# Form 990

Department of the Treasury Internal Revenue

# **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)

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

OMB No 1545-0047 Open to Public Inspection

	vice									
A I	For the 2	2007 ca	lendar yea	r, or tax year beginning 07	'-01-2007 and ending (	06-30-200	8			
В	Check if a	pplicable	Please	C Name of organization NATIONAL STUDENT CLEARII	IGHOUSE			l <sup>D</sup>	Employer i	dentification number
$\Gamma$	Address ch	nange	use IRS	NATIONAL STODENT CLEANI	MONOOSE				52-18363	
$\Gamma$	Name cha	nge	label or print or		oox if mail is not delivered to	street addre	ess) Room/	'suite <b>E</b>	Telephone	number
_	nıtıal retu	_	type. See Specific	13454 SUNRISE VALLEY DRIV	/E				(703) 733	-4130
	inal retur		Instruc-	City or town, state or countr	y, and ZIP + 4			F A	Accounting m	ethod Cash 🔽 Accrual
_			tions.	HERNDON, VA 201713280					Other (sp	ecify) 🕨
/	Amended	return								
$\Gamma$	Application	pending					1			. 507
				501(c)(3) organizations an nust attach a completed Sch						section 527 organizations or affiliates?
			trusts ii	iust attach a completeu sch	edule A (Form 990 or 990	-62).				
G	Web sit	e: 🟲 WW	W STUDEN	NTCLEARINGHOUSE OR	G					of affiliates •
_				) h [4 = 504/ ) /6\ #4/			1		iates include Itach a list (	ar j res j No See instructions )
	Organiza	ition type	check only	one) ► 🔽 501(c) (6) 🖪 (ins	ert no )   4947(a)(1) or	1 527	_	•		·
				tion is not a 509(a)(3) supporti					a group rul	n filed by an organization Ing? Yes V No
			than 25,000 iplete return	A return is not required, but if t	he organization chooses to file	e a return,			emption N	*
			<u>'</u>							ganization is <b>not</b> required to
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to line	12 🕨 33,156,642		"	attach Sch	B (Form 99	10, 990-EZ, or 990-PF)
P	artI	Reve	nue, Exp	enses, and Change	in Net Assets or F	und Ba	lances	(See th	e instru	uctions.)
	1			s, grants, and similar amo						
	а			onor advised funds		1a				
	b			ort (not included on line 1		1b				
	c	•		pport (not included on line	•	1c				
				ibutions (grants) (not incl	•	1d			=	
	d			, ,	•				$\dashv$	
	e	Total (a	idd lines 1a	a through 1d) (cash \$	noncash \$		)		1e	
	2	Progran	n service r	evenue including governm	ent fees and contracts (	from Part	VII, line	93) .	2	19,440,639
	3	Membe	rship dues	and assessments					3	
	4	Interes	t on saving	ıs and temporary cash ınv	estments				4	635,300
	5	Dividen	ds and inte	erest from securities .					5	352,375
	6a	Gross r	ents			6a				
	ь	Less re	ental exper	nses		6b				
	c	Net ren	tal income	or (loss) subtract line 6b	from line 6a				6c	
Ф	7			ıncome (describe ► ) .				_	7	
Revenue	8a			n sales of assets	(A) Securities			) ther	+	
Ą				ry	12,728,328	8a	(5)	, thei	$\dashv$	
	_			sis and sales expenses	12,749,421				$\dashv$	
	b			·					_	
	C .		. , ,		<u> </u>				┥	
	d	_		Combine line 8c, columns					8d	-21,093
	9	Special	events an	d activities (attach sched	ule) If any amount is fro	m <b>gaming</b>	<b>j</b> , check h	iere 🟲 🦳		
	а	Gross r	evenue (no	ot including \$	of					
		contrib	utions repo	rted on line 1b)		9a				
	b	Less d	ırect exper	nses other than fundraisin	gexpenses	9b				
	С	Netinc	ome or (los	s) from special events Su	btract line 9b from line 9	)a			9с	
	10a	Grosss	ales of inv	entory, less returns and a	llowances	10a				
	b	Less c	ost of good	ls sold		10b				
	С	Gross pro	fit or (loss) f	rom sales of inventory (attach s	chedule) Subtract line 10b fro	m line 10a			10c	
	11	Otherr	evenue (fro	om Part VII, line 103) .					11	
	12	Total re	evenue Add	l lines 1e, 2, 3, 4, 5, 6c, 7	, 8d, 9c, 10c, and 11 .				12	20,407,221
_	13			(from line 44, column (B)					13	
S)	14	-		general (from line 44, colu					14	
Expenses	15			line 44, column (D))						
ă. Ж	16		- ,	ates (attach schedule)					16	
	17							•	17	14 200 765
	+			Id lines 16 and 44, colum				• •	<del>-  </del>	14,388,765
<u>1</u>	18			) for the year Subtract line					18	6,018,456
Nel Assets	19			l balances at beginning of					19	19,268,617
¥	20		=	net assets or fund balance					20	-199,145
_	21	Netass	ets or fund	I balances at end of year (	Combine lines 18, 19, an	d 20 .			21	25,087,928

