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 $\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

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

		2010 calendar year, or tax year beginning 07-01-2010 C Name of organization	and ending 06-30-20	011	D Employer	identificatio	n number
_	eck if a _l fress ch	The College Crusade of Rhode Island			22-3031	765	
_		Doing Business As					
_	ne cha				E Telephone	number	
_	ial retu	The Centre Building 134 Thurbers	d to street address)	Room/suite	(401)85	4-5500	
_	mınate	Ave No 111			G Gross rocou	pts \$ 4,743,44	10
Am	ended	return City or town, state or country, and ZIP + 4 Providence, RI 02905			G Gloss lecel	pts \$ 4,743,4°	+0
App	olication	n pending					
		F Name and address of principal officer		H(a) Is this a	group return for affi	iliates? Yes	✓ No
		Todd D Flaherty The Centre Building 134 Thurbers		H/h) Ans all	-66.141	ا د	┌ Yes ┌ No
		Ave No 1		' '	affiliates included o," attach a lis		
		Providence, RI 02905			p exemption r		i uctions)
		npt status	947(a)(1) or 527	-			
		ganization			rmation 1989	M State of lo	gal domicile RI
	n or org rt I	Summary		L fear of fo	mation 1989	M State of le	gar domicile Ri
		Briefly describe the organization's mission or most sign	ificant activities				
s & Governance	: : : : : : : : : : : : : : : : : : :	adult relationships that youth need to develop their full 3,500 students in grades 6-12 from Providence, Pawtu barriers to school achievement Ninety-seven percent (income families (i.e. eligible for free or reduced lunch) a prepare for college by providing seven years of consisterich array of academic and social/personal development	cket, Central Falls and 97%) of our program' nd 88% are from racia ent adult support and (t programs	d Woonsocket, F s participants, c ally/ethnically d guidance throug	thode Island v or "Crusaders' overse families h our Advisory	who are fact ', are from v s We help C y services,	ng incredible very low- Crusaders
Activities &	2 (Check this box 🔰 if the organization discontinued its o	operations or dispose	d of more than 2	5% of its net	assets	
	3 1	Number of voting members of the governing body (Part \	VI, line 1a)	•	3		14
2		Number of independent voting members of the governing		-			14
		Total number of individuals employed in calendar year 2	2010 (Part V, line 2a)		5		152
		Total number of volunteers (estimate if necessary) .			6		0
	1	Total unrelated business revenue from Part VIII, colum Net unrelated business taxable income from Form 990-			7a 7b		0
	"	Net difference business taxable medite from 1 orin 3 50	1, me 34	Prio	r Year		nt Year
	8	Contributions and grants (Part VIII, line 1h)			3,483,479	Carre	3,558,654
≗	9	Program service revenue (Part VIII, line 2g)			0		0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		219,038		353,506
Δ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		-708		7,528
	12	Total revenue—add lines 8 through 11 (must equal Pa	, , , , , , , , , , , , , , , , , , , ,	ıne	3,701,809		3,919,688
	13	Grants and similar amounts paid (Part IX, column (A)			415,091		636,900
	14	Benefits paid to or for members (Part IX, column (A),		'	413,091		030,900
	15	Salaries, other compensation, employee benefits (Par		5 5 -			
\$		10)	, , , , , , , , , , , , , , , , , , , ,		2,139,037		2,445,587
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0		0
ਡੌ	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 265,8	50				
	17	Other expenses (Part IX, column (A), lines 11a-11d,	, 11f-24f)		649,800		721,983
	18	Total expenses Add lines 13-17 (must equal Part I)		1	3,203,928		3,804,470
. 02	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>		497,881		115,218
පිරි කුළ					of Current ear	End o	of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			5,924,298		7,085,304
경험	21	Total liabilities (Part X, line 26)			856,711		1,093,193
žĪ	22	Net assets or fund balances Subtract line 21 from lin	ie 20		5,067,587		5,992,111
	rt II	Signature Block					
mow		ties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete. Declaration of p					
		*****			11-09-22		
Sign		Signature of officer		Da	ite		
Here	2	Todd D Flaherty President & CEO Type or print name and title					
	T	Print/Type Preparer's signature		Data	Chack if salf	DTTN	
n		preparer's name	Jeffrey D Wadovick CPA		Check if self- employed 🕨 🔽	PTIN	
Paid Prop	<u> </u>	Firm's name Nadeau Wadovick LLP			· ·	Fırm's EIN	→
Prepa Use (Firm's address 875 Centerville Road					• (401) 823-
ンコピト	Jilly					4004	· (401) 053-
		Warwick, RI 02886					

