



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable	C Name of organization THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH		D Employer identification number 37-0715886
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (217) 328-3870
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1111 WEST KENYON ROAD		F Gross receipts \$ 10,807,996
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 URBANA, IL 61801		
<input type="checkbox"/> Amended return	F Name and address of principal officer CAROL JAGO 1111 WEST KENYON ROAD URBANA, IL 61801		G Gross receipts \$ 10,807,996
<input type="checkbox"/> Application pending			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.NCTE.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1911 M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH IS DEVOTED TO IMPROVING THE TEACHING AND LEARNING OF ENGLISH AND THE LANGUAGE ARTS AT ALL LEVELS OF EDUCATION. THE COUNCIL PROMOTES THE DEVELOPMENT OF LITERACY, THE USE OF LANGUAGE TO CONSTRUCT PERSONAL AND PUBLIC WORLDS AND TO ACHIEVE FULL PARTICIPATION IN SOCIETY, THROUGH THE LEARNING AND TEACHING OF ENGLISH AND THE RELATED ARTS AND SCIENCES OF LANGUAGE		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	70
6 Total number of volunteers (estimate if necessary)	6	1,200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	347,780
b Net unrelated business taxable income from Form 990-T, line 34	7b	179,817

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	2,338,393	2,313,233
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,542,605	4,327,509
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	886,659	858,653
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,229,245	1,223,984
	8,996,902	8,723,379

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	15,795	31,793
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,489,194	3,344,156
b Total fundraising expenses (Part IX, column (D), line 25) ► ⁰	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,695,979	4,803,685
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,200,968	8,179,634
19 Revenue less expenses Subtract line 18 from line 12	795,934	543,745

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	26,727,588	30,660,501
22 Net assets or fund balances Subtract line 21 from line 20	3,375,718	3,141,955
	23,351,870	27,518,546

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer KENT WILLIAMSON SECRETARY/TREASURER Type or print name and title	2011-10-21 Date
-----------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name PHIL MUEHL	Preparer's signature PHIL MUEHL	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► CLIFTON GUNDERSON LLP			Firm's EIN ►	
	Firm's address ► 2511 GALEN DRIVE CHAMPAIGN, IL 61821			Phone no ► (217) 351-7400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH IS DEVOTED TO IMPROVING THE TEACHING AND LEARNING OF ENGLISH AND THE LANGUAGE ARTS AT ALL LEVELS OF EDUCATION. THIS MISSION STATEMENT WAS ADOPTED IN 1990. THE COUNCIL PROMOTES THE DEVELOPMENT OF LITERACY, THE USE OF LANGUAGE TO CONSTRUCT PERSONAL AND PUBLIC WORLDS AND TO ACHIEVE FULL PARTICIPATION IN SOCIETY, THROUGH THE LEARNING AND TEACHING OF ENGLISH AND THE RELATED ARTS AND SCIENCES OF LANGUAGE.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,680,841 including grants of \$) (Revenue \$ 2,230,169)

PROFESSIONAL MEETINGS AND SEMINARS NCTE HOSTED THREE FACE-TO-FACE MEETINGS AND MANY "VIRTUAL" EVENTS AND SERVICES THAT ALLOWED REGISTRANTS TO CONNECT DIGITALLY WITHOUT THE TIME AND EXPENSE OF TRAVEL. EVEN WITH REDUCED SCHOOL FUNDING SUPPORT FOR TEACHER PROFESSIONAL DEVELOPMENT, OUR MEETINGS REMAINED VERY ACTIVE AND PROFITABLE THIS YEAR. THE 2010 NCTE CONVENTION IN ORLANDO DREW A SMALLER NUMBER OF REGISTRANTS (5,130 V 6,893) THAN THE 2009 NCTE CONVENTION IN PHILADELPHIA. WE TYPICALLY DRAW MORE REGISTRANTS IN THE NORTHEAST. THE CCCC CONVENTION FOR COLLEGE LEVEL TEACHERS OF WRITING, HELD IN ATLANTA IN 2011, WAS SIMILAR IN SIZE TO THE LOUISVILLE MEETING IN 2010 (3,270 V 3,260). OVERALL, OUR MEETINGS AND SEMINARS GENERATED \$2.23 MILLION IN REVENUE AND A PROFIT IN EXCESS OF \$549,000.

