Accounting	146,309.		146,309.	
d	, , , , , , , , , , , , , , , , , , ,	11 707			11 777
e	Professional fundraising services. See Part IV, line 17	11,727.			11,727.
f	Investment management fees	272 021	142 944	120 077	
9		272,821. 34,465.	142,844. 4,128.	129,977.	•
12	Advertising and promotion	15,332.	398.	30,337. 14,934.	
13 14	Office expenses Information technology	108,909.	26,412.	82,497.	
15	Royalties	100,000.	20,412.	02,431.	
16	Occupancy	96,352.		96,352.	
17	Travel	163,857.	121,625.	21,333.	20,899.
18	Payments of travel or entertainment expenses	20370371	121/0231	22/333.	20,033.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,085.	15,322.	2,724.	2,039.
20	Interest	135.		135.	
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	38,230.		38,230.	
23	Insurance	12,172.		12,172.	
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	SUPPLIES	60,099.	6,493.	53,370.	236.
b		43,751.	513.	43,221.	17.
C	PRINTING AND COPYING	11,179.	2,166.	8,946.	67.
d		7,337.	505.	6,832.	
е	BANK FEES	4,610.		4,610.	
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,777,640.	1,473,155.	1,171,310.	133,175.
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			1	

Form 990 (2009)

INC.

Part X | Balance Sheet (A) (B) Beginning of year End of year 212 66,289. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 7,220. 2 <u>309,021.</u> 75,000. Pledges and grants receivable, net 3 Accounts receivable, net 4 58,931. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 100. 5 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 Notes and loans receivable, net 7 29,328. Inventories for sale or use 8 7,500. 61,375 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 90,207 basis. Complete Part VI of Schedule D 10a 18,550 0. 71,657. b Less. accumulated depreciation 10b 10c 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 90,898. Intangible assets 14 14 0. 8,355. Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 15,032. 770,854. 16 16 222,236 330,240. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 28,880. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 24 15,000. 5,256. 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities, Add lines 17 through 25 237,236. 26 364,376. Organizations that follow SFAS 117, check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. <222,204 <294,295.> 27 Unrestricted net assets 700,773. 28 Temporanty restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 <222,204.>33406,478. 33 Total net assets or fund balances 15,032 770,854. Total liabilities and net assets/fund balances

Form **990** (2009)

26-3356271 Page 11

Form	990 (2009) INC. 26-3	356271	Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		<u> </u>	· '
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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
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.	3b	}	

Form **990** (2009)

#### **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.

20047

Open to Public Inspection

Name of the organization NATIONAL SUMMER LEARNING ASSOCIATION, **Employer identification number** INC. 26-3356271 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II d Type III - Other c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

Schedule A (Form 990 or 990-EZ) 2009 INC .

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 any "unusual grants") 22,450 3,170,902 3,193,352, 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 22,450. 4 Total, Add lines 1 through 3 3,170,902 3,193,352. 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) 6 Public support. Subtract line 5 from line 4 3 193 352. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 22,450 7 Amounts from line 4 3,170,902 3,193,352. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 741 291 1,032. and income from similar sources 9 Net income from unrelated business activities, whether or not the 4,585 4,585. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 3,198,969, 272,739. 12 Gross receipts from related activities, etc. (see instructions) 12 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  $\triangleright \mathbf{X}$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 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 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

26-3356271 Page 2

Section A. Public Support	<del></del>	<del></del>	<u> </u>	T	<del></del>	·
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					:	, ,
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				1		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons						
from other than disqualified persons that exceed the greater of \$5,000 or 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)						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
iOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						-
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here section C. Computation of Public	c Support Pe	ercentage		<del>.</del> -		<u>▶</u> [.
5 Public support percentage for 2009 (III			column (fl)		15	
6 Public support percentage from 2008		•	· - · <del>- · · · · · · · · · · · · · · · ·</del>		16	
ection D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·		1.0 1	
7 Investment income percentage for 200					17	
IN Investment income percentage from 2			116 10, COIUITIN (I))		18	
· · · · · · · · · · · · · · · · · · ·		•	on line 14 and lin	o 16 io mara tha-	\	17 is not
19a 33 1/3% support tests - 2009. If the	-					i7 is not ► [
more than 33 1/3%, check this box an	•	- ,	•	•		▶١
b 33 1/3% support tests - 2008. If the	-					
line 18 is not more than 33 1/3%, chec			•		•	₽ļ
20 Private foundation. If the organization	n did not check a	ı box on line 14, 19	a, or 19b, check t	this box and see i	nstructions .	. <b>▶</b> l