Form	990 (2010)							Page
Par	Statement of Pr Check if Schedule O				tIII			. IZ
1	Briefly describe the organi	zatıon's mıssıon						
relation grachic free of co	College Crusade of Rhode Is munities Since our inception ionships that youth need to cades 6-12 from Providence, evement Ninety-seven perceor reduced lunch) and 88% ansistent adult support and grams	n in 1989, our pro develop their full Pawtucket, Centi ent (97%) of our are from racially/e	grams have be academic and c ral Falls and Wo program's part ethnically diver	en building the c career potential consocket, Rhodo icipants, or "Cru se families We h	onfidence, academ The College Crusa e Island who are fa saders", are from v elp Crusaders pre	nic skills and s ide serves app cing incredibl very low-incon pare for colleg	supportive ado proximately 3 e barriers to s ne families (i ge by providin	ult 1,500 students school e eligible for ng seven years
2	Did the organization undert the prior Form 990 or 990-		nt program ser	vices during the	year which were no	ot listed on	┌ Yes ┌ N	No
	If "Yes," describe these nev	w services on Scl	hedule O					
3	Did the organization cease services?	conducting, or m	ake sıgnıfıcant	changes in how	it conducts, any pr	ogram • • •	┌ Yes ┌ I	No
	If "Yes," describe these cha	anges on Schedu	le O					
4	Describe the exempt purpo Section 501(c)(3) and 501 allocations to others, the to	(c)(4) organizatio	ons and sectior	n 4947(a)(1) trus	sts are required to	report the am		s and
4a	(Code)	(Expenses \$	756,470	ıncludıng grants of \$;	0) (Revenue \$		0)
	The College Crusade Advisory 6 all the way to high school grathe academic year to personaliz them to pursue high academic disadvantaged communities fac people we serve Students ofter Advisors provided services to 2,	duation We place a te the college-bound goals College Crusad te Because they are n report that their Ad	team of 24 full-time experience for the le Advisors are a d from similar backg	ne middle school and students in our prog iverse group of your rounds and have acl	high school Advisors in gram These Advisors fon g professionals who un nieved educational succ	n 32 schools in ou orge relationships nderstand the cha cess, they are col	ur four target dis s with Crusaders allenges that you mpelling mentor	stricts throughout and encourage ung people in rs for the young
	(Code)	(Expenses \$	433,184	ıncludıng grants of \$		0) (Revenue \$		0)
40	Higher Education Scholarship Pro 2001, we have provided \$23,80	ogram As an incentiv	ve for hard work a	nd outstanding effor			ears of college s	ŕ
	(Code)	(Expenses \$	193,039	ıncludıng grants of \$		0) (Revenue \$		0)
	Crusade Adventure and Academ The College Crusade provides a leadership development, team I opportunities to take healthy ins assets that will enable them to profound long-term impact on taddress the challenge. This progsession, five days per week, from the content of the cont	nic Program Middle s in intensive program building, problem solv sks while facing progr overcome the challer their ability to identify gram is provided duri	school is often the for middle school of ving, critical thinkin ressively more diffi ages that lie ahead the components of ing the academic y	time when economic Crusaders called The ig and conflict resolu cult challenges, to le From recent focus of an academic or pe ear (over the course	cally disadvantaged stu Crusade Adventure ar ition integrated with lite earn from their success groups with former pa ersonal challenge, mak of 10 consecutive Sat	idents begin to fa and Academic Prog eracy developme es and failures, a rticipants, it is cle e creative use of urdays) and durii	ram ('CAAP'), went It provides p and to acquire the ear that the prog the tools at the	err peers in school which focuses on participants with he developmental gram has a or disposal, and
4d	Other program services (Describe in Sche	dule O) See al	so Addit ional Da	ta for Description			
	(Expenses \$ 1	L,716,772 ınclı	udıng grants of	\$ 1	L12,617) (Revenu	ie \$)
4e	Total program service exp	———————————— enses►\$	3,099,465					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	15 IN 21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United State on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	es 22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,0 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	00 24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction a disqualified person during the year? If "Yes," complete Schedule L, Part I	with 25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I			No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	, or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substar contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	ntial 27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part instructions for applicable filing thresholds, conditions, and exceptions)	: IV		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) van officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	vas 28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complet Schedule N, Part II	e 32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, I and V, line 1	V, 34		No
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 1 Note. All Form 990 filers are required to complete Schedule O	9? 38	Yes	
		F	orm 99 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Z
=	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
)	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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Ν
,	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?	7c		N
I	If "Yes," indicate the number of Forms 8282 filed during the year 7d			- 10
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ν
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
3	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
•	facilities			
	Section 501(c)(12) organizations. Enter			
3	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
•	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Vac " has it filed a Form 730 to report these nayments? If "No " provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI											7
---	--	--	--	--	--	--	--	--	--	--	---

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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		Νo
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4 5	Yes	NI -
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	-		N o
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		100	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure	_00		
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. V Own website. A nother's website. Upon request.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