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. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash $\$ \frac{0}{}$ noncash $\$ \frac{0}{}$ ) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)					
	(cash $\$ \frac{0}{}$ noncash $\$ \frac{0}{}$ ) If this amount includes foreign grants, check here					
		22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,251,080			
Ь	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	5,618,692			
27	Pension plan contributions not included on lines 25a, b and c	27	838,883			
28	Employee benefits not included on lines 25a - 27	28	392,861			
29	Payroll taxes	29	497,755			
30	Professional fundraising fees	30				
31	Accounting fees	31	53,065			
32	Legal fees	32	156,922			
33	Supplies	33	107,725			
34	Telephone	34	137,386			
35	Postage and shipping	35	71,063			
36	Occupancy	36	696,403			
37	Equipment rental and maintenance	37	658,313			
38	Printing and publications	38	178,003			
39	Travel	39	635,615			
40	Conferences, conventions, and meetings	40	419,263			
41	Interest	41	11,148			
42	Depreciation, depletion, etc (attach schedule)	42	548,001			
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	14,388,765	0	0	0
	<b>Costs.</b> Check ► 「 If you are following SOP 98-2 ny joint costs from a combined educational campaign and fundraising	ا دماند	itation reported	ın <b>(B)</b> Program	n services?	Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_\_, (ii) the amount allocated to Program services \$\_\_\_\_

, and (iv) the amount allocated to Fundraising \$

(iii) the amount allocated to Management and general \$

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? ► STREAMLINE EDUCATIONAL INSTITUTION'S  STUDENT RECORD VERIFICATION  RESPONSIBILITIES  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 chantable trusts must also enter the amount of grants and allocations to others.)  a LOAN VERIFICATION SERVICES ON BEHALF OF 3,192 POST-SECONDARY INSTITUTIONS AND THEIR 15 MILLION STUDENTS, THE CLEARINGHOUSE COMPLETED ALL REQUIRED STUDENT LOAN ENROLLMENT VERIFICATION ACTIVITIES APPROXIMATELY 100 MILLION INDIVIDUAL STUDENT RECORDS WERE REPORTED TO THE U.S. DEPARTMENT OF EDUCATION, ALL 36 STATE AND NON-PROFIT GUARANTEE AGENCIES, AND THE NATION'S LARGEST AND MEDIUM SIZE LOAN SERVICING ORGANIZATIONS  (Grants and allocations \$ )	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
15 MILLION STUDENTS, THE CLEARINGHOUSE COMPLETED ALL REQUIRED STUDENT LOAN ENROLLMENT VERIFICATION ACTIVITIES APPROXIMATELY 100 MILLION INDIVIDUAL STUDENT RECORDS WERE REPORTED TO THE U.S. DEPARTMENT OF EDUCATION, ALL 36 STATE AND NON-PROFIT GUARANTEE AGENCIES, AND THE NATION'S LARGEST AND MEDIUM SIZE LOAN SERVICING ORGANIZATIONS  (Grants and allocations \$ )  If this amount includes foreign grants, check here ▶ □  Non Behalf of 2,235 Institutions, the Clearinghouse provided Student Record Verifications To 1) other post-secondary Institutions and Higher Education Organizations So That They Could Comply With the U.S. Department of Education	
b ON BEHALF OF 2,235 INSTITUTIONS, THE CLEARINGHOUSE PROVIDED STUDENT RECORD VERIFICATIONS TO 1) OTHER POST-SECONDARY INSTITUTIONS AND HIGHER EDUCATION ORGANIZATIONS SO THAT THEY COULD COMPLY WITH THE U.S. DEPARTMENT OF EDUCATION	
VERIFICATIONS TO 1)OTHER POST-SECONDARY INSTITUTIONS AND HIGHER EDUCATION ORGANIZATIONS SO THAT THEY COULD COMPLY WITH THE US DEPARTMENT OF EDUCATION	
"COMMERCIAL" REQUESTORS, SUCH AS EMPLOYERS, HEALTH INSURANCE PROVIDERS, CREDITORS, GRANTORS, ETC	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ┌	
C (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐	
d ·	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ┌	
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ┌	

Form 99	0 (2007)
Part I	<b>V</b> Balance Sheets (See the instructions.)
Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.