4b (Code) (Expenses \$ 1,253,117 including grants of \$) (Revenue \$ 1,736,117)

PROFESSIONAL JOURNAL AND PERIODICAL PUBLICATIONS THE COUNCIL EXTENDED ITS RICH TRADITION OF PUBLISHING ORIGINAL, PEER-REVIEWED RESEARCH ON LITERACY EDUCATION AND PERSPECTIVES ON CURRENT ISSUES IN TEACHING AND LEARNING THROUGH ITS PERIODICAL PUBLICATIONS PROGRAM. THROUGH EIGHT PEER-REVIEWED JOURNALS AND FOUR QUARTERLY OR SEMI-ANNUAL NEWSLETTERS, NCTE RELEASED 50 ISSUES DURING FY11 COVERING THE WATERFRONT OF CRITICAL ISSUES IN LITERACY EDUCATION FROM EARLY LITERACY ACQUISITION PRACTICES, THROUGH ENGAGEMENT OF ADOLESCENT LITERACY LEARNERS, TO IN-DEPTH ANALYSES OF SYSTEMIC REFORMS AND ORIGINAL CONTRIBUTIONS TO HUMANITIES SCHOLARSHIP. PERIODICAL PUBLISHING CONTINUES TO SERVE AS A FINANCIAL PILLAR FOR NCTE, EARNING \$1.736 MILLION IN REVENUE AND A PROFIT OF \$483,000.

4c (Code) (Expenses \$ 1,128,485 including grants of \$) (Revenue \$ 923,772)

NONPERIODICAL PUBLICATIONS/BOOKS NCTE PUBLISHED OR CO-PUBLISHED 18 PEER-REVIEWED BOOKS THIS YEAR. SALES OF EXISTING AND NEW TITLES DID NOT PICK UP AS WE HAD HOPED. STILL, THE RANGE OF TOPICS ADDRESSED IS IMPRESSIVE. FROM TIMELY ISSUES LIKE AUTHENTIC ASSESSMENT AND DIGITAL LITERACIES, TO PRACTICAL WRITING INSTRUCTION FOR ALL LEVELS, TO NEW TWISTS ON TRADITIONAL CHALLENGES LIKE ENGAGING ADOLESCENT LITERACY LEARNERS. AS HAS BEEN THE CASE FOR THE COUNCIL THROUGH MOST OF THE PAST TWO DECADES, OUR BOOK PUBLISHING PROGRAM GENERATED A FINANCIAL LOSS. THE DEFICIT ON BOOK PUBLISHING WAS JUST OVER \$204,000 THIS YEAR, SLIGHTLY LARGER THAN LAST YEARS. STILL, THE PROGRAM PROVIDES A SERVICE TO OUR MEMBERSHIP AND WIDER PROFESSIONAL COMMUNITY AND THERE IS CAUSE FOR OPTIMISM IN THE QUALITY AND TIMELINESS OF TITLES THAT WILL BE RELEASED IN THE COMING YEAR.

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 1,816,839 including grants of \$) (Revenue \$ 296,817)

4e Total program service expenses \$ 5,879,282

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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.

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.

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.

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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

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.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b** 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.
- c** 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.
- d** 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.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

- 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.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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.

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 U.S.? If "Yes," complete Schedule F, Parts II and IV.

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 U.S.? If "Yes," complete Schedule F, Parts III and IV.

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 (see instructions).

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.

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.