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

Irene McCormick

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 Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) A verage hours per		tion (hat a	(che		I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Paul E Moran CPA ADR Chairperson	2 00	х						0	0	0
(2) Dr Warren Sımmons Vıce Chaırperson	2 00	Х						0	0	0
(3) Sylvia Natale Secretary	30	х						0	0	0
(4) Dr Irving Schneider Director	50	х						0	0	0
(5) Hon O Rogeriee Thompson Director	30	х						0	0	0
(6) Stuart M Yarlas CPA MBA MA Director	30	Х						0	0	0
(7) Jamı A Ouellettee Dırector	50	Х						0	0	0
(8) Saikon Gbehan Director	50	Х						0	0	0
(9) Deborah Gist Director	30	х						0	0	0
(10) Marvin Abney Director	30	Х						0	0	0
(11) Colleen Callahan Director	30	Х						0	0	0
(12) Raymond DiPasquale Director	30	Х						0	0	0
(13) Deborah Grossman-Garber Director	50	Х						0	0	0
(14) Steven Maurano Director	30	х						0	0	0
(15) Jose Monteiro Jr Director	30	х						0	0	0
(16) Manuel J Vales IV Director	30	х						0	0	0
	•	•	•	•		•				

\$100,000 in compensation from the organization **F**0

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

(A) Name and Title	(B) A verage hours	A verage Position hours that						(D) Reportable compensation	(E) Reportable compensation	(F) Estima amount o	ated fother
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compens from t organizati relat organiza	the on and ed
17) James Vincent Director	30	х						0	0		
(18) Todd D Flaherty President & CEO	35 00			х				99,738	0		7,50
1b Sub-Total					<u>.</u>	· ·	 				
d Total (add lines 1b and 1c) .							F	99,738	0		7,506
Total number of individuals (if \$100,000 in reportable comp	-				ted	above)) who	received more tha	n		
										Yes	No
3 Did the organization list any f on line 1a? <i>If</i> "Yes," complete								or highest compensa		3	Νο
4 For any individual listed on lin organization and related organ individual	,								:h	4	Νο
5 Did any person listed on line : services rendered to the orga										5	No
Section B. Independent Co	ontractors										
1 Complete this table for your fi			ndep	ende	ent c	ontra	ctors	that received more	than		
\$100 000 of compensation fr	on the organizatio								(B)	(c	1
\$100,000 of compensation fr	(A) Name and business add	dress						Descri	ption of services	Comper	
		dress						Descri			

Form 99									Page S
Part \	/1111	Statement of	Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513,	
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants (co. All other contributions, similar amounts not inc. Noncash contributions		3,009,904				or 514	
Program Service Revenue	h 2a b c d e f	All other program :		Business Code	3,558,654				
Proc	g 3 4 5 6a	Investment incom and other similar a Income from investme	e (including dividends, intermounts)	rest ►	167,681			167,681	
	c d 7a	Gross amount from sales of assets other than inventory Less cost or	or (loss)	► (II) O ther					
en.	c d 8a		185,825	•	185,825			185,825	
Other Revenue	I	of contributions re See Part IV, line 1 Less direct expen Net income or (los Gross income from	8 a ases b s) from fundraising events a gaming activities See	0 	-2,690			-2,690	
	с	Part IV, line 19 Less direct expenses Net income or (los Gross sales of invereturns and allowa	b) from gaming activities entory, less	. , .					
	с	Less cost of good Net income or (los Miscellaneous R	s) from sales of inventory Revenue	Business Code	10,218	10,218			
	c d	All other revenue Total. Add lines 1: Total revenue. See	la-11d		10,218				
]				3,919,688	10,218	0	350,816	

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to c	t complete all o	rolumne		
	it complete all c			
i otnei organizations must complete column (A) but ale not legumed to c	-		(D).	
ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21		'		<u> </u>
Grants and other assistance to individuals in the U S See Part IV, line 22	636,900	636,900		
Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	,	,		
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	99,738	44,883	39,894	14,961
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	1,847,193	1,482,680	177,772	186,741
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,497	41,189	5,869	5,439
Other employee benefits	259,462	203,574	29,008	26,880
Payroll taxes	186,697	146,482	20,873	19,342
Fees for services (non-employees)	·			· · · · · · · · · · · · · · · · · · ·
Legal				
Accounting	18,690		18,690	
Lobbying				
	36,965		36.965	
-	•	1 203	 	
	,	,	+	2,299
	· · · · · · · · · · · · · · · · · · ·		+	
·	00,221	12,233	10,005	
				_
	152 339	106 637	45 702	
	· · · · · · · · · · · · · · · · · · ·		 	4,841
Payments of travel or entertainment expenses for any federal,	42,433	20,313	5,135	7,011
Conferences, conventions, and meetings				
Interest	4,370	4,370		
Payments to affiliates				
Depreciation, depletion, and amortization	1,099	769	330	
Insurance	18,768	4,692	14,076	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
Crusader Club Expenses	276,737	276,737	0	0
Printing	33,480	25,218	6,142	2,120
Postage	21,691	14,223	6,096	1,372
Consultants	16,234	16,072	162	0
Telephone	12,618	6,324	6,294	0
All other expenses	19,850	15,323	2,672	1,855
Total functional expenses. Add lines 1 through 24f	·		· +	265,850
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	2,23,170	2,227,100	.33,233	
	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Crusader Club Expenses Printing Postage Consultants Telephone All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ If following SOP 98-2 (ASC 958-720) Complete this line only if the	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4938(f(1)) and persons described in secti	Programe service street of the services Programe service expenses	Note and animals approximation Part VIII Folial expenses Programs perits Program sprits Programs perits Pr

Part X Balance Sheet (A) (B) Beginning of year End of year 6.172 11,655 1 1 169,339 2 270.877 2 436,377 270,678 3 189 4 153 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 8 15,399 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 211,789 10a Part VI of Schedule D 211.789 ь Less accumulated depreciation 10b 1,099 **10c** 0 11 5.274.876 11 6.509.688 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 20.847 15 22,253 15 16 5,924,298 16 7,085,304 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 175,903 17 178.311 17 Accounts payable and accrued expenses . 18 15.430 18 16.057 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 665.378 25 898.825 Other liabilities Complete Part X of Schedule D 26 856.711 26 1,093,193 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 5,066,488 30 5,992,111 Capital stock or trust principal, or current funds Assets 0 31 Paid-in or capital surplus, or land, building or equipment fund 1,099 31 ol 0 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 5,067,587 5,992,111 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 5.924.298 7.085.304

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.9	919,68
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	304,47
3	Revenue less expenses Subtract line 2 from line 1	3		1	115,21
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,0	067,58
5	Other changes in net assets or fund balances (explain in Schedule O)	5		8	309,30
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,9	992,11
Par	Table Transport		<u>. </u>	৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	-	За		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization

The C	College (Crusade of Rhode Island								
			2-3031765							
	rt I	Reason for Public Charity Status (All organizations must complete this part		ctions						
	organı —	ızatıon ıs not a prıvate foundatıon because ıt ıs (For lınes 1 through 11, check only one box)								
1	<u></u>	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)	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a go	vernmental un	ıt describe	d ın					
	_	section 170(b)(1)(A)(iv). (Complete Part II)								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A	()(v).							
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmenta described in	l unit or from th	ne general	public					
_	_	section 170(b)(1)(A)(vi) (Complete Part II)								
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	ļ	An organization that normally receives (1) more than 331/3% 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 tha	an 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less sec	tıon 511 tax) f	rom busine	sses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part II	I)							
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509	9(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 509 the box that describes the type of supporting organization and complete lines 11e through 1 a Type I	9(a)(2) See se e L1h		a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)								
f		If the organization received a written determination from the IRS that it is a Type I, Type II check this box	or Type III su	pporting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of t following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons describ	oed in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	ion in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II die	organization	ialis to quality u	idei die tests i	isted below, pie	ase complete	rait III.)
	ection A. Public Support endar year (or fiscal year beginning						
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	5,146,86	7 5,558,672	3,472,982	3,483,479	3,558,654	21,220,654
	ınclude any "unusual	3,140,00	3,330,072	3,472,302	3,403,473	3,330,034	21,220,034
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to	745,24	702,638	380,376	602,902	624,707	3,055,867
	the organization without charge						
4	Total. Add lines 1 through 3	5,892,11	1 6,261,310	3,853,358	4,086,381	4,183,361	24,276,521
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						24,276,521
	from line 4						
	ection B. Total Support		<u> </u>				
Cal	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	beginning in)	E 902 111		2 052 250	4 096 391	4,183,361	24 276 F21
7	A mounts from line 4	5,892,111	6,261,310	3,853,358	4,086,381	4,163,361	24,276,521
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	174,673	165,726	129,594	132,732	167,681	770,406
	and income from similar		,	,	,	,	•
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
4.0	carried on Other income Do not include		+				
10	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
11	Total support (Add lines 7						25,046,927
	through 10)						
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is	for the organizat	ıon's fırst, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) organ	<u> </u>
	check this box and stop here						► □
_							
	ection C. Computation of Pul			14 1 (5)			
14	Public Support Percentage for 201	•		LI column (f))		14	96 920 %
15	Public Support Percentage for 200	9 Schedule A, Pa	irt II, line 14			15	96 970 %
16a	33 1/3% support test—2010. If the				ne 14 is 33 1/3%	or more, check	
	and stop here. The organization qua	•	• • • •			2.2.4/20/	▶ ▼
D	33 1/3% support test—2009. If the box and stop here. The organization				a, and line 15 is a	3 3 1/3% or more	, check this
17a	10%-facts-and-circumstances test	•		=	e 13 16a or 16h	and line 14	P 1
_, _	is 10% or more, and if the organiza						
	in Part IV how the organization mee						
	organization			J	•		▶ □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organ			•		-	
	Explain in Part IV how the organiza	tion meets the "i	racts and circumst	ances" test The	organization qual	iries as a publici	y ▶□
18	supported organization Private Foundation If the organizat	ion did not check	cahovon line 13	16a 16h 17a or	17h check this	hov and see	FI
	instructions	ion ala not check	Ca box on time 13,	100, 100, 1700	I, D, CHECK HIIS	DOX UNU SEE	▶ □

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Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 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 **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2007 (d) 2009 (a) 2006 (c) 2008 (e) 2010 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a 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 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 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) organization, check this box and stop here

S	ection C. Computation of Public Support Percentage							
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16	Public support percentage from 2009 Schedule A, Part III, line 15							
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17						

19a 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported ►E organization

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Investment income percentage from 2009 Schedule A, Part III, line 17

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Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493266003281

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** The College Crusade of Rhode Island

			22	3031/65
Part I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		Funds	or Accounts. Complete if th
		(a) Donor advised funds	((b) Funds and other accounts
Total	number at end of year			
A ggre	egate contributions to (during year)			
Aggre	egate grants from (during year)			
Aggre	egate value at end of year			
	he organization inform all donors and donor advi		nor adv	rsed Yes No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben erring impermissible private benefit			
art II	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, line 7.
	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a	certifie	d historic structure
easer	ment on the last day of the tax year			
				Held at the End of the Year
Total	I number of conservation easements		2a	
Total	l acreage restricted by conservation easements		2b	
Numb	ber of conservation easements on a certified his	toric structure included in (a)	2c	
Numb	ber of conservation easements included in (c) ac	equired after 8/17/06	2d	
	ber of conservation easements modified, transfe axable year ►	rred, released, extinguished, or termina	ted by th	ne organization during
Numb	ber of states where property subject to conserva	ition easement is located 🟲		
	the organization have a written policy regarding cement of the conservation easements it holds?		ndling of	fviolations, and Yes No
Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year ►
A mou	unt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easemen	ts durin	g the year 🟲 \$
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	┌ Yes ┌ No
balan	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of t rganization's accounting for conservation easem	he footnote to the organization's financi	•	•
rt III	Organizations Maintaining Collectio Complete if the organization answered "		, or Ot	her Similar Assets.
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu	
histo	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education, or research		
(i) _{Re}	evenues included in Form 990, Part VIII, line 1			► \$
(ii) A	ssets included in Form 990, Part X			► \$
Ifthe	e organization received or held works of art, histo wing amounts required to be reported under SFAS		for finan	
Reve	nues included in Form 990, Part VIII, line 1			► \$
Δςς Δ	ets included in Form 990, Part X			▶ -\$

Part	111 Organizations Maintaining Co	llections of Ar	t, His	stori	cal T	<u>reasur</u>	es, or C	ther	Similar As	sets	(coi	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne fol	lowing	that are	a significa	ant us	e of its collec	tıon		
а	Public exhibition		d	\vdash	Loan	orexcha	ange progi	rams				
ь	Scholarly research		e	\vdash	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	v furth	er the or	aanizatior	's ave	mnt nurnosa	ın		
-	Part XIV									111		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					lar	ΓYe		□ No
Par	t IV Escrow and Custodial Arrang								s" to Form 9			
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribi	utions or	other ass	ets n	ot	ΓYe	es	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving t	able		_					
							-		1A	nount		
С	Beginning balance						_	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?							ΓYe	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	1										
Pai	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye	s" to Fo	orm 990,	Part	IV, line 10.			
		(a)Current Year	(b) Prior	Year	(c)Two	Years Back	(d)⊤	hree Years Back	(e) Fo	ur Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
Ь	Permanent endowment 🕨											
c	Term endowment ▶											
За	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and ad	mınıstere	d for t	he			
	organization by										'es	No
	(i) unrelated organizations		•					•	3a			
	(ii) related organizations								3a			
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the							•	3	D		
	t VI Investments—Land, Buildings					100 Dai	rt V. line	10				
I e I	t vi investments Lana, banang.	s, and Equipme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or other	(b)Cost or		(c) Accumulat	od		
	Description of investment					estment)	basis (ot		depreciation		(d) Bo	ok value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment						1!	53,978	153	3,978		0
e	Other							57,811	57	,811		0
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).)						0
		· · · · ·	. , ,	•	. , ,				Schedule I) (For	m 99	00) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. See	Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
Fotal. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X		<u>'</u>
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
Scholarships for Currently Enrolled Children	484,854	
Nellie Mae Education Foundation Grant Advance		
eille Mae Education Foundation Grant Advance exas Guaranteed Student Loan Corporation Grant	87,849	
Advance	34,122	
ine of Credit	210,000	
Rhode Island Foundation	82,000	
	32,333	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🖡	898,825	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,919,688
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,804,470
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	115,218
4	Net unrealized gains (losses) on investments	4	809,306
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	809,306
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	924,524
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<i>'</i>
1	Total revenue, gains, and other support per audited financial statements	1	5,356,391
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 624,707		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,436,703
3	Subtract line 2e from line 1	3	3,919,688
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,919,688
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	4,431,867
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
		1	
d	Other (Describe in Part XIV)		
d e	Other (Describe in Part XIV)	2e	627,397
		2e 3	627,397 3,804,470
e	Add lines 2a through 2d		
e 3	Add lines 2a through 2d		
e 3 4	Add lines 2a through 2d		
e 3 4 a	Add lines 2a through 2d		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part XII, Line 2d - Other Adjustments		Special Events Expenses 2,690
Part XIII, Line 2d - Other Adjustments		Special Events Expenses 2,690

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OMB No 1545-0047

DLN: 93493266003281

Schedule I

(Form 990)

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

Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

						' '	
The College Crusade of Rhode I	sland					22-3031765	
Part I General Inform	nation on Grants	and Assistance				'	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the grants ganızatıon's procedu	or assistance? res for monitoring the use	e of grant funds in the l	Jnited States			Γ Yes Γ I
Form 990, Part I	V, line 21 for any	o Governments and recipient that received eded.	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Education in Action321 Harborside Boulevard Providence, RI 02905	26-3255655	501(C)(3)	12,308	0	Fair Market Value	N/A	A cademic Enrichment Support
(2) Roger Williams UniversityOne Old Ferry Road Bristol, RI 02809	05-0277222		10,015	0	Fair Market Value	N/A	A cademic Enrichment Support
(3) Blackstone Academy334 Pleasant Street Pawtucket,RI 02860	80-0025715	501(C)(3)	51,000	0	Fair Market Value	N/A	A cademic Enrichment Support
(4) The Wheeler School216 Hope Street Providence, RI 02906	05-0259101		18,000	0	Fair Market Value	N/A	A cademic Enrichment Support
(5) Narragansett CouncilPO Box 1477 East Providence,RI 02914	05-0308384	501(C)(3)	14,415	0	Fair Market Value	N/A	Career Exploration Support
(6) Central Falls School District21 Hedley Avenue Central Falls,RI 02863	05-0459947		5,428	0	Fair Market Value	N/A	A cademic Enrichment Support
(7) The Segue Institute for Learning361 Cowden Street Central Falls,RI 02863	23-4751210		1,349	0	Fair Market Value	N/A	Summer Camp Scholarship

Enter total number of section 501(c)(3) and government organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to Individuals	237	524,283	0	Fair Market Value	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Program Managers will be required to conduct site visits to grantee programs while they are in progress and complete the Program Compliance Form as part of each site visit. Summer programs will be visited at least twice and academic year programs must be visited at least three times. The actual number of site visits conducted could be increased based on program design and issues that need to be addressed. The Program Compliance Form will help identify issues, make recommendations, and ensure corrective action steps have been taken. The process for ensuring contractual compliance and offering support to grantees includes the following steps. 1 The grantee must respond to any concerns expressed by the program manager within 5 days of receiving the site visit report including by corrective actions to be taken. The grantee must implement the recommended action within 10 days of notification from the program manager. If corrective actions are required, a memo must describe the activity and proposed action steps in detail, and provide a specific timeline for compliance. The program manager must conduct a follow up visit to ensure that corrective action has been implemented. If the grantee fails to comply with the recommended corrective steps, this will result in further actions by the program manager that could lead to termination of the contract. 2. The program manager must save electronic copies of the Program Compliance Forms to the shared folder. 3. The program manager must provide as much assistance as possible to help grantees succeed, but with the highest priority given to serving the best interests of the Crusaders participating in the program. Any activities deemed not in the best interests of the Crusaders should be addressed immediately and corrected.
		within the aforementioned guidelines

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DLN: 93493266003281

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization The College Crusade of Rhode Island Employer identification number