45 Cash—non-interest-bearing	13,932,109
47a	
B   Less allowance for doubtful accounts	2,290,197
B   Less allowance for doubtful accounts	2,290,197
### ### ### ### ### ### ### ### ### ##	2,290,197
b Less allowance for doubtful accounts  49 Grants receivable  50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)  50a Receivables from other disqualified persons (as defined under section 4958(c)(3)(8) (dtatch schedule)  51a Other notes and loans receivable (attach schedule)  51a Other notes and loans receivable (attach schedule)  52 Inventories for sale or use  53 Prepaid expenses and deferred charges  54 Investments—publicly-traded securities  55 Investments—bublicly-traded securities  56 Investments—bund, buildings, and equipment basis  56 Less accumulated depreciation (attach schedule)  57a Land, buildings, and equipment basis  58 Less accumulated depreciation (attach schedule)  57a Land, buildings, and equipment basis  58 Less accumulated depreciation (attach schedule)  57a 2,730,522  58 Other assets, including program-related investments  6 (describe)  59 Total assets (must equal line 74) Add lines 45 through 58  60 Accounts payable and accrued expenses  61 Grants payable  63 Loans from officers, directors, trustees, and key employees (attach schedule)  64a Tax-exempt bond liabilities (attach schedule)  65 Other liabilities (describe)  66 Total liabilities Add lines 60 through 65  67 Organizzations that follow SFAS 117, check here ▶  and complete lines	
b Less allowance for doubtful accounts  49 Grants receivable  50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)  50a Receivables from other disqualified persons (as defined under section 4958(c)(3)(8) (dtatch schedule)  51a Other notes and loans receivable (attach schedule)  51a Other notes and loans receivable (attach schedule)  52 Inventories for sale or use  53 Prepaid expenses and deferred charges  54 Investments—publicly-traded securities  55 Investments—bublicly-traded securities  56 Investments—bund, buildings, and equipment basis  56 Less accumulated depreciation (attach schedule)  57a Land, buildings, and equipment basis  58 Less accumulated depreciation (attach schedule)  57a Land, buildings, and equipment basis  58 Less accumulated depreciation (attach schedule)  57a 2,730,522  58 Other assets, including program-related investments  6 (describe)  59 Total assets (must equal line 74) Add lines 45 through 58  60 Accounts payable and accrued expenses  61 Grants payable  63 Loans from officers, directors, trustees, and key employees (attach schedule)  64a Tax-exempt bond liabilities (attach schedule)  65 Other liabilities (describe)  66 Total liabilities Add lines 60 through 65  67 Organizzations that follow SFAS 117, check here ▶  and complete lines	
49 Grants receivable	
SOB Receivables from current and former officers, directors, trustees, and key employees (attach schedule)  b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)  51a Other notes and loans receivable (attach schedule)  b Less allowance for doubtful accounts  51b 310,020  52 Inventories for sale or use  53 Prepaid expenses and deferred charges  54 Investments—publicly-traded securities  b Less accumulated depreciation (attach schedule)  55a Investments—other securities (attach schedule)  55b 55a Investments—other (attach schedule)  55b 55b 55c  55c 55b 55c  55c 55c  55c 55c  55c 55c  55d 55c 55c  55d 55d 55c  55d 55d 55d 55d 55d 55d 55d 55d 55d 55	
key employees (attach schedule)   Sob	
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)  51a Other notes and loans receivable (attach schedule)  b Less allowance for doubtful accounts  51b 216,644 51c  52 Inventories for sale or use	
4958(c)(3)(8) (attach schedule)   51a   310,020	
b Less allowance for doubtful accounts  51a 310,020  b Less allowance for doubtful accounts  52 Inventories for sale or use	
Schedule   Stal   310,020   216,644   51c   51c   51b   51c   52   10   51c   52   10   52   10   52   10   52   10   52   10   52   10   52   10   52   10   52   10   52   10   52   10   52   10   53   53   53   53   53   53   53   5	
S3	
S3	310,020
S3	
b Investments—other securities (attach schedule)	373,850
S5a	5,880,589
b Less accumulated depreciation (attach schedule)	
b Less accumulated depreciation (attach schedule)	
Schedule	
56	
57a Land, buildings, and equipment basis b Less accumulated depreciation (attach schedule)	
b Less accumulated depreciation (attach schedule)	
schedule)	
S8 Other assets, including program-related investments (describe ► ) 171,921 58	698.813
171,921   58   59   Total assets (must equal line 74) Add lines 45 through 58	
59 Total assets (must equal line 74) Add lines 45 through 58	
60 Accounts payable and accrued expenses	6,919,132
60 Accounts payable and accrued expenses	
61 Grants payable	30,404,710
62 Deferred revenue	2,318,177
Constitution of the first section of the first sec	
schedule)	935,962
64a Tax-exempt bond liabilities (attach schedule)	
b Mortgages and other notes payable (attach schedule)	
65 Other liablilities (describe ►) 110,524 65 €	
66 Total liabilities Add lines 60 through 65	2,000,000
Organizations that follow SFAS 117, check here ▶	62,643
Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines	E 216 792
	5,316,782
67 through 69 and lines 73 and 74	
	25,087,928
68 Temporarily restricted	
67 Unrestricted	
☐ Organizations that do not follow SFAS 117, check here ► ☐ and	
Organizations that do not follow SFAS 117, check here F and complete lines 70 through 74	
70 Capital stock, trust principal, or current funds	
71 Paid-in or capital surplus, or land, building, and equipment fund 71	
72 Retained earnings, endowment, accumulated income, or other funds .	
73 Total net assets or fund balances Add lines 67 through 69 or lines 70	
through /2 (Column (A) must equal line 19 and column (B) must equal	25,087,928
Inne 21)	25,007,320

