FORM 990 PUBLIC INSPECTION COPY

1SKY EDUCATION FUND. FOR THE YEAR ENDED SEPTEMBER 30, 2009

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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

Department of the Treasury

Internal Revenue Service

Inspection

A F	or the	2008 calendar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	<u> </u>
B CI	neck if oplicable	Please use IRS	D Employer identif	ication number
	Addres change	print or ISKY EDUCATION FUND		
]Name]change	type. Doing Business As	26-1	150699
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	Termin ation	Instruc- 0930 CARROLL AVENUE	301-	<u>-270-4550</u>
	Amend	City or town, state or country, and 21P + 4	G Gross receipts \$	1,948,921.
	Applica tion pendin	TAKOMA PARK, MD 20912	H(a) Is this a group	
	J. 4 71-111	F Name and address of principal officer:GILLIAN CALDWELL	for affiliates?	Yes X No
		6930 CARROLL AVENUE, SUITE 1000, TAKOMA PAI		
		mpt status: X 501(c) (3	H(c) Group exemption	a list. (see instructions)
		e: ▶ WWW . 1 SKY . ORG organization: X Corporation Trust Association Other ▶ L Ye		M State of legal domicile: MD
		Summary	ai oriormation. 2007	W State of legal dofficie. 1110
		Briefly describe the organization's mission or most significant activities: 1SKY IS	NATTONAL CA	MPATGN IN
Governance		THE UNITED STATES CATALYZING A SOCIETY-WIDE 1	OVEMENT IN S	SUPPORT OF
Ta.		Check this box if the organization discontinued its operations or disposed of m		
Ž		Number of voting members of the governing body (Part VI, line 1a)		_
ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		5
8		Total number of employees (Part V, line 2a)		16
vitie		Total number of volunteers (estimate if necessary)		2000
Activities &	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
/	b	Net unrelated business taxable income from Form 990-T, line 34	7t	0.
			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	1,635,303	1,933,735.
enr		Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		292.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 505 000	115.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,635,303	1,934,142.
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	·	
		Benefits paid to or for members (Part IX, column (A), line 4)		006 631
ë		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		996,631.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>
χ̈́		Total fundraising expenses (Part IX, column (D), line 25) 174,715.	60 062	1 657 400
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	69,862 69,862	
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,565,441	
- v	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Year	End of Year
ance		Tabel assets (Dart V. line 16)	2,990,637	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	89,118	
det.	21	Net assets or fund balances. Subtract line 21 from line 20	2,901,519	2.181,540
Pá	art II	Signature Block	2/30=/0=3	
نت		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledge	edge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	oge.	į.
Sig	n	MV	\$ 17	10
Her		Signature of officer	Date '	1
		GILLIAN CALDWELL, CAMPAIGN DIRECTOR		
		Type or print name and title		
Dai		Preparer's Date Date	Check if Prep	arer's identifying number instructions)
Paid		signature V Chian Shim CPA 5/11/10	employed	01060465
	parer's Only	Firm's name (or DROLET & ASSOCIATES, P.L.L.C	EIN ► '_	
086	July	self-employed), 1901 L STREET, NW #250		000 000 0=1=
		ZIP+4 WASHINGTON, DC 20036	Phone no.	202-822-0717
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

2,311,566. (Must equal Part IX, Line 25, column (B).)

4e Total program service expenses ►\$

Form 990 (2008) 1SKY EDUCATION FUND
Part IV | Checklist of Required Schedules

			Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-	168	140
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 21	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	Ū	-1,	
•	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	,		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	04-	1	v
	If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	 	
С		245		
	any tax-exempt bonds?	24c 24d	 	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	∠ 40	 	
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	<u> zua</u>		41
D	prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			1
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			<u> </u>
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	determinant of the a balloot forested to depot all months desired		000	

Form 990 (2008) 1SKY EDUCATION FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?		1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X_	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A.

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?

