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# SCANNO

. Form 990-EZ Short Form Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

For the 2009 calendar year, or tax year beginning 2009, and ending D Employer identification number Check if applicable Address change NATIONAL COLLEGE RESOURCES FOUNDATION use IRS label or print or 86-1120719 Name change 750 N DIAMOND BAR BLVD. #208 Telephone number Initial return type. DIAMOND BAR, CA 91765 Termination Specific Instruc-Amended return Group Exemption Number Application pendin Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ Check ► X If the organization is not H Website: ► N/A required to attach Schedule B (Form 990. 990-EZ, or 990-PF) Tax-exempt status (check only one) -|X| = 501(c) (3)  $\triangleleft$  (insert no.) 4947(a)(1) or Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 498,039. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 44,251 Program service revenue including government fees and contracts 2 453,788. 3 Membership dues and assessments 3 4 Investment income. 4 5a 5a Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 50 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 7a Gross sales of inventory, less returns and allowances 7 a 7b **b** Less cost of goods sold 7 c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe 9 498,039. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 RECEIVED 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 22,550. 14 Occupancy, rent, utilities, and maintenance Ö 14 OCT 12 2011 Printing, publications, postage, and shipping 15 6,600. 15 Other expenses (describe ► SEE STATEMENT 1 423,359. 16 16 OGDEN 452,509. Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 45,530. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 -5,633. 20 Other changes in net assets or fund balances (attach explanation) 20 21 39,897: 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 6,408. 22 103,273. 22 Cash, savings, and investments 23 23 Land and buildings 21,907. 24 Other assets (describe ► SEE STATEMENT 2 39,083. 24 45,491.25 125,180. 26 Total liabilities (describe ► SEE STATEMENT 3 51,124. 26 85,283. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -5,633. 27 39,897.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

Form	990-EZ (2009) NATIONAL COLLEG			86	-11	20719F	age <b>2</b>
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses	
What Desc	is the organization's primary exempt purpose? <u>SE</u> cribe what was achieved in carrying out the ribe the services provided, the number of	E STATEMENT 4 pe organization's exempt purp	ooses. In a clear and co	oncise manner,	(Rec 501 ( orga	uired for section c)(3) and (4) nizations and sect (a)(1) trusts; optic	tion
desc	ribe the services provided, the number of ram title	f persons benefited, or other r	relevant information for	each	494 /   for o	′(a)(1) trusts; optid thers )	onal
28							
			<del>-</del>				
	(Grants \$ ) If the	nis amount includes foreign gr	rants, check here	<u> </u>	28a		
29				<b></b> -			
			<b></b>				
	(Grants \$ ) If th	 nis amount includes foreign gr	onto check have		29a		
30	(Grants 2 ) If the	ils amount includes foreign gr	ants, check here		29a		
30							
					}		