Par	t IV-A Reconciliation of Revenuthe instructions.)	ie per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other suppor	t per audited financial sta	tements			а	20,208,076
ь	A mounts included on line <b>a</b> but not on						, , ,
1	Net unrealized gains on investments		b1	1	-199,145		
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					1	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b> 4				100 145
	·				• •	ь	-199,145
с	Subtract line <b>b</b> from line <b>a</b>					C	20,407,221
d	Amounts included on Part I, line 12, bu		1	Í			
1	Investment expenses not included on l	Part I, line	d1				
2	Other (specify)					1	
			d2				
	Add lines <b>d1</b> and <b>d2</b>					d	-199,145
e	Total revenue (Part I, line 12) Add line					e	20,407,221
Pari	TIV-B Reconciliation of Expens		ncial St	atements	With Expe		er Return
a	Total expenses and losses per audited					a	14,388,765
b	A mounts included on line <b>a</b> but not on						· · · · · · · · · · · · · · · · · · ·
1	Donated services and use of facilities		b1	1			
2	Prior year adjustments reported on Pai					1	
	20		b2			1	
3	Losses reported on Part I, line		b3				
4	Other (specify)					1	
			b4				
	Add lines <b>b1</b> through <b>b4</b>					b	
c	Subtract line <b>b</b> from line <b>a</b> .					С	14,388,765
d	Amounts included on Part I, line 17, bi	ut not on line <b>a:</b>					
1	Investment expenses not included on	Part I, line					
	6b		d1			1	
2	Other (specify)		d2				
	Add lines <b>d1</b> and <b>d2</b>		. <u>uz</u>			- d	
e	Total expenses (Part I, line 17) Add li	nes <b>c</b> and					14,388,765
	d					e	_ ,,,,,,,,
Part	director, trustee, or key empinstructions.)				they were i	not com	
	(A) Name and address	(B) Title and average hours per week devoted to position		npensation <b>d, enter -0)</b>	( <b>D)</b> Contrib employee ben deferred com plan	efit plans & pensation	(E) Expense account and other allowances
See A	ddıtıonal Data Table						