Part V Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ______ [2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? X Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7ę benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A 11 Gross income from members or shareholders 11a

12a

Form 990 (2008)

1SKY EDUCATION FUND

26-1150699 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		,	
		_	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a		4		
b	Enter the number of voting members that 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?	_2_	•	<u> </u>
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?	3		<u> X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5		X
6	Does the organization have members or stockholders?	_6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а		<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X_	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u> X</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	l	X
Sec	tion B. Policies		1	
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		.,	
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		v	
a		15a	X	<u> </u>
b		15b	X	
	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			J.,
	taxable entity during the year?	16a		X
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	40.		
6-	exempt status with respect to such arrangements?	16b	l	L
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC	o for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ė ioi		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	ond &	nn=i-!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	ano ma	ancial	
*-	statements available to the public.	atian. b		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	auon: J	_	
	THE ORGANIZATION - 301-270-4550			
	6930 CARROLL AVENUE, NO. 1000, TAKOMA PARK, MD 20912			

26-1150699

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable compensation	(F) Estimated
	hours per week	ndividual trustee or director	nestitutional trustee		Key employee	Highest compensated On employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BETSY TAYLOR			-		_					_
PRESIDENT	16.00	X				<u> </u>		27,000.	0.	0.
JESSICA BAILEY										_
VICE PRESIDENT	1.00	X	ļ	<u> </u>	_			0.	0.	_0.
GUS SPETH							l			
SECRETARY	1.00	X	_			↓_		0.	0.	0.
KC GOLDEN										
TREASURER	1.00	X	_	<u> </u>	ļ	ļ		0.	0.	0.
BILL MCKIBBEN									_	
DIRECTOR	1.00	X	-	₩	-	\vdash	_	0.	0.	0.
BRACKEN HENDRICKS		l					1			
DIRECTOR	1.00	X	-	ـ	┼	1		0.	0.	0.
BILLY PARISH	4.00							0.055		_
DIRECTOR	1.00	X	╀	₩		-	-	8,855.	0.	0.
GILLIAN CALDWELL	40.00			,,				20 520	0.	3,856.
CAMPAIGN DIRECTOR	40.00			X				39,538.	0.	3,630.
		-		_						-

	990 (2008) 1SKY EDU t VII Section A. Officers, Directors, To					ınd	High	aet	Compensated Employ	26-1150	1023		age 8
	(A) Name and title	(B) Average hours			(e Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	1	(F) stimate	
		per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensa om the anizat d relat anizati	ation e tion
										<u></u>			
		-											
								-					<u></u>
			-										
						-							
	Total	i				į			75,393.	0		3.8	56.
2	Total number of individuals (including the	se in 1a) who r	ecei	ved i	more	e tha	an \$	00,				-,,-	
	compensation from the organization		.,								•	Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J fo			e, ke	еу ег	mple	руөө	or!	highest compensated e	mployee on	3		х
4	For any individual listed on line 1a, is the	sum of reporta	ble d								١.		
5	and related organizations greater than \$1 Did any person listed on line 1a receive of										4		X
_	the organization? If "Yes," complete School										5		Х
1	ction B. Independent Contractors Complete this table for your five highest	compensated i	ndep	pend	lent	con	tract	ors	that received more than	\$100,000 of comper	sation	from	
	the organization. NONE (A) Name and busine	ss address						-	(B) Description of	services	(i Compe	C) ensatio	on
	rtano and sasino	50 444,000											
			-										
		 											
													

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

Form		_	2008) 1SKY	EDUCATIO	N FUND			26-1150	99 Page 9	
Par	t V	1111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants)	1b 1c 1d ons) 1e				:		
Contributand other		g	similar amounts not included above Noncash contributions included in lines Total, Add lines 1a-1f	/e 1f 1:	933735.	1 022 725				
Program Service C Revenue					Business Code	1,933,735.			· · · · · · · · · · · · · · · · · · ·	
		b								
			All other program service reve	nue	>					
	3 4 5		Investment income (including other similar amounts)	k-exempt bond p	roceeds					
	6	b	Gross Rents Less: rental expenses Rental income or (loss)		(ii) Personal					
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 15,071.	(ii) Other					
į		d	and sales expenses Gain or (loss) Net gain or (loss)	292.	<u> </u>	292.			292.	
Other Revenue	8		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See a						
₽			Less: direct expenses		L	-	1			
	_		Net income or (loss) from fund Gross income from gaming ad			· · · · · · · · · · · · · · · · · · ·				
	9		Part IV, line 19	a						
	10	С	Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities returns						
			Less: cost of goods sold Net income or (loss) from sale	b						
	11		Miscellaneous Revenu		Business Code 900099	115.	115.			
		b			<u> </u>					
		d	All other revenue							
		е	Total. Add lines 11a-11d			115				
8320 02-0	12 09 2-09	!	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 8d, 7d, 8c, 9c, 1	0c, and 11e	1,934,142	115.	0.	292. Form 990 (2008)	