	(Grants \$ ) If th	nis amount includes foreign gr	ants, check here		30 a		
31	Other program services (attach schedule						
		nis amount includes foreign gr	ants, check here		31 a		
	Total program service expenses (add little List of Officers, Directors		ployeog List oosh sa		32	atad (Caatha aas	
rar	t IV List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense acc	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowa	nces
	RBARA EDNEY	DIRECTOR	0.		0.		0.
	00 S FLOYD CT	[ 0					
	HABRA, CA 90631						
	IIE YOUNG	DIRECTOR	0.		0.		0.
	55 TOLAND AVENUE	ļ					
	STCHESTER, CA 90045 SA FEARS	DIRECTOR	0.		0.		0.
	O CENTINELA # 408	DIRECTOR	0.		υ.		υ.
	S ANGELES, CA 90045	j					
	BECCA OSBORNE	DIRECTOR	0.		0.		0.
192	03 PRINCETOWN	0					• •
CAF	RSON, CA 90746						
	THIE DOWNS	DIRECTOR	0.		0.		0.
	645_VIA_LERIDA	0					
	RBA LINDA, CA 92887						
	MY TUMBLING	DIRECTOR	0.		0.		0.
	NOND BAR GA 01765			-	-		
	MOND BAR, CA 91765 CKI TUCKER	DIRECTOR	0.		0.		0.
	S SOUTH LONGVIEW DRIVE	DIRECTOR	0.		υ.		υ.
	AMOND BAR, CA 91765	1					
	TNE COX	DIRECTOR	0.		0.		0.
	NORTH FIRST AVENUE	0				•	٠.
ARC	ADIA, CA 91006	1					
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or	m 990-EZ (2009) NATIONAL COLLEGE RESOURCES FOUNDATION 86-1120719	•	Р	age <b>3</b>
Pa	ort V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	INT	5
			Yes	No
33	B Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
-	each activity	33		_ X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	,	, ,	, ,
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35 a		_X_
	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	_	Х
37	'a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	* *	غند	
	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b		X
38	Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	&	<u>X</u>
	b If 'Yes,' complete Schedule L, Part II and enter the total	10		
	amount involved . N/A		7%. A	
	Section 501(c)(7) organizations Enter			`.
	a Initiation fees and capital contributions included on line 9		3,1	
	b Gross receipts, included on line 9, for public use of club facilities  N/A	( )		33.
40	la Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		. '》	333
	section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.		<b>.</b> - `	E'ZI
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		<u> </u>
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   □ 0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	2.2	X
41	List the states with which a copy of this return is filed NONE			
12	2a The organization's			
42	books are in care of ► THERESA PRICE  Located at ► 750 N DIAMOND BAR, STE 208 DIAMOND BAR CA  Telephone no ►  ZIP + 4 ► 91765		- <b>-</b> -	
			v. 1	
	<b>b</b> 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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:			
			7.4	
				(Z. t. )
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			` <i>}</i> '
	c At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If 'Yes,' enter the name of the foreign country			
		_		/-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Γ	Yes	No
A A	1. Did the organization maintain any depart advised funds? If 'Vec' Form 900 must be completed instead			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

