Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

Α	A For the 2011 calendar year, or tax year beginning , 2011, and				and ending	g			
_	Check if a		C Name of organization			D Emplo	yer ide	entification number	
	Address	change	National College Players Association				02	2-0635571	
	Name cha	ange	Number and street (or P.O. box, if mail is not deliv	ered to street address)	Room/suite	E Teleph	E Telephone number		
닏	Initial retu		PO Box 6917		1		95	1-898-0985	
늗	Terminate Amended		City or town, state or country, and ZIP + 4		-	F Group			
F		on pending	Norco, CA 92860			Numt		•	
G		rting Method:	☑ Cash ☐ Accrual Other (specify)	• • • • • • • • • • • • • • • • • • •	н	Check ▶	i	the organization is not	
		te:▶ <u>www.</u>	* * * * * * * * * * * * * * * * * * * *					ach Schedule B	
				◆ (insert no.) ☐ 4947(a)(1) or	527	•)-EZ, or 990-PF).	
_	Check I		organization is not a section 509(a)(3) suppor		527 organizatio	on and its	aross	receipts are normally	
			D. A Form 990-EZ or Form 990 return is not re		•		•	•	
			ses to file a return, be sure to file a complete	•	, ,	,		· · · · · · · · · · · · · · · · · · ·	
L	_		o, to line 9 to determine gross receipts. If gross		or if total assets	s (Part II,			
	line 25, d	column (B) belo	w) are \$500,000 or more, file Form 990 instead	of Form 990-EZ			▶ \$		
I	Part I	Revenu	e, Expenses, and Changes in Net	Assets or Fund Balanc	es (see the	instruct	tions	for Part I.)	
_			the organization used Schedule O to		•			•	
_	1		ns, gifts, grants, and similar amounts re				1	118,173	
	2		ervice revenue including government fee			_	2	0	
	3	-	p dues and assessments				3	0	
	4	Investmen	•				4	746	
	5a	Gross amo	unt from sale of assets other than inven	tory 5a		0			
	Ь		or other basis and sales expenses	·		0			
	c		ss) from sale of assets other than invent		ine 5a)		5c	0	
	6	,	d fundraising events	, ,	•				
	а	_	ome from gaming (attach Schedule	G if greater than		ł			
	<u> </u>					d			
PA	БЬ	Gross inco	me from fundraising events (not includir	ng \$ 118,173 0	contribution	าร			
Š	كِ		aising events reported on line 1) (attacl				[
	-	sum of suc	h gross income and contributions exce	eds \$15,000) 6b	ĺ	13,366	1		
Ž	С	Less: direc	t expenses from gaming and fundraising	g events 6c		3071	1		
Ŋ	d	Net incom	e or (loss) from gaming and fundraising	g events (add lines 6a and	d 6b and su	btract	1		
		line 6c)					6d	10,295	
3	7a	Gross sale	s of inventory, less returns and allowand	ces		٥			
7	Ь	Less: cost	of goods sold			0	•		
4	С	Gross pro	it or (loss) from sales of inventory (Subtr	act line 7b from line 7a) .			7c	0	
4	8	Other reve	nue (describe in Schedule O)			[8	0	
,	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	18		▶ [9	129,214	
_	10		I similar amounts paid (list in Schedule () J RE(EIVED	7	10	0	
	11	Benefits p	aid to or for members			l [11	0	
9	ខ្ល 12	Salaries, c	ther compensation, and employee bene	fits AUG	0 '0 '0 '	18	12	120,162	
Š	12 13 14 15	Profession	al fees and other payments to independ	ent contractors	2 [3 [20.12]	181	13	0	
9	14	Occupano	y, rent, utilities, and maintenance			121	14	13,198	
ú	0 15	Printing, p	ublications, postage, and shipping		EN, UT	. [15	1359	
	16	Other exp	enses (describe in Schedule O)				16	57,836	
	17	Total exp	enses. Add lines 10 through 16	<u> </u>	<u> </u>	. ▶	17	192,555	
_	າ 18		(deficit) for the year (Subtract line 17 fro				18	(63,341)	
Ś	រ្គ 19		or fund balances at beginning of year	(from line 27, column (A)) (must agre	e with			
2	2	end-of-ye	r figure reported on prior year's return)			[19	257,392	
•	19 20 11 20	Other cha	nges in net assets or fund balances (exp	lain in Schedule O)		[20	0	
2	^Z 21	Net assets	or fund balances at end of year. Combi	ne lines 18 through 20 .		. ▶ [21	194.051	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