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).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21										
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,	ı.									
	trustees, and key employees	234,940.	178,914.	8,872.	47,154.						
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	657,537.	525,850.	67,734.	63,953.						
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits	104,154.	81,368.	9,514.	13,272.						
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion	18,947.		18,947.							
13	Office expenses	46,214.	44,762.	496.	956.						
14	Information technology	19,137.	17,425.	1,171.	541.						
15	Royalties										
16	Occupancy	71,836.	51,274.	12,158.	8,404.						
17	Travel	44,012.	31,312.	7,884.	4,816.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	29,737.	23,483.	2,552.	3,702.						
23	Insurance	5,901.	47.	5,854.							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	CONSULTING	1,232,464.	1,209,339.	6,399.	16,726.						
b	PROFESSIONAL_SERVICES	52,427.	29,306.	17,891.	5,230.						
c	DUPLICATION AND PRINTIN	40,001.	35,687.	963.	3,351.						
4	MISCELLANEOUS	38,911.	34,496.	4,039.	376.						
e	DUES AND SUBSCRIPTIONS	23,433.	22,526.	116.	791.						
f	All other expenses	34,470.	25,777.	3,250.	5,443.						
25	Total functional expenses. Add lines 1 through 24f	2,654,121.	2,311,566.	167,840.	174,715.						
26	Joint Costs. Check here if following										
~0	SOP 98-2. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation										
	ovavational vampaign and fundraising solicitation			·	- 000 (cccc)						

				7						
					(A) Beginning of year		(E End o	3) If year		
. [1	Cash - non-interest-bearing			650,639.	1		38,3	23.	
	2	Savings and temporary cash investments			030,033.	2	2,0.	<i>30 , 3</i>	<u> </u>	
ŀ	3	Pledges and grants receivable, net			2,291,561.	3	1'	75,0	00.	
	4	Accounts receivable, net			<u> </u>	4		, <u></u>		
ł	5	Receivables from current and former officers, o	firectors	trustees key						
	·	employees, or other related parties. Complete		•		5				
	6	Receivables from other disqualified persons (a					-			
	v	4958(f)(1)) and persons described in section 49								
		Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·		6				
w	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
As	9	Prepaid expenses and deferred charges			5,771.	_		12,0	23.	
	_	Land, buildings, and equipment: cost basis								
		Less: accumulated depreciation. Complete	104	130/11/51						
	U	Part VI of Schedule D	10h	29,740.	42,666.	10c	1	00,5	33.	
	11	Investments - publicly traded securities				11		, -		
	12	Investments - other securities. See Part IV, line				12				
ı	13	Investments - program-related. See Part IV, line	r =	13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15		3.8	51.			
	16	Total assets. Add lines 1 through 15 (must eq	2,990,637.		2,3	29,7				
	17	Accounts payable and accrued expenses			89,118.			48,1		
	18	Grants payable	77,	18			-			
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities			20					
_s	21	Escrow account liability. Complete Part IV of S				21		_		
tie	22	Payables to current and former officers, direct								
Liabilities		highest compensated employees, and disqual				•				
Li		of Schedule L				22				
	23	Secured mortgages and notes payable to unre		23						
	24	Unsecured notes and loans payable			24					
	25	Other liabilities. Complete Part X of Schedule				25				
	26	Total liabilities. Add lines 17 through 25			89,118.	26	1	48,1	90.	
		Organizations that follow SFAS 117, check								
v		lines 27 through 29, and lines 33 and 34.								
ည္ည	27	Unrestricted net assets			973,851.	27	1,9	35,6	01.	
<u> </u>	28	Temporarily restricted net assets			1,927,668.	1		45,9		
B	29					29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117,								
<u>β</u>		complete lines 30 through 34.		•						
হ	30	Capital stock or trust principal, or current fund	is			30				
SS	31	Paid-in or capital surplus, or land, building, or				31				
ťΥ	32	Retained earnings, endowment, accumulated				32				
ž	33	Total net assets or fund balances			2,901,519	33	2,1	81,5	40.	
	34	Total liabilities and net assets/fund balances			2,990,637.	34	2,3	29,7	730.	
Pa	rt XI									
				····				Yes	No	
1	Acc	ounting method used to prepare the Form 990:	☐ C	ash 🗓 Accrual	Other					
2a		e the organization's financial statements compil			accountant?		2a		X	
b		e the organization's financial statements audite						Х		
	If "Yes" to lines 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?									
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
		and OMB Circular A-133?							X	
h		es " did the organization undergo the required :					3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 26-1150699 1SKY EDUCATION FUND Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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. c Type III - Functionally integrated __ Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No No (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 1SKY EDUCATION FUND 26-1150699 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	cupper to direction of organizations becomes in coolions in closely the troub										
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)										
Section A. Public Support											
	/or final man harinning in)	4-20004	4. 0005	4 3 0000	(-D 0007	(-) 00/					