**45** X Form **990-EZ** (2009)

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► X Yes No

Form 990-EZ (2009)

Form 990-EZ (2009) NATIONAL COLLEGE RESOURCES FOUNDATION 86-1120719 Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section |Part<sub>⁵</sub>VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? . . 49 a b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average hours per week devoted to position (d) Contributions to employed benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Under penalties of true, correct, and Sign Sigi Here Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature Paid BARBARA SHANE employed N/A Pre-BUSINESS MANAGEMENT ASSOCIATES Firm's name (or parer's yours if self-employed), address, and ZIP + 4 2175 FOOTHILL BLVD STE B Use 593-7431 Only LA VERNE, CA 91750-2958 (909)Phone no

## SCHEDULE A (Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	of the organization							Employe	r identificat	on number
	IONAL COLLEGE								120719	
Part	t I: Reason for Pu	blic Charity Statu	s (All organizations	must	comple	ete this	s part.	) See i	nstruct	ions
The c	organization is not a pri	ıvate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box.)			
1	A church, convent	ion of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	).		
2	X A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule	E)						
3	A hospital or coop	erative hospital service	e organization described	ın secti	ion 170(	b)(1)(A)	(iii).			
4	A medical research	h organization operate	d in conjunction with a h	nospital	describe	d in sec	ction 17	0(b)(1)(	A)(iii). Er	iter the hospital's
	name, city, and sta	=	·	·						,
5	An organization of 170(b)(1)(A)(iv).	perated for the benefit Complete Part II)	of a college or university		•	-	J	nmental	unit des	cribed in section
6			governmental unit descri							
7	In section 170(b)	at normally receives a I <b>XA)(vi).</b> (Complete P	substantial part of its su	upport fr	om a go	vernme	ntal uni	t or from	n the gen	ieral public described
8			1 <b>70(b)(1)(A)(vi).</b> (Comple	te Part	II )					
9	from activities relate	ed to its exempt function	more than 33-1/3 % of its s – subject to certain exciss taxable income (less	entions	and (2) r	o more	than 33-	1/3 % of	its suppo	ort from aross
	June 30, 1975. Se	e <b>section 509(a)(2).</b> (C	omplete Part III )	300001	311 tax,	,	usiriess	es acqui	ica by ti	le organization after
10	An organization or	ganized and operated	exclusively to test for pu	ublic saf	ety. See	section	n 509(a)	(4).		
11	An organization or more publicly supplemental describes the type	ganized and operated ported organizations of supporting organizations	exclusively for the bene lescribed in section 509( cation and complete lines	fit of, to a)(1) or s 11e th	perform section	the fun 509(a)(3	ctions o 2). See	of, or car section	ry out th <b>509(a)(3</b>	e purposes of one or ). Check the box that
	a Type I	<b>b</b> Type II	c ☐ Type II						d□	Type III- Other
e		<u></u>	ganization is not control		•	•		or more	∟	
_	than foundation me 509(a)(2).	anagers and other tha	n one or more publicly s	upported	d organi:	zations	describe	ed in sec	ction 509	(a)(1) or section
f	check this box		ermination from the IRS					•		· L
g	Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrit	oution fr	om any	of the fo	ollowing	persons	
	(i) a naraan wh	a diractly or indiractly	controls, either alone or					. د د د د د د د د د د د د د د د د د د د		Yes No
	(i) a person who below, the go	overning body of the si	upported organization?	together	with pe	rsons u	escribed	ı III (II) a	and (III)	11g (i)
	(ii) a family men	nber of a person desc	ribed in (i) above?							11 g (ii)
	(iii) a 35% contro	olled entity of a person	described in (i) or (ii) a	bove?						11g (iii)
h	Provide the followi	ng information about t	he supported organization	ons						
	(i) Name of Supported Organization	(îi) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning iment?	the organ	rou notify nization in (i) of upport?	(vi) l organizati (i) organiz U S	on in cot	(vii) Amount of Support
			•	Yes	No	Yes	No	Yes	No	-
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Total			**	\$ 2.						

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.)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
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	<b>Public support.</b> Subtract line 5 from line 4	* *						
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	19	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 activ	ities, etc. (see ins	structions)				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 5	501(c)	(3) ▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20		••	ne 11, column (f)			14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15	%
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a ganization	i, and line 15 is 3	3-1/3% or m	nore, c	check this box
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test The organia	s' test, check this zation qualifies as	box and stop her a publicly suppo	<b>re.</b> Explain i rted organiz	n Part ation.	IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, <u>1</u> 7a	i, or 17b, check th	nis box and	see in	structions -

Schedule A (Form 990 or 990-EZ) 2009 NATIONAL COLLEGE RESOURCES FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) 86-1120719 Page 3 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
3	purpose 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							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons					·		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
C	: Add lines 7a and 7b			<u> </u>				
8	Public support (Subtract line	ે ફેન્ફોર્ય		學與考示	· · · · · · · · · · · · · · · · · · ·	*	3	
	7c from line 6.)	18.00			o or or office.		_/ <sup>/</sup>	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 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)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	<del></del>	or fifth tax year as	a section 501	(c)(3)	· П
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15	Public support percentage for 20	009 (line 8, columi	n (f) divided by li	ne 13, column (f)	).	1	5	%
	Public support percentage from					1	6	%
	tion D. Computation of Inv							
17	, ,			-	ımn (t))		17	%
18	Investment income percentage f				10 mars th == 22 1/2/	<u> </u>	18	%
198	33-1/3 support tests – 2009. If the common than 33-1/3%, check this b	ox and stop here	The organizatio	inte 14, and line 15 in qualifies as a pi	is more than 33-1/39 ublicly supported o	70, and line 17 i organization	s not	· 🔲
H	33-1/3 support tests - 2008. If the	he organization di	d not check a ho	x on line 14 or 19	a and line 16 is m	nore than 33.1	/3% and line 19	