22-3031765

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Part VI Section A 4 Changes to governing documents By-Law's June 2011 Section 3 04 Election of Elected Directors - clarifies that a director may be considered for reelection when their term'expires upon written request to the full Board and deletes the clause that no elected Director may serve for more than 9 consecutive years Sections 3 07 Annual Meeting, 3 08 Regular Meetings and 3 09 Special Meetings - By-Law's now require that all Board members shall be notified in writing at least 5 business days prior to said meetings. Section 5 01 Standing Committees - The Development and Public Relations Committee responsible for the oversight of the annual fund raising plan is eliminated and replaced with a Board Development Committee which has the authority to recruit new Board Members. Sections 7 10 Treasurer - These duties have been revised to eliminate the duplicate responsibilities to those of the Chief Financial Officer. The Treasurer's new duties provide oversight of the organization's fiscal integrity and assisting the Board in meeting its mandate to govern.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE EXTERNAL AUDITORS WHO PREPARE FORM 990 CONCURRENTLY PRESENT THE YEAR-END AUDTIED FINANCIAL STATEMENTS AND FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Annually in June, an Ethics Compliance Reporting Form is sent to all Directors for their signature. The Finance and Administration Committee annually reviews the completed forms so as to identify potential conflicts of interest.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	In September 2002 an independent consulting organization was hired by The College Crusade to develop the CEO job description, research compensation data and develop and make recommendations to the Board of Directors, for the CEO's compensation package and executive contract content. Every 3 years (which is the length of the CEO contract) a survey of comparable non-profits CEO compensations is done to ensure the package continues to be compatible to other like organizations. Annually the CEO's performance is evaluated by a Board subcommittee which then makes recommendations to the full Board for any compensation adjustments.

ldentifier	Return Reference	Explanation
	· · ·	The College Crusade's Form 990 is posted to the Crusade's website www thecollegecrusade org, and is available upon request. Form 1023 is made available upon request. However the IRS non-profit status determination letter is available on The Crusade's website as well and upon request.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The College Crusade's governing documents, (Articles of Incorporation and the By-laws), are available upon request, the Conflict of Interest Policy as well as 2 years of Audited Financial Statements are available on The College Crusade's website www thecollegecrusade org and upon request

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 809,306

ldentifier	Return Reference	Explanation
Oversight of the Audit	Form 990, Part XI, Line 2c	The Organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

Additional Data

Software ID: Software Version:

EIN: 22-3031765

Name: The College Crusade of Rhode Island

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,716,772 including grants of \$ 112,617) (Revenue \$ 0)

The College Crusade is committed to helping economically-disadvantaged students achieve their academic and career dreams. Incomeeliqible students from Providence, Pawtucket, Central Falls and Woonsocket apply for admission in the 5th grade and, if accepted, receive seven years of Advisory support and active participation in our broad range of college-readiness programs. Crusaders take a pledge to do well in school, avoid drugs, alcohol, trouble with the law and early parenthood, and to be role models in their communities. In turn, The College Crusade promises to support our students' success with specialized programs and services and post-secondary scholarship support for those who qualify Our wide array of academic enrichment, social/personal development, career exploration and college preparation programs include Middle School Programs. Programs at this level include adventure and academic programming, intensive study skills workshops, the ReadAbout literacy program, career visits and speakers, college visits and shadowing, tutoring and homework clubs, and group and peer mentoring programs. In the 2010-2011 fiscal year, we served 1,308 middle school students through these and other extended learning programs. High School Programs. At the high school level, we help Crusaders understand their educational opportunities and options and intensify their preparation for college. Activities include study skills workshops, tutoring and homework assistance, PSAT/SAT/ACT test preparation, college workshops, financial aid sessions for students and parents, college visits, fairs and programs, and career exploration weekends, among other programming. In the 2010-2011 fiscal year, we served 1,902 high school students engaged in enrichment programs Weekend Programs Programming extends beyond the school week to give Crusaders additional exposure to learning opportunities. Many Crusaders participate in Cru Club activities on weekends throughout the school year. Cru Club includes workshops in academic enrichment, social and personal development, career awareness and exploration and preparation for college Another weekend offering, our Saturday Academy helps Crusaders improve their reading, writing and math skills Weekend Programs Programming extends beyond the school week to give Crusaders additional exposure to learning opportunities. Many Crusaders participate in Cru Club activities on weekends throughout the school year. Cru Club includes workshops in academic enrichment, social and personal development, career awareness and exploration and preparation for college. Another weekend offering, our Saturday Academy run by The Princeton Review, helps Crusaders improve their reading, writing and math skills