	. Commant Officers Discrete	- T		· · · · · · · · · · · · · · · · · · ·			raye v
	t V-A Current Officers, Director			<u> </u>	_	Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	d to vote on organization	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	y employees listed in Foi	rm 990, Part V - A , or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pr	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	relationship(s) .	75b		Νo		
c	Do any officers, directors, trustees, or key						
	employees listed in Schedule A, Part I, or	highest compensated pr	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-			•			
	tax exempt or taxable, that are related to	,	•	,	75c		l No
	organization"	· · · · · · ·			'		''
	If "Yes," attach a statement that includes	the information describe	d in the instructions				
d	Does the organization have a written confi	lict of interest policy? .			75d	Yes	
	t V-B Former Officers, Director					n or (	Other
	<b>Benefits</b> (If any former office (described below) during the benefits in the appropriate contents.	year, list that person	below and enter the				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	employee benefit plans and deferred compensation plans		pense aco ner allowa	
a r	t VI Other Information (See the	 instructions.)				Yes	No
76	Did the organization make a change in its activities		vities? If "Yes," attach a		Τ		<del>                                     </del>
-			•		76		No
77			hut not reported to the		77	Yes	1110
77	Were any changes made in the organizing		but not reported to the .	IN3'	''	165	-
	If "Yes," attach a conformed copy of the c						l
	Did the organization have unrelated business gross				78a		No
	If "Yes," has it filed a tax return on Form !				78b		
79	Was there a liquidation, dissolution, termination, or a statement	_	the year? If "Yes," attach		79		No
30a	Is the organization related (other than by association	on with a statewide or nationw	ide organization) through cor	nmon membership,			
	governing bodies, trustees, officers, etc , to any other				80a		No
b	If "Yes," enter the name of the organization	on <b>►</b>					
		and check whether it	ıs Fexempt <b>or</b> Fno	nexempt			
	Enter direct or indirect political expenditu				4		
b	Did the organization file Form 1120-POL for	orthis year?			81b		No

	990 (2007)			Page /
Par	t VI Other Information (continued)		Yes	No
82a	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?	82a		No
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gıfts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	Yes	
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Yes	
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>	_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0	_		
	Gross receipts, included on line 12, for public use of club facilities 86b 0	-		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
88a	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		No
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	001		N.
00-		88b		No
osa	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. 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		
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
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	331		140
	during the year?			
00-	Light the states with which a convertible watering is filed by 1/4	89g		No
	List the states with which a copy of this return is filed  VA  Number of employees employed in the pay period that includes March 12, 2007 (See 90b			94
	ınstructions)	722 1	120	<del></del>
91a	The books are in care of F	/33-4	130	
	13454 SUNRISE VALLEY DRIVE STE 300  Located at HERNDON, VA  ZIP + 4 201713280			
L				
O	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		Yes	No
	account)?	91b		Νo
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

Part VI Other Information	(continued)						Page
	· · · · · · · · · · · · · · · · · · ·			- C. L	21-1-2	Yes	No
<b>c</b> At any time during the calendar	r year, did the organizat	ion maintain	an office outside	of the United S	States? 91	c	No
If "Yes," enter the name of the f	foreign country 🗕						
2 Section 4947(a)(1) nonexempt ch	<del>-</del>				1 1		<b>►</b> [
and enter the amount of tax-ex	•				▶ 92		
art VIII Analysis of Income	e-Producing Activi				E42 E42 E44		
ote: Enter gross amounts unless oth	erwise indicated.	(A)	business income	(C)	ction 512, 513, or 514	<b>(E</b> ) Relate	
		Business	<b>(B)</b> Amount	Exclusion	( <b>D)</b> Amount	exempt fi	
Drogram carvuga rayanya		code		code		iiicoi	
Program service revenue     A LOAN VERIFICATION						f	5,020,4
b SERVICES							,,020,12
c SCHOOL VERIFICATION						13	3,420,2
d SERVICES							1,720,2
e							
f Medicare/Medicaid payments							
g Fees and contracts from gover	ū						
Membership dues and assessr				14	625 200		
Interest on savings and temporary ca				14	635,300		
Dividends and interest from se				14	352,375		
Net rental income or (loss) fro				+			
a debt-financed property							
<b>b</b> non debt-financed property .							
Net rental income or (loss) from pers							
Other investment income .				18	-21,093		
Gain or (loss) from sales of assets ot				10	21,033		
<ul><li>Net income or (loss) from spec</li><li>Gross profit or (loss) from sale</li></ul>							
	·						
3 Other revenue a				+			
				+			
				+			
e					966,582	10	9,440,63
4 Subtotal (add columns (B), (D)					900,382		
<b>5 Total</b> (add line 104, columns (E te: Line 105 plus line 1e, Part I, sho		ling 12 Part I			· · · · • —	20,4	07,22
• • •	·	· · · · · · · · · · · · · · · · · · ·		ant Durings	s (Soo the inst	ations	- \
ne No. Explain how each activity for	Activities to the Ac						
of the organization's exemp					p	<b>,</b>	
3A LOAN VERIFICATION SER	RVICES LOAN RELATI	ED STUDEN	T RECORD				
3B SCHOOL VERIFICATION	SERVICES SCHOOLA	ND STUDEN	IT				
Triformatica De	udina Tauakia Col	aldic!	and Diana	ded Fostisis	(Coothe !==!		<del></del>
art IX Information Regai	(B)	Sidiaries a		<u>dea Entities</u>		<i>ICTIONS.</i> (E	
Name, address, and EIN of corporation,	, Percentage of		(C) Nature of activitie	s	( <b>D</b> ) Total income	End-of-	-year
partnership, or disregarded entity	ownership interest	6				asse	:ts
	0,						
	0,	6					
	0,						
art X Information Regar	rding Transfers As	sociated v	with Persona	I Benefit Co	ntracts (See th	e	
instructions.)	recense and fords down	r maluse ethic to		organal hava-ex	ntm et?	T vac	✓ No
) Did the organization, during the year,						⊢ Yes	
) Did the organization, during the			rectly, on a pers	onal benefit co	ntract?	ı Yes	ı* No
OTE: If "Yes" to (b), file Form 8870	Dand Form 4720 (see in	structions).					

