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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)

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

OMB No 1545-1150

Open to Public Inspection

EZ (2009)

Dej	partment o	of the Treasury enue Service	ŀ	assets less than \$1,250,000 at the end of the year may The organization may have to use a copy of this return to satisfy			Inspection
A			lar vear		31/10		
В		f applicable	Please	C Name of organization		D Em	ployer Identification number
X		change	use IRS			,	,
	Name c	-	label or	National Recycling Coalition		13	-2954127
	Initial re	•	print or type	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		ephone number
П	Termina	ition	See	805 15th Street, NW, Suite 425			
П		ed return	Specific	City or town, state or country, and ZIP + 4		F Gro	up Exemption
П		on pending	tions	Washington DC 20005]		mber ►
				zations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting		Cash X Accrual
		• • • • • • • • • • • • • • • • • • • •		mpleted Schedule A (Form 990 or 990-EZ).	Other (specify)		
ī	Websi	te: W W	w.nr	crecycles.org	H Check ▶	X If th	e organization is not
J	Tax-exe	empt status (ct	neck only on	e) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527 required to a	ttach Sc 90-PF)	hedule B (Form 990,
K	Check	•	ıf the or	ganization is not a section 509(a)(3) supporting organization and its			
	Form 9	90-EZ or For	m 990 re	turn is not required, but if the organization chooses to file a return, be	e sure to file a complete re	eturn	
Ţ	Add line	s 5b, 6b, and 7	b, to line 9	to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo	orm 990-EZ	▶ 3	457,954
	art I	Reven	iue, Ex	penses, and Changes in Net Assets or Fund Bala	nces (See the instr	uction	s for Part I.)
	1	Contributions,	gifts, gra	nts, and similar amounts received		1	407
	2	Program ser	rvice rev	enue including government fees and contracts		2	159,146
	3	Membership	dues ar	nd assessments		3	
	4	Investment i	ncome			4	567
	5a	Gross amou	int from s	sale of assets other than inventory 5a			
	b	Less. cost o	r other b	asis and sales expenses 5b	13,00	5	
	{ c	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a)		5c	-13,005
ze E	6	Special events	-				
Revenue	а	Gross reven	ue (not ir	ncluding \$ of contributions			
		reported on	line 1)	<u>6a</u>		4	
2011	b	Less. direct	expense	s other than fundraising expenses 6b	<u> </u>	_	
2	\ c	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)		6c	
74	7a	Gross sales	of invent	ory, less returns and allowances 7a		4	
=	b	Less cost of	f goods s	old RECEIVED 76	<u> </u>	4	
MAR	C			from sales-of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revent				8	297,834
SANNED	9			1, 2, 8, B, 5c, 6t, 70 and 80		9	444,949
	10			nounts paid (attach schedule)	Stmt 2	10	30,378
Z	11	Benefits paid	to or fo	ensation, and employee benefits		11	100 000
Se	12					12	192,989
S S S	13			d other payments to independent contractors		13	82,914
SC Expenses	14	-		ties, and maintenance		14	3,438
	15			postage, and shipping	,	15	5,502
	16			cribe See Statement 3		16	250,922
	17			1 lines 10 through 16		17	566,143 -121,194
Ş	18			the year (Subtract line 17 from line 9) Alances at beginning of year (from line 27, column (A)) (must agree v	41.	18	-121,194
Net Assets	19				VILTI	40	98,161
it A	20		-	ported on prior year's return)	Statement 4	19	11,632
ž	20	_		assets or fund balances (attach explanation) See Salances at end of year Combine lines 18 through 20	cacement 4	20	-11,401
7.	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more,	flo Form 000 instead of F		
5	act to H	Daigill	SO OIIG	(See the instructions for Part II)	(A) Beginning of year	01111 99	(B) End of year
22	Cach	avings, and ir	weetmer	•	315,604	1 22	295,930
		avings, and ii nd buildings	1469111161	1 10	313,00	23	293,930
		ssets (descrit	م ا	See Statement 5	233,518		
	Total a	•	,, <u> </u>) — — — — — — — — — — — — — — — — — — —	549,122		295,930
		abilities (des	crihe 🕨	See Statement 6	450,963		307,331
		-		s (line 27 of column (B) must agree with line 21)	98,163		-11,401
=:							

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

DAA

	cycling Coalit		3-2954127	m st		Page 2
Part III 'Statement of Program S		ents (See the instru	ctions for Part		•	penses
What is the organization's primary exempt purpos	e?			,	•	for section
See Statement 7						and 501(c)(4)
Describe what was achieved in carrying out the or	•				•	ons and section
manner, describe the services provided, the numb	per of persons benefited, or o	other relevant information to	or			trusts, optional
each program title				f	or others	<u> </u>
28 See Statement 8						
20 272			_	()	447 630
	amount includes foreign gra	nts, check here	<u> </u>	X 28a	\ 	447,632
29				ļ		
				ľ		
(0 1 4			_	_ 	İ	
	amount includes foreign gra	ints, check here		29a	4	
30				ļ	1	
				- 1		
(O			_		.	
	amount includes foreign gra	ints, check here	<u></u> _	30a	'	
31 Other program services (attach schedule)						
	amount includes foreign gra	ints, check here	<u></u>	31a		447,632
22 Total program service expenses (add lines Part IV List of Officers, Directors, Trus		Liet and one over if not a		▶ 32		
Part IV List of Officers, Directors, True	stees, and Key Employees	(b) Title and average		(d) Contr		(e) Expense
(a) Name and ad	dress	hours per week	(If not paid,		enefit plans &	account and
David Refkın		devoted to position	enter -0)	сететтев со	mpensation	other allowances
	Washington	Director		1		•
805 15th Street, NW, Suite 425	DC 20005	1.00	- 0			0
Melinda Verling	Washington	President		ļ		
805 15th Street, NW, Suite 425	DC 20005	1.00			9	0
English Bird	Washington	Secretary				
805 15th Street, NW, Suite 425	DC 20005	1.00	0	 		0
Scott Vitters	Washington	Director				
805 15th Street, NW, Suite 425	DC 20005	1.00				0
John Casella	Washington	Member at La	1-	l		
805 15th Street, NW, Suite 425	DC 20005	1.00	0	<u> </u>	0	0
Scott Seydel	Washington	Director		ł	اه	0
805 15th Street, NW, Suite 425	DC 20005	1.00	•		—-"∤	
Gary Wygant 805 15th Street, NW, Suite 425	Washington DC 20005	Chairman 1.00			٥	0
Darryl Young	Washington	Member at La	 			
805 15th Street, NW, Suite 425	DC 20005	1.00	0	}	٥	o
Susan Kattchee	Washington	Member at La	 	<u> </u>	——"	
805 15th Street, NW, Suite 425	DC 20005	1.00	0	[0	o
Curt Bucey	Washington	Treasurer	<u> </u>			
805 15th Street, NW, Suite 425	DC 20005	1.00		ł	٥	0
Fran McPoland	Washington	Director	-	 		
805 15th Street, NW, Suite 425	DC 20005	1.00	1	ĺ	o	0
Scott Reed	Washington	Director				
805 15th Street, NW, Suite 425	DC 20005	1.00			٥	0
David Struhs	Washington	Director				
805 15th Street, NW, Suite 425	DC 20005	1.00		i	اه	0
Joe Van Rossum	Washington	Director		<u> </u>		
805_15th Street, NW, Suite 425	DC 20005	1.00) 0	`	اه	o
Tod Arbogast	Washington	Director		T		
805 15th Street, NW, Suite 425	DC 20005	1.00	0		٥	0
Edmund Skernolis	Washington	Exec Directo	 			
805 15th Street, NW, Suite 425	DC 20005	40.00	89,426]	o	0
Kate Krebs	Washington	Former Exec				
805 15th Street, NW, Suite 425	DC 20005	40.00	10,150	ĺ	o	0
Anjia Nicolaidis	Washington	Deputy Exec		[
805_15th Street, NW, Suite 425	DC 20005	40.00	74,632	1	o	0
DAA	· · · · · · · · · · · · · · · · · · ·			-		m 990-EZ (2009)

P	If V Other Information (Note the statement requirements in the instructions for	Paπ V.)			
••				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	1	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		33	 	
••	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 no	ot reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		[
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				ŀ
	6033(e) notice, reporting, and proxy tax requirements?		35a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			1	
b	Did the organization file Form 1120-POL for this year?		37b	n mms	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	е			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	-	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on line 9	ļ			
b	Gross receipts, included on line 9, for public use of club facilities	<u></u>		, <u> </u>	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶			1 .	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benef	it	,	1	}
	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 pnor			i	
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	ļ.,,,,	X
С	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,			١.	
	4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1		
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>	. }	X
	transaction? If "Yes," complete Form 8886-T		40e		
41	List the states with which a copy of this return is filed. NY, PA, DC	elephone no			
42a	The organization's books are in care of ▶ Margretta Morris 805 15th Street, NW, Suite 425	erepriorie no	•		
		ZIP+4	20005		
.	Located at Washington , DC At any time during the calendar year, did the organization have an interest in or a signature or other authority	215 7 7 9	20003		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country		720	+	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		———		1
	and Financial Accounts.				
_	At any time during the calendar year, did the organization maintain an office outside of the U S?		42c		х
С	If "Yes," enter the name of the foreign country		[420		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here				
70	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 4	3		
	and once the amount of tax-exempt interest received of accided during the tax year	- 1_3	7.1		
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1	
• •	Form 990-EZ		44	}	X
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	1	x
			Form 9	90-E2	

Form 990-EZ				-2954127			Page 4
Part VI	Section 501(c)(3) organizations and section 4947						
	501(c)(3) organizations and section 4947(a)(1) no	nexem	pt chari	table trusts m	ust answer q	uestic	ons 46-49
	and complete the tables for lines 50 and 51.						
	organization engage in direct or indirect political campaign activities	s on beha	llf of or in	opposition to			Yes No
	tes for public office? If "Yes," complete Schedule C, Part I					46	X
	organization engage in lobbying activities? If "Yes," complete Schei					47	X
	ganization operating a school as described in section 170(b)(1)(A)(lete Schedule E		48	X_
	organization make any transfers to an exempt non-charitable relate	ed organi	zation?			49a	X_
	was the related organization a section 527 organization?	<i>::.</i>		<u>.</u>		49b	
-	te this table for the organization's five highest compensated employ	-			·=		
employe	ees) who each received more than \$100,000 of compensation from (a) Name and address of each employee paid more than \$100,000	(b) Title hours	and average per week	(c) Compensation	(d) Contributions to employee benefit plans	acc	Expense count and
None		devoted	to position		deferred compensation	otner	allowances
		-					
·		 					
f Total nu	imber of other employees paid over \$100,000		>				
(a) None	Name and address of each independent contractor paid more than \$100,000		(b)	Type of service	(c) (Compen	sation
ROILE	· · · · · · · · · · · · · · · · · · ·						
·							
		<u> </u>					
d Total nu	umber of other independent contractors each receiving over \$100,0	00					
Ci	Under penalties of perjury, I declare that I have examined this return, include and belief, it is true, correct, and complete. Declaration of preparer (other the						
Sign	Margette Min			2/11	///		
Here	Signature of officer		Пто	Date 7	•		
	Margretta Morris Type or print name and title		Tre	asurer			
			Date	Check if	Pronami's Irla	ntifyng M	lumber (See insti
Boid	Preparer's Aur. N			self-	`		,
Paid Proparer s	signature / James H. Bennett CPA		02/10				
Preparer's Use Only			_	ILC		1-3	<u>488128</u>
Cae Only	if self-employed), 100 Huronview Blvd S				Phone	-63	27000
May the IDC	address, and ZIP + 4 Ann Arbor, MI 48103 discuss this return with the preparer shown above? See instruction					X Y	2-7000
may ule into	disease and return murture preparer shown abover See instruction	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			98 No 90-EZ (2009

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.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

National Recycling Coalition

Employer identification number 12-205/1127

·				Syciffig Coaffer							4121		
P	art I	Reas	on for Public Charity	Status (All organization)	s must	comple	ete this	part.)	See	instru	ctions.		
The	orga	nization is not	a private foundation because	e it is. (For lines 1 through 11, ch	eck only o	ne box)							
1		A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in sect	ion 170(b)(1)(A)(iii)).						
4				d in conjunction with a hospital de)(A)(iii).	Enter t	he hosp	ortal's name.		
		city, and state						,, ,, ,		•	•		
5	\Box	•		of a college or university owned o	r operated	d by a doy	ernmen	tal unit d	escribe	d in			
-			(b)(1)(A)(iv). (Complete Part		· opoluto	, u go.		tar arme a		u			
6		`		") overnmental unit described in se	otion 170	/b\/4\/ <i>b</i> \/							
7	X		•				•	+b	noral n	مالطي			
•				substantial part of its support from	ii a goveri	imental u	ill or iro	m me ge	eneral p	aplic			
			section 170(b)(1)(A)(vi). (Co										
8	\vdash			70(b)(1)(A)(vi). (Complete Part I					_				
9) more than 33 1/3 % of its supp				-		_	3		
				pt functions—subject to certain e	•								
				d unrelated business taxable inco			11 tax) fi	rom busi	nesses				
			-), 1975. See section 509(a)(2) .	•	•							
10		_	,	exclusively to test for public safet	•								
11		An organizati	on organized and operated of	exclusively for the benefit of, to pe	erform the	functions	of, or to	carry o	ut the				
				ed organizations described in sec	•					ction			
		509(a)(3). Ch	eck the box that describes the	ne type of supporting organization	n and com	nplete line	s 11e th	rough 11	lh				
		a Type	t b Type ii	c Type III–Functions	ally integra	ted	d	Тур	e IIIOt	her			
е		By checking t	this box, I certify that the orga	anization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
		persons othe	r than foundation managers	and other than one or more publi	cly suppo	rted orgar	izations	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	rmination from the IRS that it is a	Type I, T	ype II, or	Type III :	support	ng				
		organization,	check this box										
g		Since August	17, 2006, has the organizati	íon accepted any gift or contribut	ion from a	ny of the							
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together w	ith person	s describe	ed in (ii)					Yes	No
				the supported organization?	•		` ,				11g()	1
			member of a person describ	.,							11g(i		
		•	ontrolled entity of a person d	• •							11g(+
h			following information about the	**									
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(A) Did y	ou notify	(vi)	ls the	(vil) A	mount o	
(-)		anization	(,	(described on lines 1–9	1 ' '	sted in your		nization in	organizat			pport	•
				above or IRC section	governing	document?		of your port?		zed in the S?	!		
				(see instructions))	Yes	No	Yes	No	Yes	No	ŀ		
	-				163	NO	163	140	163	NO			
			}		}	}		ļ	ļ	}			
					 								
						1							
					 			ļ	-				
			, , , , , , , , , , , , , , , , , , , ,	` ` `				<u> </u>					
[ota					L.,						1		