se(ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")				1635303.	1933735.	3569038.
2	Tax revenues levied for the organ-						
	ization'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 · 3				1635303.	1933735.	3569038.
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)						1987969.
6	Public Support. Subtract line 5 from line 4.	-				,	1581069.
	ction B. Total Support						-
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4				1635303.	1933735.	3569038.
	Gross income from interest,						
	dividends, payments received on				1	1	
	securities loans, rents, royalties						
	and income from similar sources					292.	292.
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						3569330.
	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	115.
	First five years. If the Form 990 is for	•			*.*	n 501(c)(3)	
	organization, check this box and stop	-					> X
Se	ction C. Computation of Publi	c Support Pe	ercentage				
14	Public support percentage for 2008 (li	ine 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2007	Schedule A, Pari	t IV-A, line 26f	,,,,,		15	%
	a 33 1/3% support test - 2008. If the o						x and
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2007. If the o	rganization did n	ot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						
178	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organize	ation qualifies as	a publicly support	ed organization		▶□
ŀ	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						. —
18	Private foundation. If the organizatio	n did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruction	ıs 🕨 🔲

Se	ction C. Computation of Public Support Percentage	- _V	
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
	ction D. Computation of Investment Income Percentage		
	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	9/
	a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is m line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	ore than 33 1/3%, a corted organization	and ▶
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	nstructions	
	A.	L - 4 L - 4 (F 00	A AAA ETI AAA

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

1	SKY EDUCATION FUND	26-1150699
Organization type (check	· · · · · · · · · · · · · · · · · · ·	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	and a Special Rule. See instructions.)	
-	s filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mor oplete Parts I and II.	ney or property) from any one
Special Rules		
509(a)(1)/170(b)(1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of 1)(A)(vi), and received from any one contributor, during the year, a contribution of the grea 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and	ater of (1) \$5,000 or (2) 2% of the
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any on butions or bequests of more than \$1,000 for use exclusively for religious, charitable, scie prevention of cruelty to children or animals. Complete Parts I, II, and III.	
some contributio \$1,000. (If this be etc., purpose. Do	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions did ox is checked, enter here the total contributions that were received during the year for an onot complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, charitable, ause it received nonexclusively
Caution. Organizations to	hat are not covered by the General Rule and/or the Special Rules do not file Schedule B ((Form 990, 990-EZ, or 990-PF), but

they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

1290 100 4000	Page	1 of	4 of Part I
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Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

1SKY EDUCATION FUND

26-1150699____

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$50,000 .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		s14,780.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		ss,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page	2 of	4 of Part I
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	_	_					
Schedule	8	(Form	990.	990-EZ.	OF	990-PF	1 (2008)

Name of organization

Employer identification number

J	<u>. ട</u>	ĸ	Y	<u>EL</u>	Ų	<u>CA</u>	$T \perp$	ON	Fυ	שמנ

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ <u>80,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$ <u>400,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$50,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page	3 of	4 of Part I
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Schedule	R	@arm	മരവ	990-E7		GOA-PE	/onea
Schedule	0	(FUIII)	avu.	UUU-EZ.	or	UUU-FF.	112000

Name of organization

Employer identification number

1	SKY	וזרוים	CATI	γ	FUND
ᆂ	OUT	טענב	CHILL	OTA -	L OMD

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 100,000.	Person X. Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		- \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>		_ _ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

1SKY EDUCATION FUND

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$ <u>50,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$ <u>11,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

1SKY EDUCATION FUND

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	295 SHS PROCTOR AND GAMBLE STOCK		
		\$\$\$	06/16/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-18		\$\$	 990, 990-EZ, or 990-PF)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

Inspection

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

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

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

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

	f the organizatio	n answered "Yes	s." to Form 9	990. Part IV.	, line 5 (Prox	y Tax), then
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• (Section 501(c)(4), (5), or (6) organizati	ons: Complete Part III.			
Nam	ne of organization			Emplo	yer identification number
	1SKY EDU	JCATION FUND			<u> 26-1150699</u>
Pa	irt I-A To be completed by	all organizations exem	pt under section	501(c) and section 52	7 organizations.
	See the instructions for Se				
1	Provide a description of the organization	ation's direct and indirect politic	al campaign activities	in Part IV.	
	Political expenditures				
	Volunteer hours				
_	•••••				
Pa	rt I-B To be completed by	all organizations exem	pt under section	501(c)(3).	
	See the instructions for Se	•			
1	Enter the amount of any excise tax i		ler section 4955	▶\$	
2		ncurred by organization manage	ers under section 495	5	
	If the organization incurred a section				
	Was a correction made?				
	If "Voc." describe in Part IV				
_	art I-C To be completed by	all organizations exem	pt under section	501(c), except section	n 501(c)(3).
	See the instructions for S	chedule C for details.			
1	Enter the amount directly expended	by the filing organization for se-	ction 527 exempt fund	ction activities >\$	
2					
	exempt function activities			▶ \$	
3	Total of direct and indirect exempt t				
	Form 1120-POL, line 17b				
4	mark 1 1 11 11 11 11 11				
5	State the names, addresses and en	nployer identification number (El	N) of all section 527 p	olitical organizations to which	h payments were made.
	Enter the amount paid and indicate	if the amount was paid from the	e filing organization's f	unds or were political contrib	utions received and
	promptly and directly delivered to a		such as a separate se	gregated fund or a political a	ction committee (PAC).
	If additional space is needed, provide	de information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter 0
-	- 112	-			
		-			
_					

chedule C (Form 990 or 990 EZ) 2008	1SKY	EDUCA	TION FUND		26-1	150699 Pa	ige 2
Part II-A To be completed by					t filed Form 5768		
(election under sec				nedule C for details.			
Check - if the filing organizat	tion belon	gs to an affil	iated group.				
Check Lifthe filing organizat	tion check	ed box A ar	d "limited control" pro	ovisions apply.			
		oying Exper eans amou	nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated great totals	oup
1a Total lobbying expenditures to influ	ience pub	lic opinion (c	arassroots lobbying)	-v · ·	35,397.		
b Total lobbying expenditures to influ					13,386.	:	
c Total lobbying expenditures (add li					48,783.		
d Other exempt purpose expenditure					2,605,338.		
e Total exempt purpose expenditure	**********				2,654,121.		
f Lobbying nontaxable amount. Enter					282,706.		
If the amount on line 1e, column (a) o			bying nontaxable am				
Not over \$500,000	. (-, /-,		the amount on line 1e	13			
Over \$500,000 but not over \$1,000	1 000		0 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce				
Over \$17,000,000	000,000	\$1,000,0	-	3333777			
0,000,000		ψ.,joσο,	<u> </u>				
g Grassroots nontaxable amount (en	ter 25% c	f line 1f)			70,677.		
h Subtract line 1g from line 1a. Enter					0.	-	
i Subtract line 1f from line 1c. Enter		-	***************************************		0.		
j If there is an amount other than ze							
reporting section 4911 tax for this				, ,	[Yes] No
			raging Period Under				
(Some organiz	ations th			n do not have to com	plete all of the five		
columi	ns below.	See the ins	tructions for lines 2	a through 2f of the ins	tructions.)		
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a Lobbying non-taxable amount					282,706.	282,7	06.
b Lobbying ceiling amount							
(150% of line 2a, column(e))						424,0	<u>59.</u>
c Total lobbying expenditures					48,783.	48,7	83.
				1			
d Grassroots non-taxable amount					70,677.	70,6	<u>77.</u>
e Grassroots ceiling amount							
(150% of line 2d, column (e))						106,0	<u> 16.</u>
	l		1	l .	1	I	

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2008 1SKY EDUCATION FUND 26-1150699 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a	1)	(t)
	Yes	No	Amo	ount
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 other 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 To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)), or sect	ion
501(c)(6). See the instructions for Schedule C for details.				,
			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?			·	_
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		2		_
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4).	section	2 3 501(c)(5		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	section	2 3 501(c)(5		
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Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members	section if Part III	501(c)(5 I-A, ques		
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	1SKY EDUCATION FUND		26-1150699
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	is 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 writ		rised funds
	are the organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and donor adv		
•	for charitable purposes and not for the benefit of the donor or d		
Pai			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or plea		nistorically important land area
	Protection of natural habitat	· —	ified historic structure
	Preservation of open space		mod motorio obtaviaro
2	Complete lines 2a-2d if the organization held a qualified consen	vation contribution in the form of a co	nservation easement on the last day
-	of the tax year.	validit contribution in the form of a co	modification casomone on the last day
	or the tax year.		Held at the End of the Year
	Total number of conservation easements		•
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure.		
C			[
d	Number of conservation easements included in (c) acquired after Number of conservation easements modified, transferred, relea		The state of the s
3		sed, extinguished, or terminated by t	ne organization doming the taxable
	year >		
4	Number of states where property subject to conservation ease		- and
5	Does the organization have a written policy regarding the period		
_	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describe	is the organization's accounting for
Da	conservation easements.	Art Llisterical Transcripes or	Other Cimilar Agasta
ra	rt III Organizations Maintaining Collections of		Other Sillinar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 6.	
la	If the organization elected, as permitted under SFAS 116, not t	•	
	treasures, or other similar assets held for public exhibition, edu		public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		
b	If the organization elected, as permitted under SFAS 116, to re		
	or other similar assets held for public exhibition, education, or r	research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	• •		
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• \$

		UCATION FU					15069		
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or	Other S	Similar Ass	ets (conti	inued)	
3	Using the organization's accession and othe	r records, check any	of the following th	at are a significa	ant use of	its collection it	ems (chec	:k all	
	that apply):								
а	Public exhibition	d	Loan or ex	change program	าร				
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	ı's exempt	purpose in Pa	ırt XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other	similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?		<u>.</u> [Yes		No_
	t IV Trust, Escrow and Custodial						art IV, line	9, or	
	reported an amount on Form 990, Pa		·						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other asse	ets not inc	luded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIV								
		•	ū				Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d	•		
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIV		, , , , , , , , , , , , , , , , , ,		**************			-	
Par			ered "Yes" to Form	990, Part IV, lin	e 10.				
	1	(a) Current year	(b) Prior year			Three years back	(e) Four	vears	back
1a	Beginning of year balance			1					
b	Contributions								
c	Investment earnings or losses			<u> </u>			-		
4	Grants or scholarships				-		<u> </u>		
u _	Other expenditures for facilities		-						
-					j				
	and programs Administrative expenses						_	-	
I					-		 		
y	End of year balance		1						
2	· · · · · · · · · · · · · · · · · · ·		as. %						
a L	Board designated or quasi-endowment Permanent endowment P								
D		⁷⁰							
C	Are there endowment funds not in the posse		ration that are hold	and administers	ad for the	organization			
Sa		ession of the organiz	ation mat are neid	and administere	od for the	organization		Vec	No
	by:						3a(i)	163	140
	(i) unrelated organizations						···		
L	(ii) related organizations								
D	-			***************************************	••••••		30		
Da	t VI Investments - Land, Building			O Part V line 10	<u> </u>				
- Cal	······································					reciation	(d) Boo	برامير يا	
	Description of investment	(a) Cost or o basis (invest		st or other s (other)	(c) Debi	reciation	(a) 600	n valu	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	I	1	30,273.	2	9,740.	10	0,5	<u> 33.</u>
	Other	I							
	. Add lines 1a-1e. (Column (d) should equal F		umn (B), line 10(c).)			10	0,5	33.

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.

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number

Schedule L (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

OMB No. 1545-0047

	1SK	Y EDUC	ATI	ON I	FUND					2	6-11	5069	9	
Part I Excess	Benefit *	Transactio	ons (s	sectio	n 501(c)(3) and section	n 501(c)(4)	organization	ns only).					
To be cor	npleted by o	organizations	s that a	answe	red "Yes	on Form 99	0, Part IV, I	ine 25 <u>a or 2</u>	.5b, or F	orm 990	0-EZ, Pa	rt V, line	40b.	
1													(c) Con	ected?
(a) N	lame of disc	ualified pers	on				(b) D	escription o	of transa	ction			Yes	No
					-									
				*										
								•						
													-	
2 Enter the amount	of tax impo	sed on the o	rganiz	ation	manager	s or disqualifi	ed persons	during the	year un	der				
section 4958	-		_		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					. > \$			
3 Enter the amount														
	- · · · · · · · · · · · · · · · · · · ·					, ,								
Part II Loans	to and/or	From Int	erest	ted P	ersons	S.			-					
To be co	mpleted by	organizations	s that a	answe	red "Yes	" on Form 99	0, Part IV, I	line 26, or F	orm 990	EZ, Pa	rt V, line	38a.		
(a) Name of inter		(b) Loan t				inal principal		nce due) In	(f) Ap	proved ard or		ritten
person and pur	pose	the organ	nizatio	n?		mount	(-,		def	ault?		ard or nittee?	agree	ment?
		То	Fro	om					Yes	No	Yes	No	Yes	No
											1			
	•													
				·										
Total						> \$								
Part III Grants	or Assis	tance Ber	nefiti	ng In	iterest	ed Person	S.							
To be co	mpleted by	organization	s that	answe	ered "Yes	s" on Form 99	0, Part IV,	line 27.						
(a) Name of						ionship betw			and		(c) Amo	unt of gr	ant or ty	/ре
	·				1 - 7	the or	ganization				C	f assista	ince	
		·												
Part IV Busine	ss Trans	actions Ir	ıvolv	ing l	nterest	ted Persor	ıs.							
To be co	mpleted by	organization	s that	answ	ered "Ye	s" on Form 99	90, Part IV,	lines 28a, 2	8b, or 2	8c.			· · · · · · · · · · · · · · · · · · ·	
(a) Name of	interested	person				hip between i		(c) Amo		(d)	Descrip			aring of zation's
				F	person ai	nd the organi	zation	transa	iction		transac	tion		nues?
				L									Yes	No
ELIZABETH T	AYLOR			BOA	RD M	EMBER	_				NSUL'			X
BILLY PARIS	H			PRE	SIDE	NT		22	2,505	. C01	SUL	TUA		X
													<u> </u>	
				T T			<u>-</u>	1			. –		1	1

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number 1SKY EDUCATION FUND 26-1150699 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BOLD FEDERAL ACTION TO JUMPSTART A CLEAN ENERGY ECONOMY AND TACKLE GLOBAL WARMING POLLUTION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNICATIONS: THE COMMUNICATIONS PROGRAM AMPLIFIES FIELD ACTIONS AND ACTIVITIES THROUGH THE USE OF LOCAL MEDIA OUTLETS. EXPENSES \$ 160842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS WERE AMENDED TO COMPLY WITH THE DISTRICT OF COLUMBIA NONPROFIT CORPORATION ACT, 2001 EDITION, TITLE 29, CHAPTER 3. FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION SHARES THE FORM 990 AFTER IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE FORMS ARE MAILED IN THE SPRING OF EACH YEAR TO ALL BOARD MEMBERS ELECTED AFTER THE ANNUAL MEETING. THE FORMS ARE RETURNED TO THE OPERATIONS MANAGER AND FILED TOGETHER. FORM 990, PART VI, SECTION B, LINE 15: THE CAMPAIGN DIRECTOR'S SALARY COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS IN AN ANNUAL REVIEW PROCESS THAT CONSIDERS THE TERMS OF HER HIRING CONTRACT, THE FINANCIAL STATUS OF THE ORGANIZATION, AND PERCENTAGE SALARY ADVANCES GIVEN TO OTHER STAFF MEMBERS WITHIN THAT SAME PERIOD. THE BOARD OF DIRECTORS ALSO REVIEWED LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number 26-1150699 1SKY EDUCATION FUND SALARIES AND INCREASES FROM COMPARABLE ORGANIZATIONS IN MAKING THEIR DECISION AND DELIBERATED ON THE BASIS OF ALL THOSE FACTORS IN ADDITION TO A THOROUGH PERFORMANCE REVIEW IN MAKING ITS DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL MAKES ITS ANNUAL REPORTS, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AND ITS MEMBERS, UPON REQUEST OF SUCH DOCUMENTS BY MEMBERS AND THE PUBLIC. FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection OMB No. 1545-0047 Direct controlling Direct controlling 26-1150699 entity entity status (if section 501(c)(3)) End-of-year assets Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ Exempt Code Total income 501(C)(4) section 9 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▼ See separate instructions. MARYLAND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ECONOMY AND TACKLE GLOBAL PROMOTE A CLEAN ENERGY Primary activity Primary activity WARMING POLLUTION 9 <u>@</u> 1SKY EDUCATION FUND Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN Name, address, and EiN of related organization of disregarded entity 6930 CARROLL AVENUE SULTE 1000 1SKY ACTION FUND - 26-1181604 TAKOMA PARK, MD 20912 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Partl