.06		e reporting organiza				efined	ın section 512	(b)(13) of	Yes	No No	
	the Co	ode? If "Yes," comp	lete the schedule	below for each o	ontrolled entity					"	
	ı	(A) Name and address o controlled enti		Employer Id	B) dentification nber		(C) Description of transfer	A moun	(D) t of transf	fer	
		Totals									
										N.	
7	Dıd th	e reporting organiza	atıon <b>receive</b> any t	ransfers <b>from</b> a	controlled entity a	as def	ned in section	512(b)(13) of	Yes	No No	
	the Co	ode? if "Yes," comp	lete the schedule	below for each o	ontrolled entity					"	
		(A)			В)		(C)		(D)		
	Name and address of each controlled entity			Employer Identification Number			Description of transfer	A moun	A mount of transfer		
$\dagger$			•								
$\top$											
		T.4.1.									
		Totals									
										<u> </u>	
8	Did th	e organization have	e a binding written	contract in effe	ct on August 17, 2	2006 (	covering the in	terests, rents.	Yes	No	
-		ies and annuities d						, ,		No	
		der penalties of perjury d belief, it is true, correc									
ase		d belief, it is true, correc	ct, and complete Deci	aration or preparer	(other than officer) is	Dascu	1		any knowie	uge	
n	Signature of officer Date							21			
re	GEORGE LEVATHES VICE PRESIDENT										
		Type or print name and	d title		,						
		Preparer's			Date		Check If	Preparer's SSN or PTI	N (See Gen	Inst \	
id		Signature	EY J SCHRAGG				self- empolyed 🕨 🦵				
epa e	rer's	Firm's name (or yours	· •								
e Iy		ıf self-employed), address, and ZIP + 4	ADOV MAITOE & FOR	TNCON DC				EIN ▶			
-,			ARGY WILTSE & ROB								
			8405 GREENSBORO I	DRIVE 7TH FLOOR				Phone no 🕨 (703) 8	393-0600		
		l	MCLEAN, VA 22102					İ			