Schedule:	A (Form 996	or 990-E	EZ) 2009	NATIONAL	COLLEGE	RESOURCES	FOUNDATION	86-1120719	Page <b>4</b>
Part IV	Suppler Part II,	<b>nental l</b> line 17a	nformat or 17b;	t <b>ion.</b> Comple and Part III	te this part , line 12. F	t to provide t Provide any o	he explanations ther additional ii	required by Part II, line information. See instruc	e 10; ctions.
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### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIONAL COLLEGE RESOURCES FOUNDATION 86-1120719 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Х Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Schedule O (Form 990) ·\$38 6: 3 X Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Х If you answered 'No,' to any of the above, please explain If you need more space, use Schedule O (Form 990). Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a **b** Admissions policies? 5b Х c Employment of faculty or administrative staff? 5 c X d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f X a Athletic programs? Х 5 q h Other extracurricular activities? 5h Х If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990) ~ X 6a Does the organization receive any financial aid or assistance from a governmental agency? X 6a b Has the organization's right to such aid ever been revoked or suspended? 6**b** Х If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990).

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### **FEDERAL STATEMENTS**

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### NATIONAL COLLEGE RESOURCES FOUNDATION

86-1120719

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	58,459.
ATHLETIC PROGRAM	Ÿ	15,886.
AUDIO VIDEO	•	
AWARDS & GRANTS		4,400.
	•	4,724.
BANK CHARGES	•	1,160.
BOOTH EXPENSES		1,030.
COMMISSION		18,265.
CONTRACT_LABOR	•	44,452.
DECORATOR		8,000.
DEPRECIATION		1,704
DUES & SUBSCRIPTIONS		3,057.
EVENT COSTS		203,422.
EVENT MEDICAL COSTS		4,624.
EXPO EXPENSES		900.
INSURANCE		1,869.
INTEREST		512.
LICENSES & FEES		3,000.
MARKETING		2,210.
MEALS & ENTERTAINMENT		150.
OFFICE EXPENSES		5,104.
PROFESSIONAL FEES		17,269.
RECEPTION		1,832.
REPAIRS & MAINTENANCE		928.
SECURITY		7,818.
SPONSORSHIP		407.
TELEPHONE & COMMUNICATIONS	•	7,677.
TRAVEL		
VIDEO PROD COSTS		2,315.
WEBSITE		250.
MEDSIIE	מסתאד ל	1,935.
	TOTAL \$	423,359.

### STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	,	<u>B</u> B	<u>GINNING</u> _	ENDING
FURNITURE AND FIXTURES NOTES AND LOANS RECEIVABLE	,	\$	4,261. \$ 34,786.	2,557. 19,350.
RECEIVABLES-OFFICERS, DIRECTORS, ETC.		TOTAL \$	36. 39,083.	$\frac{0.}{21,907.}$

### STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	_BE	GINNING _	ENDING
OTHER SHORT-TERM LOANS	\$	15,724. \$	•
REVOLVING CREDIT		0.	4,369.
SCHOLARSHIP PAYABLE		25,400.	23,525.
SECURED MORTGAGES AND NOTES PAYABLE		10,000.	0.
	TOTAL Ş	51,124.	85,283.

2009

### **FEDERAL STATEMENTS**

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NATIONAL COLLEGE RESOURCES FOUNDATION

86-1120719

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE SCHOLARSHIPS AND FINANCIAL SUPPORT TO STUDENTS AND THEIR FAMILIES WHO ARE UNDERSERVED AND UNDER-REPRESENTED IN THEIR RESPECTIVE COMMUNITIES. TO BE THERE AS A RESOURCE AND AID TO THEIR ULTIMATE SUCCESS.

# STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO