

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2007 calendar year, or tax year beginning** JUL 1, 2007 **and ending** JAN 30, 2008

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**

**THE COLLEGE CRUSADE OF RHODE ISLAND**

Number and street (or P.O. box if mail is not delivered to street address)

**THE CENTRE BUILDING, 134 THURBERS AVE.**

City or town, state or country, and ZIP + 4

**PROVIDENCE, RI 02905**

**D Employer identification number**

**22-3031765**

**E Telephone number**

**401-854-5500**

**F Accounting method:**  Cash  Accrual

Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶ N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **▶ N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** **▶ WWW.THECOLLEGECRUSADE.ORG**

**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 7,911,809.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				1,130,044.							
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)				4,428,628.							
<b>e Total</b> (add lines 1a through 1d) (cash \$ 5,558,672. noncash \$ )										5,558,672.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										2	
<b>3</b> Membership dues and assessments										3	
<b>4</b> Interest on savings and temporary cash investments										102,799.	
<b>5</b> Dividends and interest from securities										62,927.	
<b>6 a</b> Gross rents		6a									
<b>b</b> Less: rental expenses		6b									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										6c	
<b>7</b> Other investment income (describe <b>▶</b> )										7	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		2,183,396.		8a							
<b>b</b> Less: cost or other basis and sales expenses		1,956,649.		8b		45.					
<b>c</b> Gain or (loss) (attach schedule)		226,747.		8c		<45.>					
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1		STMT 2						8d	
										226,702.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		9a									
<b>b</b> Less: direct expenses other than fundraising expenses		9b		3,099.							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										9c	
										<3,099.>	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a									
<b>b</b> Less: cost of goods sold		10b									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c	
<b>11</b> Other revenue (from Part VII, line 103)										11	
										4,015.	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										12	
										5,952,016.	
<b>13</b> Program services (from line 44, column (B))										13	
										3,914,093.	
<b>14</b> Management and general (from line 44, column (C))										14	
										583,808.	
<b>15</b> Fundraising (from line 44, column (D))										15	
										296,443.	
<b>16</b> Payments to affiliates (attach schedule)										16	
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)										17	
										4,794,344.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										18	
										1,157,672.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										19	
										4,449,571.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										20	
										SEE STATEMENT 3	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										21	
										<587,378.>	
										5,019,865.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> )				
22b Other grants and allocations (attach schedule) (cash \$ 1319121, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> )	1,319,121.	1,319,121.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	149,810.	89,886.	29,962.	29,962.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,897,565.	1,472,337.	263,585.	161,643.
27 Pension plan contributions not included on lines 25a, b, and c	104,991.	80,352.	14,970.	9,669.
28 Employee benefits not included on lines 25a-27	251,705.	192,636.	35,889.	23,180.
29 Payroll taxes	187,045.	143,150.	26,669.	17,226.
30 Professional fundraising fees	4,986.	0.	0.	4,986.
31 Accounting fees	17,000.	0.	17,000.	0.
32 Legal fees	6,655.	6,655.	0.	0.
33 Supplies	49,320.	34,524.	14,796.	0.
34 Telephone	22,293.	13,376.	8,917.	0.
35 Postage and shipping	32,191.	19,314.	8,278.	4,599.
36 Occupancy	179,878.	125,915.	53,963.	0.
37 Equipment rental and maintenance				
38 Printing and publications	45,999.	25,352.	10,865.	9,782.
39 Travel	45,709.	42,749.	1,480.	1,480.
40 Conferences, conventions, and meetings				
41 Interest	15,391.	15,391.	0.	0.
42 Depreciation, depletion, etc. (attach schedule)	22,870.	16,009.	6,861.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	441,815.	317,326.	90,573.	33,916.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,794,344.	3,914,093.	583,808.	296,443.

**COPY**

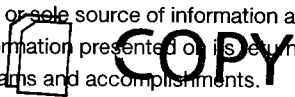
STATEMENT 5

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



What is the organization's primary exempt purpose? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	THE COLLEGE CRUSADE OF RHODE ISLAND SERVED 4,200 STUDENTS THROUGH TUTORING, MENTORING, AND LEADERSHIP DEVELOPMENT PROGRAMS. THE CRUSADE ALSO ASSISTED WITH SAT PREPARATION, COLLEGE VISITS, FINANCIAL AIDE APPLICATION, SUMMER CAMPS, AND MORE.	
	(Grants and allocations \$ 1,319,121. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,914,093.
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,914,093.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing	241,506.	45	530,007.
	46	Savings and temporary cash investments	337,000.	46	193,109.
	47 a	Accounts receivable			
		47a			
	b	Less: allowance for doubtful accounts		5,461.	47c
		47b			
	48 a	Pledges receivable		4,763.	
		48a			
	b	Less: allowance for doubtful accounts		6,486.	48c
		48b			4,763.
	49	Grants receivable	552,218.	49	554,103.
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a	Other notes and loans receivable			51c
		51a			
	b	Less: allowance for doubtful accounts			51c
		51b			
	52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges	70,803.	53	52,335.	
54 a	Investments - publicly-traded securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,739,622.	54a	5,422,651.	
b	Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a	Investments - land, buildings, and equipment: basis <b>STMT 7</b>				
	55a				
b	Less: accumulated depreciation			55c	
	55b				
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	225,385.			
	57a				
b	Less: accumulated depreciation <b>STMT 9</b>	200,085.	38,322.	57c	
	57b				
58	Other assets, including program-related investments (describe <b>INTEREST RECEIVABLE</b> )	13,999.	58	16,125.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	7,005,417.	59	6,798,393.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	437,814.	60	153,076.
	61	Grants payable	163,529.	61	52,244.
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <b>SEE STATEMENT 10</b> )	1,954,503.	65	1,573,208.
66	<b>Total liabilities.</b> Add lines 60 through 65	2,555,846.	66	1,778,528.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds	4,411,249.	70	4,994,565.
	71	Paid-in or capital surplus, or land, building, and equipment fund	38,322.	71	25,300.
	72	Retained earnings, endowment, accumulated income, or other funds	0.	72	0.
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,449,571.	73	5,019,865.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	7,005,417.	74	6,798,393.	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
85 c	Dues, assessments, and similar amounts from members	85c	N/A
85 d	Section 162(e) lobbying and political expenditures	85d	N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86 b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	90
91 a	The books are in care of <b>IRENE MCCORMICK</b> Telephone no. <b>401-854-5500</b> Located at <b>134 THURBERS AVENUE, THE CENTRE BUILDING, SUITE</b> ZIP + 4 <b>02905</b>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>N/A</b>	91b	X



82b 702,638.

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	102,799.	
96 Dividends and interest from securities			14	62,927.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	226,702.	
101 Net income or (loss) from special events			01	<3,099.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS INCOME</b>					4,015.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		389,329.	4,015.
105 Total (add line 104, columns (B), (D), and (E))					393,344.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**103A MISCELLANEOUS PROGRAM RELATED INCOME**

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. COPY

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. COPY

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? COPY

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

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 11/10/2008

Firm's name (or yours if self-employed), address, and ZIP + 4: JAMES N. NADEAU & COMPANY, LLP  
875 CENTERVILLE ROAD  
WARWICK, RI 02886

Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: (401) 823-4004