9-9-N

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Pai	·	•	_			
	Cneck if the organization used Schedule	O to respond to ar	ny question in this			<u> D</u>
			<u> </u> _	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			257392		194,051
23	Land and buildings		• • • • •		23	0
24 25	Other assets (describe in Schedule O)				24	0
26	Total liabilities (describe in Schedule O)			257392	-	194,051
27	Net assets or fund balances (line 27 of column				26	0
Par				257392	21	194,051
en.	Check if the organization used Schedule	•				Expenses
What		Advocacy for protect				quired for section (c)(3) and 501(c)(4)
						Inizations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise m	snments for each of tanner describe the	r its three largest p	rogram services,		7(a)(1) trusts; optional
pers	ons benefited, and other relevant information for ea	ach program title.	services provided	i, the number of	torc	others.)
28	Awareness Program: recruited thousands of college	`	ur mission and goals	s. Issued 15		Τ
	informational newsletters to over 17,000 current and					
	over 1 million readers collectively, and provided info					
		includes foreign gra			28a	23,100
29	Legislative initiative: successfully advocated in favo	r of CT HB 5415 to rec	uire Connecticut co	lleges to		
	publicly disclose athletic policies that relate to their	athletes' academics, l	nealth, and fincances	s. Participated		
	in a US Congressional briefing concerning college at	thletes. Presented go	als at state lawmake	r conference.		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	2 9a	4934
30						
						1

		includes foreign gra	nts, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra		<u> ▶ ∐</u>	31a	
32	Total program service expenses (add lines 28a				32	
Par	· · · · · · · · · · · · · · · · · · ·				nstru	ctions for Part IV.)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.		<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ	1,.,	
	(-)	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation		other compensation
Rame	ogi Huma	President - 40+ hrs/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		╁	. ,
	ox 6917, Norco, CA 92860	wk	89,109.00	15,28		0
	on McCutcheon	Chairman of the	09,109.00	15,20	-	
###!!		Board5 hrs/wk	o		٥	0
Gabe	Crecion	Board member5			+-	
		hrs/wk	a	k	o	0
Chev	ane Caldwell	Board Member5	<u> </u>		Ť-	
	·	thrs/wk	o	,	0	0
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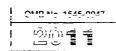
Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
•	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? It "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 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 engage in an excess benefit transaction in a prior year that has not been]
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e		,
41	List the states with which a copy of this return is filed. ► California			
42a	·	951-89		
	Located at ► 11748 Magnolia Ave, Suite C1, Riverside, CA ZIP + 4 ►	92503	-4955	
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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
C	If "Yes," enter the name of the foreign country: ▶	420	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		,
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		,
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		ر ا ر

Form 99	90-EZ (2011)					P	age 4
		· · · · · · · · · · · · · · · · · · ·				Yes	No
46,	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in oppos	sition		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		. 46		1
Part						tion	
	501(c)(3) organizations and sect	ion 4947(a)(1) none	kempt charitable tru	sts must answer q	uestions 47	7–491	b
	and 52, and complete the tables	for lines 50 and 51					
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI			
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pai		section 501(h) election		e tax 47	~	
48	Is the organization a school as described i				48		~
49a	Did the organization make any transfers to		· ·		ļ		1
b	If "Yes," was the related organization a se				49b		<u> </u>
50	Complete this table for the organization's					es an	d kev
	employees) who each received more than						
		1	(c) Reportable	(d) Health benefits,	T		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	compensation	contributions to employe			
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferre compensation	d other com	pensa	lion
None		<u> </u>					
1391191		1					
		1					
	· · · · · · · · · · · · · · · · · · ·				+		
	***************************************	†					
							
		1			·		
					†		
		1	•		1		
f	Total number of other employees paid ov	ver \$100 000	. ▶ 0	I	_ •		
51	Complete this table for the organization			contractors who ea	ch received	more	than
٠.	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	CONTRACTORS WITE CA	sii received	111010	, tritari
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice	(c) Compensation	on	
None	· · · · · · · · · · · · · · · · · · ·						
			1				
					····		
	***************************************		1				
d	Total number of other independent contr	actors each receiv					
52	Did the organization complete Schedule	A? Note: All section					
	nonexempt charitable trusts must attach						
Under	penalties of perjury, I declare that I have examined this	return, including accom					
true, co	prrect, and complete. Declaration of preparer (other that	in officer) is based on al					
	12.5%						
Sign	Signature of officer						
Here	Ramogi Huma, President						
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature					
	parer						
	Only Firm's name >						
	Firm's address ▶						
May t	he IRS discuss this return with the prepare	er shown above? S					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(cii3) organization or a section 4947(a)(1) nonexempt charitable trust.