# 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.

Open to Public Inspection

NATIONAL SUMMER LEARNING ASSOCIATION, Name of the organization INC.

**Employer identification number** 26-3356271

Par	I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	<del>9</del> 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 adv	rised funds
	are the organization's property, subject to the organization's	<del>-</del>	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization	*** * * * * * * * * * * * * * * * * *	
	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat		ortified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n 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	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		he organization during the tax
	year >	,,,,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	<del></del>	- f
	violations, and enforcement of the conservation easements i	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • •	
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.		•
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	<u> </u>		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	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 ball	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		_
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	cial gain, provide
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

	TILL .							Page Z
Par	7 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
3.	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a significant u	se of its o	collection	rtems
	(check all that apply).							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's e	exempt purpos	se in Part	XIV.	
5	During the year, did the organization solicit o			•				
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran				Form 990, Par	t IV, line !		
	reported an amount on Form 990, Par		J		ŕ	,	•	
1a	Is the organization an agent, trustee, custodi		liary for contributio	ns or other assets	not included			
	on Form 990, Part X?		,				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.			<u> </u>		
-	you, onplant the analygoment in year in	aa oop.o.oo					Amount	
С	Beginning balance				1c		Allount	-
	Additions during the year	•			1d		•	
•	Distributions during the year					-		-
f	Ending balance				1e			
	Did the organization include an amount on Fi	orm 000 Bort V line	212		1f		Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		211			L	」 tes	L NO
Par			owarad "Vaa" ta Er	orm 000. Boot IV Jun	20.10			
, a	Endownione Fands. Complete	_				asa baak	(-) Faur	baal.
	Deciman of wear belones	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars dack	(e) Four y	ears back
1a	Beginning of year balance			1 3 × ×	,			
Þ	Contributions			<u> </u>	<del>-</del>			
C .	Net investment earnings, gains, and losses			<del></del>	<del></del>		*	
d	Grants or scholarships			ν,	12.			
е	Other expenditures for facilities			3			*	
_	and programs			`******	<b>-</b>			
f	Administrative expenses				<u> </u>	* ,;;		
g	End of year balance			v , *^*,* *			L <u> </u>	
2	Provide the estimated percentage of the year	r end balance held a						
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
		%						
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered f	or the organiza	ation	_	
	by.							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
þ	If "Yes" to 3a(II), are the related organization:	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment funds.					
Pai	t VI. Investments - Land, Building	gs, and Equipm	ent. See Form 99	0, Part X, line 10.				
	Description of investment	(a) Cost or o	1 , ,	1 .	:) Accumulaté	<b>.</b>	(d) Book	value
		basis (investi	ment) basis	s (other)	depreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements			1,125.	21	L9.		906.
d	Equipment		(	62,728.	15,19	4.	47	,534.
е	Other			26,354.	3,13	37.	23	,217.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part			-		71	.657

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 INC.			26-3356	271 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line			
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value		) Method of valuation: or end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
	,			
			·	
_		_		
<del></del>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13.		
(a) Description of investment type			) Method of valuation:	
(a) Description of investment type	(b) Book value	Cost	or end-of-year market value	
				•
			•	
		1	•	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, I				
	(a) Description		(b) E	Book value
<u> </u>				
	<del></del>	<u> </u>		
<u> </u>				
Total. (Column (b) must equal Form 990, Part X, col (B)		<del></del>	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part	X, line 25			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
OTHER LIABILITIES		5,256.		
<del></del>				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25 )	5,256.		
2. FIN 48 Footnote In Part XIV, provide the text of the	footnote to the organization	on's financial statements th	hat reports the organization	's liability for
uncertain tax positions under FIN 48.			· • •	
932053 02-01-10			Schedule D (	Form 990) 200

Sche	dule D (Form 990) 2009 INC.						3356271	Page 4
Pa	t XI . Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fina	ncial S	State	ment	:s	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)			1			3,406	<u>,322.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			2,777	<u>,640.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			628	<u>,682.</u>
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7			<42	<u>,499.</u> >
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9				<u>,499.</u> :
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10				<u>,183.</u>
Pai	t XII   Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Reve	enue p	er R	eturn		
1	Total revenue, gains, and other support per audited financial statements					1	3,356	<u>,322.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	i					
а	Net unrealized gains on investments	_2a	ļ					
b	Donated services and use of facilities	2b	<del> </del>					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d	<u> </u>					•
е	Add lines 2a through 2d					2e	2 256	0.
3	Subtract line 2e from line 1					3	3,356	<u>,322.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	ı					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	+	<u> </u>				
b	Other (Describe in Part XIV)	_4b		50,0	00.	<b>∤</b> .	F.0	000
C	Add lines 4a and 4b					4c		<u>,000.</u>
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem	onte	With Evn	Ancor	. nor	5 Potu	3,406	,344.
		GIILS	with Exp	011303	y per		2,770	120
1	Total expenses and losses per audited financial statements					1	2,110	,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	1					
a		2a 2b	Ì			1		
	Prior year adjustments Other losses	2c		···-		1		
c d	Other (Parasite of Parasity)	2d	1			1		
e	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	2,770	.139.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							<u>, = = = :</u>
· a	investment expenses not included on Form 990, Part VIII, line 7b	4a	1					
	Other (Describe in Part XIV)	4b	T	7.5	01.	1		
	Add lines 4a and 4b		•			4c	7	,501.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	2,777	
	rt XIV Supplemental Information	•	•					
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines	1a and 4, f	Part IV,	lines 1	b and	2b, Part V, line	4; Part
X, lir	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete th	nis part to p	rovide a	ny ad	ditiona	I information	
PA	RT XII, LINE 4B - OTHER ADJUSTMENTS:							
PR	IOR PERIOD ADJUSTMENT PER AUDIT : 50000.							
		_						
PA	RT XIII, LINE 4B - OTHER ADJUSTMENTS:							
PR	IOR PERIOD ADJUSTMENT PER AUDIT: 7501.							
								· · -

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009
2009
Open to Public inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

**2** Schedule I (Form 990) 2009 Employer identification number 26-3356271 (h) Purpose of grant or assistance X Yes ENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT 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 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 30,000 30,000 30 000 NATIONAL SUMMER LEARNING ASSOCIATION, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501(c)(3)501(C)(3) Enter total number of section 501(c)(3) and government organizations 23-2728467 93-0757378 04-3182053 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization CHARTER SCHOOL - 1231 NORTH BROAD STREET, 5TH FLOOR - PHILADELPHIA, OPEN MEADOW ALTERNATIVE SCHOOLS PHILADELPHIA YOUTH FOR CHANGE or government DORCHESTER, MA 02122 Name of the organization THE BELL FOUNDATION PORTLAND, OR 97217 60 CLAYTON STREET 7621 N WABASH PA 19122 Part Part

Page 2

26-3356271

INC.

Schedule I (Form 990) 2009 INC.

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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	part to provid	e the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: I	EACH GI	EACH GRANT HAS	A PROJECT	MANAGER TI	PROJECT MANAGER THAT RECEIVES	
MONTHLY REPORTS FROM GRANTEE ORGANIZATIONS	ORGAN	IZATIONS				
932102 02-02-10			i	į		Schedule I (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Employer identification number 26-3356271

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO OUR NATION'S YOUTH TO HELP CLOSE THE ACHIEVEMENT GAP.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE
COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER MUST SIGN AND
UPDATE THEIR CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S NATIONAL
ADVISORY BOARD CONDUCTS A THOROUGH REVIEW AND BENCHMARKING OF COMPENSATION
LEVELS FOR THE ORGANIZATION, INCLUDING A REVIEW OF 990S OF LOCAL SUMMER
LEARNING PROGRAM PROVIDERS, NATIONAL YOUTH ORGANIZATIONS, AND NON-PROFITS.
ADDITIONALLY, AS A REFERENCE POINT FOR THE COMPENSATION LEVELS OF THE
ENTIRE LEADERSHIP TEAM, GUIDESTAR WAS USED TO COMPILE SALARY INFORMATION
FOR KEY EMPLOYEES IN ORGANIZATIONS WITH SIMILAR MISSIONS AND GEOGRAPHY.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 26-3356271 OMB No 1545-0047 Direct controlling 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 status (if section 501(c)(3)) Public charity **e** <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section Ð ਉ 501(C)(4) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MARYLAND NATIONAL SUMMER LEARNING ASSOCIATION, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ► Attach to Form 990. IMPROVE SUMMER LEARNING SCHOOLS/ORGANIZATIONS Primary activity Primary activity TO HELP SUMMER LEARNING ADVOCATES - 26-3356774 Name, address, and EIN Name, address, and EIN of related organization 800 WYMAN PARK DRIVE SUITE 110 of disregarded entity Name of the organization BALTIMORE ND 21211 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) PartII Part

NATIONAL SUMMER Schedule R (Form 990) 2009 INC.

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) Part III

Page 2

26-3356271

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 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.) Ξ Code V-UBI amount in box 7 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp., S corp., or trust) e Share of total income (d)
.| Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Direct controlling entity Primary activity **©** Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 07-21-10 Part IV

# NATIONAL SUMMER LEARNING ASSOCIATION,

Schedule R (Form 990) 2009

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

All As Commission of a contraction to lead in Dorde II II or IV of this school ile		_	Yes No	ء ا
NOTE: Compared file 1 into printy is listed in Tails 1, 11, of 14 of 18		'	<b>_</b>	.
1 Dufflig the tax year, and the Organization engage in any or the following transactions with one or more related organizations in the controlled entity.		4	×	١.,
a neception (i) interest (ii) annothed (iii) to parties of (iv) to partie of the control of the		2	×	J.,
		15	×	
		1d	×	
		1e	×	١ا
f Sale of assets to other organization(s)		14	×	
a Purchase of assets from other organization(s)		19	×	۱. ا
		ŧ	×	١ا
		Ę	×	
j Lease of facilities, equipment, or other assets from other organization(s)		<b>-</b>	×	!
k Performance of services or membership or fundraising solicitations for other organization(s)		*	×	
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	۱.
m Shanng of facilities, equipment, mailing lists, or other assets		Ē	×	- 1
n Sharing of paid employees		=	×	- 1
o Reimbursement paid to other organization for expenses		9	×	١ا
p Reimbursement paid by other organization for expenses		4	×	
		^		- 1
<b>q</b> Other transfer of cash or property to other organization(s)		4	×	
r Other transfer of cash or property from 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.	n thresholds.			- 1
(a) Name of other organization(s) Transa type (b)	(b) Transaction type (a-r)	(c) Amount involved	olved	1
(1) SUMMER LEARNING ADVOCATES	U	966	996,612.	•

7,837.

Σ

(2) SUMMER LEARNING ADVOCATES

(3) SUMMER LEARNING ADVOCATES

(4) SUMMER LEARNING ADVOCATES

87,481.

Z

19,539.

0

9

Schedule R (Form 990) 2009

26-3356271 Page 4

NATIONAL SUMMER LEARNING ASSOCIATION,

Schedule R (Form 990) 2009 I

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

Schedule R (Form 990) 2009 Yes No General or managing partner? Code V-UBI amount in box 20 of Schedule K-1 – (Form 1065) Dispropor-tionate allocations? Yes Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes ਉ Legal domicite (state or foreign country) Primary activity Name, address, and EIN of entity

932164 02-04-10