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 52-1836384

Name: NATIONAL STUDENT CLEARINGHOUSE

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a INSURANCE	43a	62,361			
<b>b</b> BANK & CC FEES	43b	409,557			
c INTERNET	43c	34,040			
d DEVELOPMENT/TRAINING	43d	63,338			
e OTHER PROFESSIONAL FEES	43e	220,612			
f AMORTIZATION OF INTANGIBLES	43f	207,268			
g BAD DEBT	43g	10,909			
h DONATIONS	43h	108,502			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DANIEL R BOEHMER   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	PRESIDENT JULY 2007-DEC 2007 40 0	368,431	30,006	
RICARDO TORRES   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	PRESIDENT jan 2008- june 2008 40 0	132,731	44,374	
DOUG FALK 50 13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	VICE PRESIDENT 40 0	195,100	36,916	
GEORGE J LEVATHES   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	VICE PRESIDENT 40 0	160,362	28,879	
TRACIE MACMAHON   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	VICE PRESIDENT 40 0	200,615	30,856	
JEFFEREY TANNER   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	VICE PRESIDENT 40 0	251,386	34,851	
NANCY WIEDERSPAN   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	VICE PRESIDENT 32 0	141,985	27,201	
ROBERTA HYLAND <b>5</b> 13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	SECRETARY 40 0	105,500	20,786	
DONNA KNAUFF  13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	ASSISTANT VP 40 0	137,192	24,173	
JOY WANG   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	ASSISTANT VP 40 0	187,019	30,855	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CARL C DALSTROM   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
WILLIAM H HURRY   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
WILLIAM M MACKIE JR 13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
SUE MCMILLIN   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
MARK J VALENTI   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
THOMAS BABEL   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
KEITH J JEPSEN 🔁 13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	DIRECTOR 0	0		
MARIANNE M KELER   13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	DIRECTOR 0	61,862		
DAVID MYETTE   13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	DIRECTOR 0	0		
DORIS A GROSE 13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ELISE NOWIKOWSKI   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
DAVID S YEH   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
DONALD R VICKERS 13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
HARRY A LAYMAN 🕏 13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	DIRECTOR 0	0		
JAMES RONALD GAMBILL   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
ALISA ABADINSKY 2 13454 SUNRISE VALLEY DRIVE 300 HERNDON,VA 201713280	DIRECTOR 0	0		
STANLEY e HENDERSON   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
WILLIAM HANSEN   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		
DAVID LONGANECKER   13454 SUNRISE VALLEY DRIVE 300 HERNDON, VA 201713280	DIRECTOR 0	0		

## **TY 2007 Compensation Explanation**

Name: NATIONAL STUDENT CLEARINGHOUSE

Person Name	Explanation
DANIEL R BOEHMER	MR DANIEL R BOEHMER RETIRED from his position as president of the national student clearinghouse ON DECEMBER 31, 2007 to assist with the transition to the new president, HE WAS ENGAGED AS A CONSULTANT FROM january 2008-june 2008 \$60,000 of the compensation amount shown represents amounts paid as an independent contractor from january 2008 -june 2008
MARIANNE M KELER	during the fiscal year ended june 30, 2008, the clearinghouse eNGAGED marianne keler, a board member, as aN INDEPENDENT consultant and incurred consulting fees totaling \$61,862 this amount is shown as compensation for marianne keler

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## TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: NATIONAL STUDENT CLEARINGHOUSE

**EIN:** 52-1836384

**Gross Sales Price:** 12,728,328

**Basis:** 12,749,421

**Sales Expenses:** 

**Total (net):** -21,093

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# **TY 2007 Mortgages and Notes Payable Schedule**

Name: NATIONAL STUDENT CLEARINGHOUSE

**EIN:** 52-1836384

**Total Mortgage Amount: 2000000** 

Item No.	1
	-
Lender's Name SUNTRUST BA	NK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	2000000
Balance Due	2000000
Date of Note 2008-05	
Maturity Date 2009-05	
Repayment Terms LINE OF CRED	DIT, DUE UPON DEMAND, INT. DUE MONTHLY
Interest Rate	3.96
Security Provided by Borrower ASSETS OF TH	HE ORGANIZATION
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

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### **TY 2007 Other Assets Schedule**

Name: NATIONAL STUDENT CLEARINGHOUSE

Description	Beginning of Year Amount	End of Year Amount		
CAPITALIZED INTANGIBLES				
INCLUDING SOFTWARE LICENSES,				
PATENTS, AND OTHER DEFERRED				
COSTS, NET OF AMORTIZATION	165,121	6,912,332		
OTHER ASSETS	6,800	6,800		

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# **TY 2007 Other Changes in Net Assets Schedule**

Name: NATIONAL STUDENT CLEARINGHOUSE

Description	Amount
OF INVESTMENTS	199,145

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#### **TY 2007 Other Liabilities Schedule**

Name: NATIONAL STUDENT CLEARINGHOUSE

Description	Beginning of Year Amount	End of Year Amount
ACCRUED RENT LIABILITY	110,524	62,643

