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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning

and ending JUN 30, 2011

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
_	Address	NATIONAL SUMMER LEARNING ASSOCIATION,			
누	lchange Name	INC.		26.2	25,6071
늗	change linitial	Doing Business As	D		356271
F	iretum _}Termin-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 110	E Telephone number	710-1065
누	_Jated ∏Amendo		110		
┝	⊥lreturn ∏Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	7,708,163.
<u> </u>	Ltion pending			H(a) Is this a group re for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	Toyovo	mpt status:	or 527	4 `´	luded?Yes No list. (see instructions)
		HIST STATUS. (A) 501(c)(3) (1) 501(c)(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	01 327	H(c) Group exemption	· ·
		organization: X Corporation Trust Association Other	I Vaar	 	State of legal domicile: MD
		Summary	Litai	oriorination. 2000; N	1 State of legal dominicile. 1412
_		Briefly describe the organization's mission or most significant activities TO C	ONNECT	מדווסם תוא י	SCHOOLS AND
Governance		COMMUNITY ORGANIZATIONS TO DELIVER QUALI			
nar	1 -	Check this box I if the organization discontinued its operations or dispo			
Š		lumber of voting members of the governing body (Part VI, line 1a)	Sea of more	3	7
Ĝ	1	lumber of voting members of the governing body (Fart VI, line 1a)			7
త	1		-	4	29
Š	l .	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
Activities &	1	otal number of volunteers (estimate if necessary)		6	0
Ą	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	<u> b1</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Contributions and grants (Part VIII, line 1h)	<u> </u>	Prior Year	Current Year
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)		3,170,903.	7,149,711.
Š	9 F	Program service revenue (Part VIII, line 2g)		214,112.	<u>523,712.</u>
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and dig 2 2012		291.	3,682.
—	11 (nvestment income (Part VIII, column (A), lines 3, 4, and 3 2 2 117 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,016.	29,636.
		otal revenue - add lines 8 through 11 (must equal Part VIII-column (A), line 12)		3,406,322.	7,706,741.
		Grants and similar amounts paid (Part IX, column (A), lines 1:3)		90,000.	4,919,759.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. [0.	0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,590,653.	1,486,327.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		11,727.	0.
ğ	ь-	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,085,260.	1,152,907.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,777,640.	7,558,993.
	19	Revenue less expenses Subtract line 18 from line 12	-	628,682.	147,748.
Net Assets or	3		Re	eginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)		770,854.	848,605.
ASS	21	Fotal liabilities (Part X, line 26)		364,376.	294,379.
ē	22	Net assets or fund balances Subtract line 21 from line 20	-	406,478.	554,226.
Ē	art II	Signature Block		400,470.	JJ4,240.
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule	no and states	and to the best of m	u knowledge and helief it is
		, and complete. Declare that i have examined this return, including accompanying scheduli			y knowledge and bellet, it is
truc	e, correc	, and complete, beclaration of preparer (other than officer) is based on an information of w	mich prepare	1 has any knowledge.	-12
		Signature of officer		Date	12
Sig		•		Date	
He	re	PAMELA FRANCO, CFO Type or print name and title			
_	-			Date Check	TI DTIN
_		Print/Type preparer's name Preparer's signature			PTIN
Pai		CHERYL RHEW Chary! Khe	w	21412 self-employe	ed
	parer	Firm's name MCGLADREY & PULLEN, LLP		Firm's EIN	
Us	e Only	Firm's address ▶ 1201 EDWARDS MILL ROAD SUITE 3	00		
_		RALEIGH, NC 27607-3625		Phone no. 9	<u> 19-781-1055</u>
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2010)