Schedule R (Form 990) 2008 1SKY EDUCATION FUND

Part III Identification of Related Organizations Taxable as a Partnership

	Ses Aes				(H) Percentage ownership				90) 2008
Code V-UBI amount in box 20 of Schedule					(G) Share of Peend-of-year ov assets				Schedule R (Form 990) 2008
4) portion- cations?	Aes No								Sche
(G) Share of end-of-year assets					(F) Share of total income				
					(E) Type of entity (C corp, S corp, or trust)				
(F) Share of total income									=
(E) Predominant income (related, investment, unrelated)					(D) Direct controlling entity				
(F Predomina (related, in unrel					(C) Legal domicile (state or foreign country)			:	
(D) Direct controlling entity			į	rust	(B) Primary activity				
(C) Legal domicile (state or foreign	(Kanana)			ooration or	Prir	<u> </u>	- 11		
(B) Primary activity				Identification of Related Organizations Taxable as a Corporation or Trust	Z				<u>.</u>
(A) Name, address, and EIN of related organization				Part IV Identification of Related Org	(A) Name, address, and EIN of related organization				832162 12-23-08

Page 3

Part V Transactions With Related Organizations

				1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes No	- 1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				- 1
a Beceint of (i) interest (ii) annutities (iii) rovalties (iv) rent from a controlled entity		- 1	×	- 1
			×	
b cirt; grant, or capital contribution to other organization(s)			 >	1
c Gift, grant, or capital contribution from other organization(s)		2	₫ :	1
d Loans or loan quarantees to or for other organization(s)		2	×	- 1
(s) october or an experience by Other Organization(s)		<u>1</u>	×	
E Logis of idal guarantees by one organization (s)				l
		#	×	l
1 Sale of assets to other organization(s)			 >	ı
g Purchase of assets from other organization(s)		2 ;	\$	1
h Exchange of assets		F	4	- 1
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×	- 1
				ŧ
i I assa of facilities pruinment or other assets from other organization(s)		1,	×	- 1
Judges of recinities, equipment, of the control of		14	X	
Deformance of convices or membership or fundraising collectations by		=	×	Ì
Chains of facilities actionment mailing lists or other assets		£	×	ı
		ŧ	×	ı
n Sharing or paid entproyees		L		I
		ç	×	1
Heimbursement paid to other organization for expenses		┝	 	1
p Reimbursement paid by other organization for expenses		+	4	1
		Ş	×	1
q Other transfer of cash or property to other organization(s)		<u> </u>	4 5	1
r Other transfer of cash or property from other organization(s)		- -	*	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds.			- 1
(V)	(8)	(0)		
Name of other organization(s)	Transaction type (a-r)	Amount inv	olved	1
	7		16	
(1) ISKY ACTION FUND	H		T	٠l
(2) 1SKY ACTION FUND	×	7	,716.	اه
	ſ		ć	
(3) 1SKY ACTION FUND	24		80.	۱۰
(7)				ı
(5)				- 1
				I
	Sched	Schedule R (Form 990) 2008	990) 2008	00

Page 4

Schedule R (Form 990) 2008 1SKY EDUCATION FUND

Part VI Unrelated Organizations Taxable as a Partnership

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

that was not a related organization. See instructions regarding exclusion for certain investment partitions in par-	ISION IOI CEITAIN INVESTIMENT PARTIES		9	Ę	9	3	Ę
(A)	(9)	<u>ට</u>	<u></u>	<u>(i</u>		5)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	. I. T. i
	354						
Table 1							
				İ			
					•		
		:		į	_		
						Schedule R (Form 990) 2008	n 990) 2008

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•	tre filing for an Automatic 3-Month Extension, complete only Part I and check this box tre filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		▶ X
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously to	filed For	m 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co		▶ □
All other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a come tax returns.		
noted be (not auto you must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consults the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic to gov/efile and click on e-file for Charities & Nonprofits.	nically if onsolida	(1) you want the additional ited Form 990-T. Instead,
Type or print	Name of Exempt Organization	Empl	oyer identification number
pilit	1SKY EDUCATION FUND	2	6-1150699
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 6930 CARROLL AVENUE, NO. 1000		
return. See instructions			
Check ty	rpe of return to be filed (file a separate application for each return):		
☐ Fo	rm 990	5227 5069	
Telep If the	THE ORGANIZATION cooks are in the care of ► 6930 CARROLL AVENUE, NO. 1000 - TAKOMA chone No. ► 301-270-4550 FAX No. ► corganization does not have an office or place of business in the United States, check this box lis for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	his is fo	r the whole group, check this
is ·	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time u MAY 15, 2010 , to file the exempt organization return for the organization named for the organization's return for: calendar year		The extension
2 If	his tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions.	3a	\$
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	x payments made. Include any prior year overpayment allowed as a credit.	3b	
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	ee instructions.	3c	\$N/A