R4	53-EO	Exempt	Organization	n Declara	tion and	d Sic	inatur	e fo	ır	OMB No. 1545-1879
	of the Tressury	For calendar year 200	Ele 17, or tax year beginning use with Forms 99	ctronic F	iling , 2007, and en J-PF, 1120-F	ding	- 0 <u>6/3</u>			2007
Name of ex	xempt organization	1						1 -	_	ntification number
NATIO	<u>NAL STUI</u>	DENT CLEAR	INGHOUSE	· -	•	_		52	-18	36384
Part I	Type of R	eturn and Retur	n Information (Who	ole Dollars O	nly)					
if you ch was blar then ente 1a Fore 2a Fore 3a Fore 4a Fore	eck the box on h, then leave	on line 1a, 2a, 3a, line 1b, 2b, 3b, o pplicable line below here  heck here k here	4a, or 5a below an 4b, or 5b, whicheve w. Do not complete r Total revenue, if an b Total tax ()	ed the amount or is applicable more than one y (Form 990, I if any (Form 9 Form 1120-PC vestment inco	on that line a, blank (do line in Part ine 12) , , 90-EZ, line 9 bL, line 22) me (Form 9	for the note.	e return f nter -0-), l	f you	nich your enter	om the return, if any. The present of the return, and the return and
Part II	Declaratio	n of Officer	<u></u>	- · · · <u>-</u>						
Under pe	to the financia on this return, Financial Agen institutions investigated in a copy of the 1 executed to 990/990-E2/99 institles of per- on's 2007 elec-	al institution accour and the financial it at 1-889-353-453 rolved in the processolve issues related to his return is being if the electronic disc io-PF (as specifically jury, if declare that ctronic return and	nt indicated in the transitution to debit the 7 no later than 2 bus assing of the electror of the payment. It is that agent to the payment agent controlled with a state agent controlled in Part I above I am an officer of accompanying schedule.	ax preparation a entry to this siness days prionic payment of ncy(les) regulationed within re) to the selected the above in the sale and states.	software for account. To the pay taxes to re ing charities this return it state agencement organiments and to	payme revoke ment (secence of as part allowin ay(ies). ization of the	ent of the a payment of the settlement) confidential of the tR ng disclose and that best of m	orga I, I m date I info S Feaure I ha y kna	nization Ust con I also Imation d/State by the owledge	val (direct debit) entry i's federal taxes owed hisct the U.S. Treasury authorize the financial inecessary to answer program, I certify that a IRS of this Form mined a copy of the and belief, they are
true, corr electronic organizati	'ect, and comp return, I col on's return to	olete I further dec nsent to allow m the IRS and to re	lare that the amount y intermediale servic	t in Part I ab Se provider, tra s) an acknowle	ove is the insmiller, or dgement of	amount r electr receipt	t shown o rónic retui or reason	in the more for	e copy ig:nator rejectio	of the organization's (ERO) to send the n of the transmission,
Sign Here	Signature d	Politicer	7	0 √2-7_ Date	<u>/08</u> _	VI Tilk	CE PR	E\$1	DEN'	<u> </u>
Part III	Declaration	of Electronic R	eturn Originator (E	ERO) and Pai	d Prepare	r (see	Instructio	ns)		
of my kn the data forms and for Author return an	owiedge. If I a on the return. I information t rized e-file Provid d accompanyir	am only a collector. The organization of the filed with the iders. If I am also ag schedules and a	, I am not responsib officer will have signo IRS, and have follow the Paid Preparer, und	le for reviewing ed this form b wed all other r der penalties of he best of my	the return efore I subm equirements perjury I de knowledge	and or hit the m Pub clare th	nly declare return. I v 4163, M nat ) have	that will g loderr exem	this for the sized e ined th	od correct to the best orm accurately reflects officer a copy of all information e above organization's correct, and complete,
ERO's	ERO's signature	2, Su	V/GE	Date   フィ/c	Check if also paid preparer	x	Check If self- employed		ERO's	SSN or PTIN
Use Only	Firm's name (or yours if self-employed). address, and ZIP code  ARGY, WILTSE & ROBINSON, P.C.  B405 GREENSBORO DRIVE, 7TH FLOOR  MCLEAN  VA 22102				02	EIN 54-1586993				
		I dectare that I have	examined the above i			dules an	d atalemen	la, an		03-893-0600 best of my knowledge
and belief, t	hey are true, corre Preparer signature	ъ 🖢	ration of preparer Is based	on all information	of which the pr   Date 	eparer ha	s any know!   Check   If self-   employed	edge.	Prepare	era SSN or PTIN

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Firm's name (or yours if self-employed), address, and ZIP code

Form 8453-EO (2007)

EIN

Phone no.

Preparer's

Use Only