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 Nat	cional Rec	ycling Co	alition		-2954127	Page 2
P	art II 'Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
_	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)			
	ction A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,265,301	1,516,648	884,219	1,330,050	407	4,996,625
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,265,301	1,516,648	884,219	1,330,050	407	4,996,625
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)					and the same of	
6	Public support. Subtract line 5 from line 4						4,996,625
	tion B. Total Support				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,265,301	1,516,648	884,219	1,330,050	407	4,996,625
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,318	2,837	1,792	591	567	8,105
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10	20,840	24,354	2,221	90,296		137,711
12	Gross receipts from related activities, etc. (see instructions)	<u></u>			12	5,142,441
13	First five years. If the Form 990 is for the o		second third fourth	or fifth tay year a	o o coston ED1(o)(456,980
	organization, check this box and stop here tion C. Computation of Public Su				s a section 501(c)(-		•
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (i))		14	97.16%
15	Public support percentage from 2008 Sche			,,		15	85.00%
l6a	33 1/3 % support test-2009. If the organi	zation did not check	the box on line 13	and line 14 is 33 1	1/3 % or more, che		
	and stop here. The organization qualifies a				·		×
b	33 1/3 % support test—2008. If the organi			16a, and line 15 is	s 33 1/3 % or more	, check this	
	box and stop here. The organization qualifi						▶ □
17a	10%-facts-and-circumstances test—2009	. If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14	is 10% or	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta						▶ □
þ	10%-facts-and-circumstances test—2008					e 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	box and stop here	. Explain in Part IV		
	organization meets the "facts-and-circumsta						▶ 🗌
8	Private foundation. If the organization did	not check a box on	ine 13, 16a, 16b, 1	7a, or 17b, check t	this box and see ins	structions	▶ [

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 National Recycling Coalition

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

\$ 137,711

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FYE: 3/31/2010

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	_	Amount
Gain on troubled debt restruc Miscellaneous income	\$	277,525 20,309
Total	\$	297,834

13-2954127 FYE: 3/31/2010

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

	FMV Explanation		
	Book Value Explanation		
	Book Value		
	Noncash Contribution		
Class of Activity	Cash Contribution	30,378	30,378
	Description of Property		
Name and Address	Date of Gift		
			Total

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FYE: 3/31/2010

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Bank fees 8, Telephone and communications 10, 50, Services purchased 17, Materials 1,	Description	Amount
Bank fees 8, Telephone and communications 10, 50, Services purchased 17, Materials 1,	Expenses	\$
Telephone and communications 10, 50, 50, Services purchased 17, Materials 1,	Office Rent	54,343
Services purchased 17, Materials 1,	Bank fees	8,071
Services purchased 17, Materials 1,	Telephone and communications	10,622
Services purchased 17, Materials 1,		50,158
Materials 1,		1,976
•		17,276
Miscellaneous 107,		1,098
	Miscellaneous	107,378
Total \$ 250,	Total	\$ 250,922

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
Unrealized gain on investment	\$ 11,632
Total	\$ 11,632

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beginning of Year	 End of Year
Pledges Receivable Accounts Receivable Prepaid Expenses and Deferred Charges Equipment Less Accumulated Depreciation	\$	154,349 31,678 17,108 94,990 78,542 13,935	\$
	<u></u>	233,518	

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	 Beginning of Year		End of Year
Accounts Payable and Accrued Expenses Deferred Revenue Accrued liabilities Capital leases Deferred rent	\$ 304,894 67,123 37,659 6,586 34,699	\$	307,331
	 450,961	_	307,331

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FYE: 3/31/2010

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To promote sustainable economies through sound management practices for raw materials in the United States. The organization is dedicated to the advancements and improvement of recycling. It also focuses on source reduction, composting, and reuse by providing technical information, education, training, and outreach and advocacy services to its members in order to conserve resources and benefit the environment.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Promote sustainable economies through sound management practices for raw materials in the United States. This goal is achieved by convening recyclers from around the world in an annual congress, funding various projects related to recycling initiatives through grants, and providing members with access to the latest information and technical assistance on issues affecting the recycling industry.