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

- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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	<input checked="" type="checkbox"/>	21	Yes	
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	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	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		
24d	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	No	
25b	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	No	
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	No	
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	No	
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)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
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	No	
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	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		34	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36	No	
37	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		37	No	
38	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		38	Yes	
	Note. All Form 990 filers are required to complete Schedule O				

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	300
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	70
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a		17
1b		17
2		No
3		No
4		No
5		No
6	Yes	
7a	Yes	
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	Yes	
10b	Yes	
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KENT WILLIAMSON
1111 KENYON ROAD
URBANA, IL 61801
(217) 328-3870

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
See Additional Data Table									
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							732,930	0	71,933

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DAVE PICKERING 1410 WINDMERE ROYAL OAK, MI 48073	AUDIO VISUAL SERVICES	168,071
PETE LINDQUIST 509 BARDEEN LANE CHAMPAIGN, IL 61822	WEB PROGRAMMING	124,050
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, and other similar amounts	Program Service Revenue	Business Code					
1a Federated campaigns	1a						
b Membership dues	1b		1,733,534				
c Fundraising events	1c						
d Related organizations	1d						
e Government grants (contributions)	1e						
f All other contributions, gifts, grants, and similar amounts not included above	1f		579,699				
g Noncash contributions included in lines 1a-1f \$							
h Total. Add lines 1a-1f		►		2,313,233			
2a CONVENTIONS		Business Code					
b PERIODICAL SUBSCRIPTIONS		900099	2,236,308	2,236,308			
c CONSULTING NETWORK		900099	1,421,932	1,421,932			
d REIMBURSEMENT INCOME		900099	351,984	351,984			
e SPONSORSHIP INCOME		900099	260,785	260,785			
f All other program service revenue			56,500	56,500			
g Total. Add lines 2a-2f		►		4,327,509			
3 Investment income (including dividends, interest and other similar amounts)				701,046			701,046
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				218,775	218,775		
6a Gross Rents	(i) Real	(ii) Personal					
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)		►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b Less cost or other basis and sales expenses	1,781,991						
c Gain or (loss)	1,623,310	1,074					
d Net gain or (loss)	158,681	-1,074					
				157,607	157,607		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
a							
b Less direct expenses	b						
c Net income or (loss) from fundraising events		►					
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities		►					
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b	943,217					
c Net income or (loss) from sales of inventory		460,233					
				482,984	482,984		
Miscellaneous Revenue	Business Code						
11a PERIODICAL INCOME	511120		347,780				
b MAILING LIST INCOME	900099		120,992				120,992
c MISCELLANEOUS	900099		53,453				53,453
d All other revenue							
e Total. Add lines 11a-11d		►	522,225				
12 Total revenue. See Instructions		►		8,723,379	5,186,875	347,780	875,491

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	31,793	31,793		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,891	44,238	129,653	
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	2,804,356	2,044,647	759,709	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	124,516	85,778	38,738	
9 Other employee benefits	13,470	8,846	4,624	
10 Payroll taxes	227,923	161,710	66,213	
a Fees for services (non-employees) Management				
b Legal	1,910	715	1,195	
c Accounting	24,705		24,705	
d Lobbying	5,270	5,270		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	21,262	519	20,743	
g Other	83,135	60,600	22,535	
12 Advertising and promotion	41,879	41,879		
13 Office expenses	187,585	130,989	56,596	
14 Information technology				
15 Royalties	135,538	135,538		
16 Occupancy	137,239		137,239	
17 Travel	468,826	467,657	1,169	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338,817	338,817		
20 Interest	1,171		1,171	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	397,965	19,500	378,465	
23 Insurance	29,968	4,274	25,694	
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 O)				
a INCOME TAXES	67,539	67,539		
b PROFESSIONAL SERVICES	841,256	687,193	154,063	
c EMPLOYEE INSURANCE	460,562	292,243	168,319	
d POSTAGE AND FREIGHT	394,327	388,215	6,112	
e EQUIPMENT RENTAL	286,966	256,146	30,820	
f All other expenses	877,765	605,176	272,589	
25 Total functional expenses. Add lines 1 through 24f	8,179,634	5,879,282	2,300,352	0
26 Joint costs. Check here <input checked="" type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	277,362	1 335,729
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	174,377	4 307,279
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	222,668	8 183,088
	9 Prepaid expenses and deferred charges	358,677	9 409,607
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,477,472	
	b Less accumulated depreciation	10b 4,170,485	10c 2,591,541 2,306,987
	11 Investments—publicly traded securities	23,057,862	11 27,040,972
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	45,101	15 76,839
	16 Total assets. Add lines 1 through 15 (must equal line 34)	26,727,588	16 30,660,501
Liabilities	17 Accounts payable and accrued expenses	621,810	17 516,780
	18 Grants payable	2,915	18
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	250,000	23
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	2,500,993	25 2,625,175
	26 Total liabilities. Add lines 17 through 25	3,375,718	26 3,141,955
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	23,210,069	27 27,310,587
	28 Temporarily restricted net assets	68,255	28 88,591
	29 Permanently restricted net assets	73,546	29 119,368
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	23,351,870	33 27,518,546
	34 Total liabilities and net assets/fund balances	26,727,588	34 30,660,501

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,723,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,179,634
3	Revenue less expenses Subtract line 2 from line 1	3	543,745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,351,870
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,622,931
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,518,546

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

37-0715886

Part I 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)

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)**.

4 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

5 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)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 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)**.

11 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

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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—2009. 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		►

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,678,004	2,816,120	2,703,078	2,338,393	2,313,233	12,848,828
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	3,306,665	3,167,569	2,952,081	5,610,130	5,270,726	20,307,171
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,984,669	5,983,689	5,655,159	7,948,523	7,583,959	33,155,999
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						33,155,999

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,984,669	5,983,689	5,655,159	7,948,523	7,583,959	33,155,999
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,277,121	1,717,749	7,153	808,741	919,821	4,730,585
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,277,121	1,717,749	7,153	808,741	919,821	4,730,585
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)	695,984	614,568	612,622	552,430	522,225	2,997,829
13 Total support (Add lines 9, 10c, 11 and 12)	7,957,774	8,316,006	6,274,934	9,309,694	9,026,005	40,884,413
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	81 100 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	80 590 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	11 570 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	11 610 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

**Open to Public
Inspection**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

37-0715886

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	24,647	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	47,075	
c Total lobbying expenditures (add lines 1a and 1b)	71,722	
d Other exempt purpose expenditures	8,132,560	
e Total exempt purpose expenditures (add lines 1c and 1d)	8,204,282	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	560,214	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	140,054	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	665,913	631,272	632,524	560,214	2,489,923
b Lobbying ceiling amount (150% of line 2a, column(e))					3,734,885
c Total lobbying expenditures	21,221	74,146	83,012	71,722	250,101
d Grassroots non-taxable amount	166,478	157,818	158,131	140,054	622,481
e Grassroots ceiling amount (150% of line 2d, column (e))					933,722
f Grassroots lobbying expenditures	15,227	28,269	25,049	24,647	93,192

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

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

37-0715886

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	141,801	142,998	143,655		
b Contributions	57,260	7,274	8,993		
c Investment earnings or losses	16,739	1,547	1,245		
d Grants or scholarships	7,841	10,018	10,891		
e Other expenditures for facilities and programs			4		
f Administrative expenses					
g End of year balance	207,959	141,801	142,998		

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

a Board designated or quasi-endowment ►

b Permanent endowment ► 57 400 %

c Term endowment ► 42 600 %

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

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		91,443			91,443
b Buildings		3,233,775		1,858,071	1,375,704
c Leasehold improvements					
d Equipment		3,152,254		2,312,414	839,840
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					2,306,987

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
CONFERENCE EXHIBITS/PROJECTS	1,077,282	
DEFERRED INCOME	1,547,893	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	2,625,175	

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,723,379
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,179,634
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	543,745
4	Net unrealized gains (losses) on investments	4	3,622,931
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,622,931
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,166,676

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

1	Total revenue, gains, and other support per audited financial statements	1	12,592,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,622,931
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	460,233
e	Add lines 2a through 2d	2e	4,083,164
3	Subtract line 2e from line 1	3	8,509,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	214,145
c	Add lines 4a and 4b	4c	214,145
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,723,379

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

1	Total expenses and losses per audited financial statements	1	8,425,722
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	461,307
e	Add lines 2a through 2d	2e	461,307
3	Subtract line 2e from line 1	3	7,964,415
4	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	4a	
b	Other (Describe in Part XIV)	4b	215,219
c	Add lines 4a and 4b	4c	215,219
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,179,634

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PROVIDE SCHOLARSHIPS AND AWARDS TO TEACHERS OF ENGLISH LANGUAGE ARTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 460,233
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NETTED WITH REVENUE ON F/S 215,219 LOSS ON DISPOSAL OF ASSETS -1,074
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 460,233 LOSS ON DISPOSAL OF ASSETS 1,074
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NETTED WITH REVENUE ON F/S 215,219

Schedule I (Form 990)

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA MILITARY INSTITUTE 301 SMITH HALL LEXINGTON, VA 24450	54-0737652		7,500				RESEARCH GRANT
(2) ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696		7,500				RESEARCH GRANT

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U.S.	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT PAYMENTS ARE ISSUED TO GRANTEES WHEN FINAL REPORTS OF THEIR GRANT WORK ARE RECEIVED AND APPROVED PAYMENTS ARE ISSUED TO THE RESPECTIVE VENDOR PROVIDING THE WORK. SCHOLARSHIPS FOR TUITION ARE ISSUED TO THE STUDENT OR THE STUDENT'S SCHOOL.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**

THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

37-0715886

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

1b**2** Yes

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

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

4a

No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only 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

5a

No

a The organization?

5b

No

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

6a

No

a The organization?

6b

No

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

No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

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

(A) Name	(I) (II)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENT WILLIAMSON	(I) (II)	173,891 0	0 0	0 0	8,695 0	5,826 0	188,412 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Employer identification number

37-0715886

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS ELECT THE GOVERNING BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE EXECUTIVE COMMITTEE SHARES PUBLIC POLICY MAKING RESPONSIBILITY WITH THE NCTE BOARD OF DIRECTORS, A GROUP CONSISTING OF AFFILIATE LEADERS, JOURNAL EDITORS, AND CONFERENCE AND COMMISSION LEADERS FROM NCTE'S MANY CONSTITUENCIES. THE NCTE BOARD OF DIRECTORS MEETS AT THE NCTE ANNUAL CONVENTION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WILL BE SHARED WITH THE EXECUTIVE COMMITTEE VIA CONFERENCE CALL/WEB SEMINAR SOFTWARE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EXECUTIVE COMMITTEE MEMBERS REVIEW THE POLICY EACH YEAR AND FILL OUT NEW CONFLICT OF INTEREST DISCLOSURES EACH YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS COMPARABLE SALARY DATA IN ESTABLISHING THE EXECUTIVE DIRECTOR'S SALARY AND THEY APPROVE THE COMPENSATION POLICY WHICH IS COMPILED USING COMPARABLE DATA FROM ASAE AND LOCAL DATA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE 990 AND FINANCIAL DATA ARE PUBLISHED ON GUIDESTAR.ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE THROUGH OUR WEBSITE THE CONSTITUTION AND BY-LAWS ARE ALSO FEATURED THERE, AS ARE ALL COUNCIL POLICIES ON PROFESSIONAL MATTERS THE FORM 990 AND FINANCIAL DATA ARE PUBLISHED ON GUIDESTAR.ORG

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	CAROL ANN JAGO - 1843 W ERIE ST #2F, CHICAGO, IL 60622-5520 YVONNE SIU-RUNYAN - 2591 SUMAC AVENUE, BOULDER, CO 80304-0922 KEITH GILYARD - 720 DEVONSHIRE DRIVE, STATE COLLEGE, PA 16803-3205 CARMEN TISDALE - 3300 PINE BELT RD, COLUMBIA, SC 29204-3127 TERRY BIGELOW - 934 E SHADOLAWN AVE, TAMPA, FL 33603-2327 JENNIFER OCHOA - 1983 SEDGWICK AVE APT 1E, BRONX, NY 10453 DEBRA GOODMAN - 109 BROADFIELD ROAD, HEMPSTEAD, NY 11550-4603 JEFF WILLIAMS - 18844 RIVERS EDGE DRIVE E, CHAGRIN FALLS, OH 44023 NANCY G PATTERSON - 337 AURORA STREET SE, GRAND RAPIDS, MI 49507-3123 WANDA PORTER - 47 PUUKANI PLACE, KAILUA, HI 96734-2929 KAY PARKS HAAS - 11403 S MILLVIEW ROAD, OLATHE, KS 66061 MIKE PALMQUIST - 801 OVAL DRIVE, ROOM 234, FORT COLLINS, CO 80523-1052 DEBBIE SMITH MCCULLAR - 1502 SOUTH WOLCOTT AVENUE, CASPER, WY 82601 MARILYN VALENTINO - 86 HICKORY HOLLOW DRIVE, AMHERST, OH 44001-2065 GWENDOLYN POUGH - 239 H B CROUSE HALL, SYRACUSE, NY 13244-1160 SANDIE MCGILL BARNHOUSE - 5119 WITHAM PASSAGE, CHARLOTTE, NC 28215 JANET ALSUP - 500 OVAL DRIVE, WEST LAFAYETTE, IN 47907 RITA MOORE - 5934 FOUNTAINHEAD STREET SE, SALEM, OR 97306-9021 ERIKA LINDEMANN - 308 CREEKS EDGE, CHAPEL HILL, NC 27516-8957 SANDY HAYES - 19019 180TH AVE NW, BIG LAKE, MN 55309-9393 JEANETTE TOOMER - 987 AMSTERDAM AVE APT 2A, NEW YORK, NY 10025-2204 FRANK CHIKI - 13213 SUNSET CANYON DR NE, ALBUQUERQUE, NM 87111-4219 JEFFREY GOLUB - 2705 202ND ST SE, BOTHELL, WA 98012-3606 KAREN CONN MITCHAM - 173 CEDARLINE DR, GRAY, GA 31032-5831 PATRICK MONOHAN - 4685 LAKEVIEW DR, INTERLOCHEN, MI 49643-9594 MALEA POWELL - 519 WASH ST, MASON, MI 48854-1553 CAROLYN CALHOON-DILLAHUNT - 151 E CENTENNIAL DR, ZILAH, WA 98953-9121 MARSHALL GEORGE - 72 ORANGE ST APT 4D, BROOKLYN, NY 11201-6843

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24F	PRINTING AND COPYING PROGRAM SERVICE EXPENSES 244,703 MANAGEMENT AND GENERAL EXPENSES 12,914 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 257,617 REPAIRS & MAINTENANCE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 178,547 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 178,547 IN HOUSE CHARGES PROGRAM SERVICE EXPENSES 99,438 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 99,438 MISCELLANEOUS EXPENSE PROGRAM SERVICE EXPENSES 83,122 MANAGEMENT AND GENERAL EXPENSES 283 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 83,405 TELEPHONE PROGRAM SERVICE EXPENSES 38,589 MANAGEMENT AND GENERAL EXPENSES 34,017 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 72,606 BANK & CREDIT CARD FEES PROGRAM SERVICE EXPENSES 67,161 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 67,161 MAIL SERVICES PROGRAM SERVICE EXPENSES 58,937 MANAGEMENT AND GENERAL EXPENSES 54 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 58,991 JANITORIAL SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 26,365 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,365 EMPLOYEE RELATED EXPENSES PROGRAM SERVICE EXPENSES -2,193 MANAGEMENT AND GENERAL EXPENSES 17,612 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,419 REBATES PROGRAM SERVICE EXPENSES 8,780 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,780 RESTRICTED EXPENSES PROGRAM SERVICE EXPENSES 6,639 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,639 RECRUITMENT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,797 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,797

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,622,931

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	NCTE HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITOR. NEITHER PROCESS HAS CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11B	OUR EXECUTIVE COMMITTEE WILL HAVE AN OPPORTUNITY TO REVIEW OUR 990 PRIOR TO SUBMISSION OF OUR TAX DOCUMENTS AND ASK QUESTIONS OF STAFF THROUGH A CONFERENCE CALL THIS OCTOBER

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 67Name(s) shown on return
THE NATIONAL COUNCIL OF TEACHERS OF
ENGLISH

Business or activity to which this form relates

FORM 990 PAGE 10

Identifying number

37-0715886

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	397,965

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	397,965
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

Additional Data

Software ID:
Software Version:
EIN: 37-0715886
Name: THE NATIONAL COUNCIL OF TEACHERS OF ENGLISH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
CARMEN TISDALE REP-AT-LARGE	3 00	X					0	0	0
TERRY BIGELOW REP-AT-LARGE	3 00	X					0	0	0
JENNIFER OCHOA OUTGOING REP-AT-LARGE	3 00	X					0	0	0
DEBRA GOODMAN OUTGOING CHAIR-ELEMENTARY	3 00	X					0	0	0
JEFF WILLIAMS ASST CHAIR-ELEMENTARY	3 00	X					0	0	0
NANCY G PATTERSON OUTGOING CHAIR-MIDDLE	3 00	X					0	0	0
WANDA PORTER OUTGOING CHAIR-SECONDARY	3 00	X					0	0	0
KAY PARKS HAAS CHAIR-SECONDARY	3 00	X					0	0	0
MIKE PALMQUIST CHAIR-COLLEGE	3 00	X					0	0	0
DEBBIE SMITH MCCULLAR OUTGOING CHAIR-CEL	5 00	X					0	0	0
MARILYN VALENTINO OUTGIONG CHAIR-CCCC	5 00	X					0	0	0
GWENDOLYN POUGH CHAIR-CCCC	5 00	X					0	0	0
SANDIE MCGILL BARNHOUSE OUTGOING CHAIR-TYCA	3 00	X					0	0	0
JANET ALSUP OUTGOING CHAIR-CEE	5 00	X					0	0	0
RITA MOORE PRESIDENT-WLU	5 00	X					0	0	0
ERIKA LINDEMANN PARLIAMENTARIAN	2 00	X					0	0	0
JEANETTE TOOMER REP-AT-LARGE	3 00	X					0	0	0
FRANK CHIKI CHAIR-ELEMENTARY	3 00	X					0	0	0
JEFFREY GOLUB CHAIR-MIDDLE	3 00	X					0	0	0
KAREN CONN MITCHAM ASSOC CHAIR-SECONDARY	3 00	X					0	0	0
PATRICK MONOHAN CHAIR-CEL	5 00	X					0	0	0
MALEA POWELL ASSOC CHAIR-CCCC	5 00	X					0	0	0
CAROLYN CALHOON-DILLAHUNT CHAIR-TYCA	5 00	X					0	0	0
MARSHALL GEORGE CHAIR-CEE	5 00	X					0	0	0
CAROL ANN JAGO PAST PRESIDENT	8 00			X			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
YVONNE SIU-RUNYAN PRESIDENT	8 00			X			0	0	0
KEITH GILYARD PRESIDENT ELECT	8 00			X			0	0	0
SANDY HAYES VICE PRESIDENT	8 00			X			0	0	0
KENT WILLIAMSON EXECUTIVE DIRECTOR	40 00				X		173,891	0	14,521
BARBARA CAMBRIDGE DC OFFICE DIRECTOR	40 00					X	133,050	0	12,839
MILA FULLER DEPUTY EXECUTIVE DIRECTOR	40 00					X	119,880	0	11,946
DALE ALLENDER NCTE WEST DIRECTOR	30 00					X	103,666	0	4,461
MARK ROWE IT & MEETINGS DIRECTOR	40 00					X	101,338	0	12,471
SHARON ROTH PROFESSIONAL DEVELOPMENT D	40 00					X	101,105	0	15,695

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code	(Expenses \$	1,816,839	including grants of \$) (Revenue \$	296,817)
OTHER PROGRAM EXPENSES RELATED TO TAX-EXEMPT PURPOSE					