

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: NATIONAL STUDENT CLEARINGHOUSE. Number and street: 13454 SUNRISE VALLEY DRIVE. City or town: HERNDON, VA 201713280

D Employer identification number: 52-1836384. E Telephone number: (703) 733-4130. F Accounting method: Accrual

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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW.STUDENTCLEARINGHOUSE.ORG

J Organization type (check only one): 501(c)(6)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 33,156,642

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III 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) 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"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	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			
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
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) (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)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,388,765	0	0	0

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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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? ▶ <u>STREAMLINE EDUCATIONAL INSTITUTION'S STUDENT RECORD VERIFICATION RESPONSIBILITIES</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<p>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.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>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 MANDATED PERFORMANCE REPORTING AND THEIR 9 MILLION STUDENTS 2) EXTERNAL "COMMERCIAL" REQUESTORS, SUCH AS EMPLOYERS, HEALTH INSURANCE PROVIDERS, CREDITORS, GRANTORS, ETC.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . <input type="checkbox"/></p>	

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)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	10,164,773	46	13,932,109	
	47a Accounts receivable	47a 2,310,197			
	b Less allowance for doubtful accounts	47b 20,000	2,645,963	47c	2,290,197
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a 310,020			
	b Less allowance for doubtful accounts	51b	216,644	51c	310,020
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	286,839	53	373,850	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,819,940	54a	5,880,589	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 2,730,522				
b Less accumulated depreciation (attach schedule)	57b 2,031,709	937,807	57c	698,813	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		171,921	58 <input type="checkbox"/>	6,919,132	
59 Total assets (must equal line 74) Add lines 45 through 58	22,243,887	59	30,404,710		
Liabilities	60 Accounts payable and accrued expenses	1,666,183	60	2,318,177	
	61 Grants payable		61		
	62 Deferred revenue	1,198,563	62	935,962	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b <input type="checkbox"/>	2,000,000	
	65 Other liabilities (describe <input type="checkbox"/> _____)	110,524	65 <input type="checkbox"/>	62,643	
66 Total liabilities Add lines 60 through 65	2,975,270	66	5,316,782		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	19,268,617	67	25,087,928	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	19,268,617	73	25,087,928	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	22,243,887	74	30,404,710	

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 85c-f and 89c-f.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (LOAN VERIFICATION, SERVICES, SCHOOL VERIFICATION, SERVICES), Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, and Subtotal/Total.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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)

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

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

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?					No

Please Sign Here	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.		
	Signature of officer	2008-10-27	Date
	GEORGE LEVATHES VICE PRESIDENT Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	JEFFREY J SCHRAGG	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ARGY WILTSE & ROBINSON PC 8405 GREENSBORO DRIVE 7TH FLOOR MCLEAN, VA 22102		EIN	Phone no (703) 893-0600

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):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	62,361			
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  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  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  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

EIN: 52-1836384

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

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

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 BANK
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 CREDIT, DUE UPON DEMAND, INT. DUE MONTHLY
Interest Rate	3.96
Security Provided by Borrower	ASSETS OF THE ORGANIZATION
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule**Name:** NATIONAL STUDENT CLEARINGHOUSE**EIN:** 52-1836384

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

TY 2007 Other Changes in Net Assets Schedule

Name: NATIONAL STUDENT CLEARINGHOUSE

EIN: 52-1836384

Description	Amount
OF INVESTMENTS	199,145

TY 2007 Other Liabilities Schedule

Name: NATIONAL STUDENT CLEARINGHOUSE

EIN: 52-1836384

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

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See Instructions on back.

Name of exempt organization

Employer identification number

NATIONAL STUDENT CLEARINGHOUSE

52-1836384

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

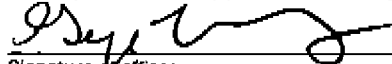
1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	1b	<u>20407221</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).


Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶  10/27/08 ▶ VICE PRESIDENT
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see Instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶  Date 10/24/08 Check if also paid preparer Check if self-employed ERO's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code ▶ ARGY, WILTSE & ROBINSON, P.C. EIN 54-1586993
8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN VA 22102 Phone no 703-893-0600

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code ▶ _____ EIN _____
Phone no. _____

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

Form 8453-EO (2007)