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493266003281

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate i	nst ruct ions	s. 🕨 Attach t	to your tax re	eturn.		Attachment Sequence No 67
Name(s) shown on return The College Crusade of F				or activity to w	hich this forn	n relates		Identifying number
Part I Election	To Expense (Cortain Bro		Page 10	170			22-3031765
	you have any li					nnlete Part I		
1 Maximum amount Se					ne you con	ipicte i art i.	1	500,000
2 Total cost of section		_					2	<u>'</u>
			•	•			3	
3 Threshold cost of sec	• •			•	uctions) .		<u> </u>	_,,
4 Reduction in limitatio				·			4	
5 Dollar limitation for ta	•	line 4 from line	1 Ifzero	or less, enter - ()- If married	filing		
separately, see instru	uctions						5	
6 (a)) Description of p	roperty		(b) Cost (bu		(c) Elected c	ost	
7 Listed property Ente	r the amount from	line 29 .			. 7			
8 Total elected cost of	section 179 prop	erty Addamou	unts in colu	ımn (c), lınes 6	and 7 .		8	
9 Tentative deduction	Enter the smaller	of line 5 or line	e 8 .				. 9	
10 Carryover of disallow	ed deduction from	ı lıne 13 of you	r 2009 For	m 4562 .			10	
11 Business income limitation	Enter the smaller of	business income	(not less than	n zero) or line 5 (se	e instructions)		11	
12 Section 179 expense	deduction Add I	ines 9 and 10.	but do not	enter more than	n line 11 •		12	
13 Carryover of disallow					.▶ 13			
Note: Do not use Pari								
						: include listed p	rone	rty) (See instructions)
14 Special depreciation tax year (see instruct	allowance for qua							
15 Property subject to s	ection 168(f)(1) e	election .					15	
16 Other depreciation (ii							16	1,099
	epreciation (Do not includ	de listed p	roperty.) (Se	e instructio	ns.)		
				ction A		,		
17 MACRS deductions for	or assets placed i	n service in ta:	x years beg	jinning before 2	010		17	
18 If you are electing		•	ın service	e during the ta	ax year into	one or more		1
general asset acco						▶ 1	<u> </u>	
Section B-Ass	sets Placed in			<u> 10 Tax Year</u>	Using the	General Dep	rec	iation System
(a) Classification of property	(b) Month and year placed in service	(c) Bası deprecia (business/inv use	ation vestment	(d) Recovery period	(e) Convent	ion (f) Metho	od	(g)Depreciation deduction
40-2		only—see inst	tructions)					
19a 3-year property b 5-year property					-			
c 7 - year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25 yrs		S/L		
h Residential rental				27 5 yrs	мм	S/L		
property				27 5 yrs	мм	S/L		
i Nonresidential real				39 yrs	мм	S/L		
property				•	ММ	S/L		
Sect	ion C—Assets Plac	ced in Service I	Ouring 2010	Tax Year Using	the Alterna	tive Depreciation	n Sys	tem
20a Class life						S/L		
b 12-year				12 yrs		S/L		
c 40-year				40 yrs	ММ	S/L		
Part IV Summa	ry (see instruc	tions)						
21 Listed property Ente	r amount from line	28					21	
22 Total. Add amounts for and on the appropriat							22	1,099
23 For assets shown abo	•	_		t year, enter the	23			

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

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

(a) (b) Business/ (d) (e) (f) (f) (Type of property (list Date placed in Investment Cost or other (business/investment Cost) (husiness/investment Cost) (hus	es," is the g) hod/ ention 25 r," or rel ompleting	e evidence (h Depreci deduc	yritten?) ation/ ttion	Yes see vehicle	(i) Elected ection 179 cost
(a) (b) Date placed in investment use percentage percentage which dispersed to the percentage percentage basis for depreciation (business/investment use only) and percentage percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage basis (business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or l	g) hod/ ention 25 r," or rel mpleting	(h) Deprecial deduction de	s on for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in service whether the property (list vehicles first) which service whether service during the tax year and used more than 50% in a qualified business use 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	29 Plated persthis section (d)	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
% %	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section B for vehicles owners or related person? Section C—Questions for Employers Who Provide Vehicles for Use the sequence of the provide vehicles of the provide vehicles of the sequence of the provide vehicles of the pro	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to or 30 Total business/investment miles driven during the year (do not include commuting miles)	mpleting	elated pers this section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the your develocities to your employees, first answer the questions in Section C to see if you meet an exception to complete the your develocities to you meet an exception to complete the your develocities to you meet an exception to complete the your meet an exception to complete year and your meet you meet an exception to complete year and your meet you meet an exception to complete year year. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? See the instructions for vehicles used by corporate officers, directors, or 1% or meet you meet an except to your distributions.	mpleting	this section (d)	for those	:)	(f)
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year. It is a year and see if you meet an exception to see if you meet an	mpleting	this section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(е	:)	(f)
year (do not include commuting miles)	3 V 6	ehicle 4	Vehic	le 5	
31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or metal.	o Yes	es No	Yes	No	Yes No
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or maintain. 					ot more th
as Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or many contents.	commu	uting by w	, our		N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				Ye	s No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				<u> </u>	-
39 Do you treat all use of vehicles by employees as personal use?					
40 Do you provide more than five vehicles to your employees, obtain information from your employ vehicles, and retain the information received?	ees abo	out the us	e of the	!	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions))			
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehic	cles			
Part VI Amortization					
(b) (c) (d) (A.				(f)	
(a) Date Amortizable Code Ar	(e)		A mor	tızatıor	ı for
. I amount I section I	nortizatio		th	ns year	
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortizatio period or	-			
	nortizatio				
	nortizatio period or				
43 A mortization of costs that began before your 2010 tax year	nortizatio period or				

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

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