Form 990 (2010) 26-3356271 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO CONNECT AND EQUIP SCHOOLS AND COMMUNITY ORGANIZATIONS TO DELIVER QUALITY SUMMER LEARNING PROGRAMS TO OUR NATION'S YOUTH TO HELP CLOSE THE ACHIEVEMENT GAP. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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.) (Expenses \$ 6,595,098. including grants of \$ 4,919,759.) (Revenue \$ 552,210.) TO PROVIDE RESOURCES FOR HIGH QUALITY SUMMER LEARNING PROGRAMS FOR THIS OBJECTIVE WAS ACCOMPLISHED BY PROVIDING RESEARCH AND BEST YOUTH. PRACTICES, PROFESSIONAL DEVELOPMENT FOR EDUCATORS AND SUMMER LEARNING PROFESSIONALS, OUTREACH AND PUBLIC EDUCATION AND A VOICE FOR INCREASED PUBLIC INVESTMENT IN SUMMER LEARNING OPPORTUNITIES. including grants of \$ _____) (Expenses \$ _ _____ including grants of \$ 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$

6,595,098.

NATIONAL SUMMER LEARNING ASSOCIATION.

Total program service expenses

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			•
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			_ ;
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
þ	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	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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 167 If "Yes," complete Schedule D, Part IX	444	v	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He	A_	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	<u> </u>
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	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			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a		X
IJ	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	2010)

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1 1/4		_

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Page 4

Part IV Checklist of Required Schedules (continued)

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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?				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 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 IX Part VII VII VII VII VII VII VII VII VII VI	21				
column (A), Inne 27 II "Yes," complete Schedule I, Parts I and III 2D III the organization answer "Yes" to Part VIII, 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 I, Part II in Inne 25		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Dd the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 Dd the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization amount as an "ion behalf of" issuer for bonds outstanding at any time during the year? 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? 25b List the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25c Schedule L. Part I 25c 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 25d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 26 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 27 Dd the organization receive more than \$250 on non-cash contributions for applicable filling thresholds, conditions, and exceptions? 28 A C Was the organization receive more than \$250 on non-cash contributions? If "Yes," complete Schedule L, Part II 28 Did the organization receive more than \$250 on non-cash contributions? If "Yes," complete	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No", go to line 25 b Did the organization mismal an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization marks and an escrow account other than a refunding escrow at any time during the year? 25a Sections 501(c)(s) and 501(c)(s) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 15b Is the organization naves that engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part II 25c Schedule L, Part I 26d 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 is tax year? If "Yes," complete Schedule I., Part IV 27d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV Did the organization or endored to any tax-exempt or endored			22		<u>X</u> _
Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a	23	- · · · · · · · · · · · · · · · · · · ·			
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization navest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization navest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 24d 24d 24d 24d 24d 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 22 b Dot the organization maintain an escribe account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Dot the organization maintain an escrow account other than a refunding escrow at any time during the year of the companization and as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I., Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Interest that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part II b is the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part II b is the organization part of the end of the organization's travear' If "Yes," complete Schedule I., Part II bis the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions? A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I., Part IV in the organization receive or more than \$25,000 in non-cash contributio		·	23	<u> X</u>	<u></u>
Schedule K II *No*, go to line 25 b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? C Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? Did 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 spore Forms 990 or 990-E27 If *Yes,* complete Schedule L, Part I 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 I Did the organization approach a grant or other assistance to an officer, director, trustee, by the propriet of the organization approach of the organization or officer, director, trustee, or key employee, bighty compensated employee, or disqualified person outstanding as of the end of the organization is tax year? If *Yes,* complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV instructions? If *Yes,* complete Schedule A in the organization receive more than \$25,000 in one-cash contributions? If *Yes,* complete Schedule I, Part IV instructions? If *Yes,* complete Schedule A, Part IV instructions? If *Yes,* complete Schedule A, Part IV instructions? If *Yes,* complete Schedule B, Part IV instructions? If *Yes,* complete Schedule B, Part	24a	•			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 601(p(3) and 601(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 b is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 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 III Was 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 IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization required more than season accommendation of the season contributions? If "Yes," complete Schedule II, Part IV Did the organization organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II, III, IV, and V, line 1 Did the organization organization organization and cease operations? If "Yes," complete Schedule R, Part		• • • • • • • • • • • • • • • • • • • •			4,
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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 yea? // If 'Yes," complete Schedule L, Part I					
disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			24 <u>d</u>		
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-E27 if "Yes," complete Schedule L, Part II 25b X 25b 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 III 26b 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 IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the following parties (see Schedule L, Part IV instructions of the followin	25a	· · · · · · · · · · · · · · · · · · ·	05-		v
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26-3356271 Page 5

tale. Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable b. Enter the number of Forms W 20 included in fine 1a. Enter 0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibing) with mornings to prize with backup withholding rules for reportable payments to vendors and reportable gaming (gamibing) with mornings to prize with backup withholding rules for reportable payments to vendors and reportable gaming (gamibing) with mornings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) with mornings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) with mornings to prize with a prize payment to report to repor	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
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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.

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7			
b	Enter the number of voting members included in line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customanly performed by or under the direction	ect supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	vas filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·	5		X
6	Does the organization have members or stockholders?	l	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more member	rs of the			
	governing body?		7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	i?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ng the year			
	by the following:				
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	I at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code)			г
	December of the second	[40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	oters, annates,	40h		
	and branches to ensure their operations are consistent with those of the organization?	ina farma?	10b		Х
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing to	ne ionn?	<u>11a</u>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	-/
	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	WA rica	ıza	<u> </u>	-
b	to conflicts?	140 1100	12b	х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe	124		
·	in Schedule O how this is done		12c	x	
13	Does the organization have a written whistleblower policy?		13	Х	
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 approval by	ındependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	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 arrangement	with a			
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3)s only) available	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, conflict	ct of interest policy, ar	nd fina	ancial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and re	ecords of the organizat	tion. 🕽	-	
	PAMELA FRANCO - 914-525-2231	·			
	800 WYMAN PARK DRIVE, SUITE 110, BALTIMORE, MD 2121	1			

NATIONAL SUMMER LEARNING ASSOCIATION.

	MAILUMAN DOMMEN DEALUTION ADDOCTATION,		
Form 990	(2010) INC.	26-3356271	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		

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.
- 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, if any. 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)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	10	Positio			ition that apply)		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ual trustee or director	Institutional trustee	Officer		nsated		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
DANIEL J. ANGLIN, JR.										
BOARD MEMBER	1.00	X	L			<u> </u>		0.	0.	0
BRANDILYN DUMAS										
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0
RICHARD BERLIN										
BOARD MEMBER	1.00	X	<u> </u>		_	_	_	0.	0.	0
ELIZABETH YAP					ļ			_	_	_
BOARD MEMBER	1.00	X	ļ	ļ.,.	L	ļ		0.	0.	0
JANE SUNDIUS							1			_
BOARD MEMBER	1.00	X	ļ				_	0.	0.	0
MELISSA BAAL GUIDORIZZI	1 00		ļ .							•
BOARD MEMBER	1.00	A	╁	-		-		0.	0.	0
RICHARD TAGLE BOARD CHAIR	1.00			x				0.	ο.	0
RONALD FAIRCHILD	1.00			25					<u> </u>	
CEO	40.00			х	x	1		205,990.	0.	0
WILLIAM R. SAFFOLD			<u> </u>							
СГО	40.00			X				116,212.	0.	0
			_	_						
	:			_		_	_			
		-		_			_			

[. a.	Section A. Officers, Directors, Tri	1	при	yee			ııgn	est	Compensated Employ	lees (continued)				
	(A)	(B)			_ (C				(D)	(E)			(F)	
	Name and title	Average	,,,		Posi			1. A	Reportable	Reportable			tımate	
		hours per week	(CI	heck	allt	inat	app	iy)	compensation	compensatio			ount (of
		(describe	횽				ŀ		from the	from related organizations			other pensa	tion
		hours for	i ii				E E		organization	(W-2/1099-MIS			om the	
		related	Stee	ruste		i _	ES IS	ļ	(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	,		anızatı	
		organizations	al tru	onal t		loyee	S s					and	d relat	ed
		in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	ons
		O)	=	=	ō	3	3 2	3	-					
			-	-										
			_	-				-						
				-			-	_						
							╁╴	 						
			<u> </u>	L	L		↓_	L						
			╁			 	+							
1b	Sub-total								322,202.		0.	ļ		0
	Total from continuation sheets to Part V	II, Section A							0.		0.			0
	Total (add lines 1b and 1c)						<u> </u>		322,202.		0.	L		0
2	Total number of individuals (including but i	not limited to th	nose	list:	ed a	bov	e) w	ho r	eceived more than \$10	0,000 in reportabl	e			
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director or tru	ıste	e. ke	v en	olan	vee.	or h	nighest compensated e	mplovee on				
	line 1a? If "Yes," complete Schedule J for			,	,		,	•				3		X
4	For any individual listed on line 1a, is the s			omp	ensa	atıoı	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	50,000? <i>If</i> "Yes	, " cc	ompl	ete S	Sch	edul	e J	for such individual	-		4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	any	y un	relat	ed organization or indiv	ıdual for services		_		
	rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization.	ompensated in	dep	ende	ent c	cont	racț	ors 1	that received more than	1 \$100,000 of con	npens	ation	rom	
	(A)								(B)				C)	
	Name and business	s address							Description of	services		Compe	nsatio	'n
		 					-	_						
													_	
							_							
	Total number of independent contractors	(includina but i	not I	ımıte	ed to	the	ose I	ste	d above) who received i	more than				
	\$100,000 in compensation from the organ						0		,				000	

26-3356271

Form 990 (2010)

INC.

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 45,058. b Membership dues 1b c Fundraising events 10 246,039 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6858614 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 7149711 h Total. Add lines 1a-1f **Business Code** 324,013 611710 324,013. 2 a FEES FOR SERVICES Program Service Revenue 199,699 **b** REGISTRATION FEES 611430 199,699. f All other program service revenue 523,712. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,761 4,761. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 59. 59 5 Royalties (i) Real (II) Personal 12,125 6 a Gross Rents b Less: rental expenses 12,125 c Rental income or (loss) 12,125. 12,125 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 343. assets other than inventory b Less: cost or other basis 1,422 and sales expenses <1,079 c Gain or (loss) <1,079.> <1,079. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 3,265. and allowances b Less: cost of goods sold 3,265 3,265 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 14,187 11 a MISCELLANEOUS 611710 14,187. d All other revenue 14,187 e Total, Add lines 11a-11d 7706741. Total revenue. See instructions. 552,269. <u>4,761.</u>

Part IX | Statement of Functional Expenses

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

	All other organizations must comp			columns (B), (C), and (D)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,919,759.	4,919,759.		
2	Grants and other assistance to individuals in		1		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	228,800.		228,800.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	956,116.	664,583.	291,533.	
8	Pension plan contributions (include section 401(k)		1		
	and section 403(b) employer contributions)	36,352.	24,273.	12,079.	
9	Other employee benefits	175,637.	23,164.	152,473.	
10	Payroll taxes	89,422.	34,994.	54,428.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	6,366.		6,366.	
c	Accounting	126,622.		126,622.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	330,595.	272,613.	57,982.	
12	Advertising and promotion	19,332.	5,552.	13,780.	
13	Office expenses				
14	Information technology	90,625.	9,400.	81,225.	
15	Royalties				
16	Occupancy	72,744.		72,744.	
17	Travel	153,769.	92,084.	61,685.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,617.	125,558.	2,059.	<u>-</u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,182.		48,182.	
23	Insurance	9,972.	135.	9,837.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	APPLIED INDIRECT COSTS	0.	379,879.	<379,879.>	
b	SUPPLIES	49,685.	31,695.	17,990.	
С	MISCELLANEOUS	22,560.	6,885.	15,675.	
d	TELEPHONE	19,875.		19,875.	
е	HUMAN RESOURCE SERVICES	18,892.		18,892.	
f	All other expenses	56,071.	4,524.	51,547.	
25	Total functional expenses. Add lines 1 through 24f	7,558,993.	6,595,098.	963,895.	0
26	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
			•		Form 990 (2010

Form 990 (2010)
Part X | Balance Sheet

et

Par	<u>t X</u>	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,289.	1	120,115.
	2	Savings and temporary cash investments	309,021.	2	293,848.
	3	Pledges and grants receivable, net	75,000.	3	91,480.
	4	Accounts receivable, net	58,931.	4	104,450.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
İ		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		į	†
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventones for sale or use	29,328.	8	23,906.
1	9	Prepaid expenses and deferred charges	51,539.	9	37,115.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 89,128.	_		
	b	Less: accumulated depreciation 10b 43,240.	71,657.	10c	45,888.
	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	90,898.	14	67,406.
	15	Other assets. See Part IV, line 11	18,191.	15	64,397.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	770,854.	16	848,605.
	17	Accounts payable and accrued expenses	330,240.	17	133,494.
	18	Grants payable		18	
	19	Deferred revenue	28,880.	19	58,420.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		ł	
Liat		highest compensated employees, and disqualified persons Complete Part II			1
_		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	5,256.	24	102,465.
	25	Other liabilities. Complete Part X of Schedule D	364,376.	25	294,379.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	304,370.	26	234,313.
"		lines 27 through 29, and lines 33 and 34.			1
ĕ	27	Unrestricted net assets	<294,295.	27	<626,503.
<u>la</u>	28	Temporarily restricted net assets	700,773.	28	1,180,729.
Ř	29	Permanently restricted net assets	700,775.	29	1,100,725.
Š	23	Organizations that do not follow SFAS 117, check here		25	
F		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	-	30	i '
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
Š	33	Total net assets or fund balances	406,478.	+	554,226.
	34	Total liabilities and net assets/fund balances	770,854.		848,605.
	<u> </u>			·	Form 990 (2010)

Form **990** (2010)

NATIONAL SUMMER LEARNING ASSOCIATION, Form 990 (2010) INC. 26-3356271 Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 7,706,741. Total revenue (must equal Part VIII, column (A), line 12) 1 7,558,993. Total expenses (must equal Part IX, column (A), line 25) 2 2 Revenue less expenses. Subtract line 2 from line 1 147,748. 3 3 406,478. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 Other changes in net assets or fund balances (explain in Schedule O) 5 226. 554, Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 separate basis, consolidated basis, or both: X 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

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.

X

За

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ)

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Employer identification number

26-3356271

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 il) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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. 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 II, Type III, 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 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) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization ganizátion in col. in col. (i) listed in your organization in col. organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 INC.

26-3356271 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not				ľ		
	include any "unusual grants.")			22,450.	3,170,903.	7,149,711,	10 343 064.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ı	1				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	•					
4	Total, Add lines 1 through 3			22,450.	3,170,903,	7,149,711.	10,343,064,
5	The portion of total contributions			1			
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included		1				
	on line 1 that exceeds 2% of the			İ		v	
	amount shown on line 11,						
	column (f)						6,197,867.
6	Public support. Subtract line 5 from line 4						4 145 197
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4			22,450.	3,170,903.	7,149,711.	10,343,064.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			741.	291.	4,761.	5,793.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on				4,585.	59.	4,644.
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				2,075.	14,187.	16,262.
11	Total support. Add lines 7 through 10						10,369,763.
12	Gross receipts from related activities,	, etc. (see instruct	ions)			12 2	,809,766.
13	First five years. If the Form 990 is for	r the organization	's first, second, th	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stor	here					▶X
	ction C. Computation of Publ						
14	Public support percentage for 2010 (• •	column (f))		14	<u>%</u>
15	,				Į	15	<u>%</u>
16	a 33 1/3% support test - 2010.If the o	-			4 is 33 1/3% or mi	ore, check this bo	x and
	stop here. The organization qualifies		-				
ł	33 1/3% support test - 2009.If the o	_			ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• • •				
17	a 10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-		t IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supported	lorganization		
ı	10% -facts-and-circumstances tes	_				•	
	more, and if the organization meets the				- ·		
	organization meets the "facts-and-cire		=		· · · · · ·		▶∟
<u>18</u>	Private foundation, If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17b			
					Scho	aula a li arm 000	or 990-F71 2010

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	siow, piease comp	Diete Part II.)			-	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	10,2007	(0,2000	(0) 2000	(0,20.0	(7.10.0
•	membership fees received. (Do not include any "unusual grants.")						
_	Gross receipts from admissions,					<u> </u>	
2	merchandise sold or services per- formed, 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	Į					
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						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
Ł	Anounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				· · ·		
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			<u> </u>	- 4	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6			3-7			
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					·	
12	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)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I		•	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	ightharpoons
1	o 33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is me	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		•	, ▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟_

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.

2010
Open to Public Inspection

Name of the organization NAT

NATIONAL SUMMER LEARNING ASSOCIATION,

Employer identification number 26 – 3356271

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	i only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	••	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization 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 pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	· · · · · · · · · · · · · · · · · · ·
_	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the c	organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or Othe	r Similar Assets
	Complete if the organization answered "Yes" to Form		Olimai Addeta.
12	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	·	
	the text of the footnote to its financial statements that described	· · · · · · · · · · · · · · · · · · ·	or public service, provide, in trait xiv,
h	if the organization elected, as permitted under SFAS 116 (A		halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addition, or rescaled in factionalise of public t	sorvice, previde the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial car	n. provide
-	the following amounts required to be reported under SFAS	_	ii, provido
а	D 1 1 1 5 000 D 1 1 1 1 1		▶ \$
	Assets included in Form 990, Part X		\$

NATIONAL SUMMER LEARNING ASSOCIATION,

	dule D (Form 990) 2010 INC .							<u> 26-33</u>			ge 2
Par			_								
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a si	gnificant	use of its	collection	rtems	;
	(check all that apply).										
а	Public exhibition	d	╵╚	Loan or excl	hange progra	ams					
b	Scholarly research	е	(Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purpo	ose in Pari	XIV		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		,	_	
	on Form 990, Part X?							L_	Yes	لـــا	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year .	•					1e				
f	f Ending balance . If										
	a 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 the organization answered "Yes" to Form 990, Part IV, line 10.										
Par	T V Endowment Funds. Complete				1						
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three y	rears back	(e) Four	years b	pack
1a	· · · · · · · · · · · · · · · · · · ·										
b	b Contributions										
C	Net investment earnings, gains, and losses			·	<u> </u>						
d	Grants or scholarships							······································			
е	Other expenditures for facilities										1
	and programs		<u> </u>				*				
f	Administrative expenses		<u> </u>					-			
g	End of year balance										
2	Provide the estimated percentage of the year	ir end balance held a									
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for t	he organi	zation	Г	 T	
	by:									Yes	No
	(i) unrelated organizations								3a(i)	-+	
	(ii) related organizations			DO					3a(ii)	+	
	If "Yes" to 3a(ii), are the related organization								3b		
Bar	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipn										
Fai		· · · · · · · · · · · · · · · · · · ·		i					4 N D I		
	Description of investment	(a) Cost or of basis (investigation)			or other (other)	• •	ccumulate		(d) Book	. value	,
	Load	Dasis (IIIVesti	ment)	Dasis	(Ott 161)	uel	preciation				
_	Land .										
b	Buildings	-			1,125.			94.			21
С	Leasehold improvements	-							21		$\frac{31.}{25}$
	Equipment	-			1,649.		35,7			5,90	
e_	Other		. V 1		16,354.		6,9	<u> </u>		45	
ı otal	I. Add lines 1a through 1e (Column (d) must e	equai romi 990, Part	: x, colur	זוח (ש), ווחe ו	ιυ(C).)				4:	5,88	5 ō •

1. (a) Description of liability (b) Amount

(1) Federal income taxes

(2) OTHER LIABILITIES 2,465.

(3) LINE OF CREDIT 100,000.

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 102,465.

2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

NATIONAL SUMMER LEARNING ASSOCIATION, Schedule D (Form 990) 2010 26-3356271 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 7,706,741. Total revenue (Form 990, Part VIII, column (A), line 12) 7,558,993. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 147,748. Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 ß Investment expenses 6 Prior period adjustments 7 7 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 9 g 147,748. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 7,711,996. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 5,255 2b Donated services and use of facilities c Recoveries of prior year grants 2c Other (Describe in Part XIV.) 5,255. Add lines 2a through 2d 2e 706, Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 7,706,741 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 7,564,248. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 5,255 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d 5,255. e Add lines 2a through 2d 2e 558,993. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 40 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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.

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

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

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

OMB No 1545-0047	2010
OMB No	5 0

2

X Yes

Employer identification number 26-3356271 Open to Public Inspection 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 ► Attach to Form 990. Name of the organization NATIONAL SUMMER LEARNING ASSOCIATION, General Information on Grants and Assistance Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

cnteria used to award the grants or assistance?

Part II Grants and Other Assistance to Governments and Organizati	Governments an	d Organizations in the	United States. C	omplete if the org	anization answered "Y	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	ſ
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check this	s box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	idditional space is nee	ded	┪
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE BELL FOUNDATION 60 CLAYTON STREET DORCHESTER MA 02122	04-3182053	501(C)(3)	1 800 000.	0	САЅН		GENERAL SUPPORT	
DC CHILDREN & YOUTH 1400 16TH STREET, NW SUITE 500 WASHINGTON DC 20036	52-2183315	501(C)(3)	13,500	o	CASH		GENERAL SUPPORT	
SAN FRANCISCO SCHOOL ALLIANCE 114 SANSOME STREET, SUITE 800 SAN FRANCISCO CA 94014	94-3222869	501(C)(3)	15,000,	0	САЅН		GENERAL SUPPORT	
THINK TOGETHER 2100 E. FOURTH STREET, SUITE 200 SANTA ANA. CA 92705	33-0781751	501(C)(3)	1,740,000,	0	CASH		GENERAL SUPPORT	
HIGHER ACHIEVEMENT 1701 K STREET, NW SUITE 1000 WASHINGTON, DC 20006	52-1383374	501(C)(3)	135,000	0	САЅН		GENERAL SUPPORT	
SUMMER ADVANTAGE USA 1001 MARINA DRIVE #410 OUINCY MA 02171	26-3185485 501(C)(3)	501(C)(3)	1,200,000,	0	CASH		GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and government organizations	ind government or	ganizations					4	9
3 Enter total number of other organizations	Ø						▲	0

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

Schedule I (Form 990) (2010)

26-3356271

Page 2

Schedule i (Form 990) (2010) 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. Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: EACH GRANT HAS A PROJECT MANAGER THAT RECEIVES Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant MONTHLY REPORTS FROM GRANTEE ORGANIZATIONS. (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL SUMMER LEARNING ASSOCIATION,

Employer identification number 26-3356271

	INC.	26-33562	71	
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	990.	1	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	•		
	First-class or charter travel Housing allowance or residence for person	nal use	}	
	Travel for companions Payments for business use of personal res			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	į.		
		,	1,	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	1	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	 		
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	The state of the s	-	+	†
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study		1	
	X Form 990 of other organizations	ommittee		
	The second of th			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		\mathbf{x}
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
		,		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,		
	contingent on the revenues of:		١,	
а	The organization?	5a	-	X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,	}	
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	· -		
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	_	i	1

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

Schedule J (Form 990) 2010

26-3356271

Schedule J (Form 990) 2010

described in the instructions, on row (ii)" Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in schedule 3, report compensation and organization organizations are not listed on Form 990, Part VII.
Note. The sum of columns (b)(i)(iii) must equal use applicable column (b) of column (c) amounts out each in this fac.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MiSC compensation	SC compensation	(0)	Q)	(E)	(F)
		(-)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	9	205.990.	0	0	0	0	205,990.	0
1 RONALD FAIRCHILD) (E		0	0	0	.0	0	0
	Ξ							
2	(ii)							
	Ξ							
3	(ii)							
	(i)							
4	(ii)							
	Θ							
S	(ii)							
	(1)							
9	: 3							
	ε							
7	(ii)							
	ε							
80	(ii)							
	Θ							
6	(ii)							
	Ξ							
10	(ii)							
	(i)							
11	<u> </u>							
	Ξ							
12	<u> </u>							
	(i)							
13	(ii)							
	ε							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16								

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL SUMMER LEARNING ASSOCIATION,

Employer identification number 26 – 3356271

INC. 20-3330271
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 BOARD
OF DIRECTORS.
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.

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

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

▼ See separate instructions.

Employer identification number 26-3356271

NATIONAL SUMMER LEARNING ASSOCIATION, ► Attach to Form 990. Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II Partl

(g) Section 512(b)(13) controlled Š × entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity Exempt Code section 501(C)(4) Legal domicile (state or foreign country) MARYLAND IMPROVE SUMMER LEARNING SCHOOLS/ORGANIZATIONS Primary activity **@** TO HELP SUMMER LEARNING ADVOCATES - 26-3356774 Name, address, and EIN of related organization 800 WYMAN PARK DRIVE, SUITE 110 BALTIMORE, MD 21211

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

Schedule R (Form 990) 2010

SUMMER LEARNING ASSOCIATION, NATIONAL

Schedule R (Form 990) 2010

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

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Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 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.) 3 Ξ Yes Share of end-of-year assets Code V.UBI amount in box 7 20 of Schedule K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> Primary activity Direct controlling entity Ð (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

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NATIONAL SUMMER LEARNING ASSOCIATION, INC.

Schedule R (Form 990) 2010

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

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule.					Yes No	0
Note: Complete line 1 if any small be according to the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II:IV?			
a Receipt of (ii) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•	:	1 a	×	ار
				2	×	м
				ç	×	ال
c Gilit, graffit, of capital continuation from ourer organization(s)				;	>	1.
d Loans or loan guarantees to or for other organization(s)				2	4:	, اړ
e Loans or loan guarantees by other organization(s)				9	×	ام
						١
f Sale of assets to other organization(s)				* =	×	اہ
				19	×	м
				ŧ	×	ال
h Exchange of assets				:	4 3	ء ا۔
i Lease of facilities, equipment, or other assets to other organization(s)				=	4	اد
i Lease of facilities equipment or other assets from other organization(s)				ij	×	
k Performance of services or membership or fundraising solicitations for other organization(s)	nzation(s)			1	×	
	ization(s)			7	×	
m Sharing of facilities, equipment, mailing lists, or other assets				1	×	١
n Sharing of paid employees				ţ	×	1
						1
 Reimbursement paid to other organization for expenses 				9	×	
p Reimbursement paid by other organization for expenses				0	×	I
					_	١
q Other transfer of cash or property to other organization(s)				p	×	را ا
r Other transfer of cash or property from other organization(s)				<u>-</u>	4	ا
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			1
(a) Name of other organization	(b) Transaction type (a·r)	(c) Arrount involved	(d) Method of determining amount involved			
(1) SUMMER LEARNING ADVOCATES	×	4,786.				1
(2) STIMMER LEARNING ADVOCATES	Z	210,476.				
		2				1
(3) SUMMER LEARNING ADVOCATES	Ф	31,104.				1
(4)						- 1
(c)						l
(9)						1
032163 12-21-10			Schedul	Schedule R (Form 990) 2010	990) 201	우

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Schedule R (Form 990) 2010

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

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(h) General or managing partner? Yes No									0 0
									66 E
(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedule R (Form 990) 2010
				-					
Disproportionate allocations?									
(e) Share of end-of- year assets									
(d) Are all partners section 501(c)(3) organizations? Yes No									
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									

! #	NATIONAL SUMMER LEARNING ASS	OCIATION,
Schedule F	R (Form 990) 2010 INC.	26-3356271 Page 5
Part VII	Supplemental Information	
Ļ		abaduta B (ana matamatana)
	Complete this part to provide additional information for responses to questions on S	chedule H (see instructions).
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