Open to Public

	ment of the Treasury	► At	tach to Form 990 or Fo	•			instructio	ns.		Open to Public Inspection
	of the organization								entification	
Natio	nai College Players	ASSOCIATION	_						U ∠- Ub	35571
Pai			rity Status (Ali orga						nstructio	ns.
The o			tion because it is: (Fo							-
1			nes, or association of			ed in sec	tion 17U	i)(A)(r)(d)).	
2			170(b)(1)(A)(ii). (Attac							
3			spital service organiza						\^\\\\	C:0
4		ne, city, and state	on operated in conjunc	cuon wiu	ı a nospit	ai descrii	oea in se	Cuon 170	ДОЈ(Т)(О)	(III). Enter the
5	An organization	•	the benefit of a collect	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described in
6	☐ A federal, stat	e, or local govern	nment or government	al unit de	scribed in	section	170(ъ)(1)(A)(v).		
7	✓ An organization	on that normally	receives a substantia (A)(vi). (Complete Par	l part of					nit or fron	n the general public
8			n section 170(b)(1)(A)							
9	9 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 than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	☐ An organization	on organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).	
	_	_	nd operated exclusive			-			-	or to carry out the
			licly supported organ							
			describes the type of					te lines 1		_
	a Typel	ь 🗆	**	• -	III-Funct	-	-			Type III-Other
е			that the organization							
	or section 509		ers and other than one	e or more	e publicly	support	ea organ	zations c	jescribed	in section 509(a)(1)
f			written determination	on from	the IRS 1	that it is	a Type	I Tyne I	ll or Tvr	e III supporting
-								., .,pc .		· · · · ·
3	Since August	17, 2006, has t	he organization accep	oted any	gift or co	ontributio	n from a	ny of the	,	
	following pers				_			•		
			ndirectly controls, eith							nd Yes No
			ody of the supported	-						11g(i)
	-		on described in (i) abo							11g(ii)
_		-	a person described in							11g(iii)
<u>h</u>			on about the support					1		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		is the tion in col	(vii) Amount of support
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
(A)							T	<u> </u>		
								<u> </u>	ļ	
(B)										
(C)						:				
(D)										
(E)										
				1		1				

Schedu	de A (Form 990 or 990-EZ) 2011						Page 2
Par	Support Schedule for Organiza Complete only if you checked the						
	Part III. If the organization fails to						any ander
Sect	ion A. Public Support			, , , , , , , , , , , , , , , , , , ,			
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	212,012	177,355	135,084	212.027	100 014	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	212,012	0	133,084	213,937	129,214	867,602
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0.	0
4	Total. Add lines 1 through 3	212,012	177,355	135,084	213,937	129,214	867,602
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)						
•	, ,,						420,000
6 Soot	Public support. Subtract line 5 from line 4.				·····	L	447,602
	tion B. Total Support	(-) 0007	(h) 0000	(-) 0000	(-D 0040	(-) 0044	(0 T-+-1
Calei 7	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8		212,012	177,355	135,084	213,937	118,173	856,561
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7537	4193	1604	867	746	14.947
9	Net income from unrelated business activities, whether or not the business						, , , , , , , , , , , , , , , , , , ,
40	is regularly carned on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				4	12.000	10.000
11	Total support. Add lines 7 through 10	0	0	0	0	13,366	13,366
12	Gross receipts from related activities, etc.	(see instruction	ากร)			12	884,874

16a	33¹½% support test—2011. If the organization did not check the box on line 13, and line 14 is 33¹½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	•
b	33¹/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	_

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)

Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))

13

15

Section C. Computation of Public Support Percentage

Public support percentage from 2010 Schedule A, Part II, line 14

15

51 %

50 %

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	y if you checked th	e box on line 9	of Part I or if	the organization	failed to qualify	under Part II
If the organizat	tion fails to qualify	under the tests	listed below.	please complete	Part II.)	

<u> </u>	if the organization fails to quality	under the te	sts listed ber	ow, please co	ompiete Part	11.)	
	on A. Public Support	4) 0007	410000	4 > 2000	/ B 0040	(-) 0044	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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				ļ		;
_	organization's tax-exempt purpose				ļ		
3	Gross receipts from activities that are not an		}				
	unrelated trade or business under section 513						
4	Tax revenues levied for the		ŀ				
	organization's benefit and either paid						1
_	to or expended on its behalf						
5	The value of services or facilities			ŀ		ļ	
	furnished by a governmental unit to the organization without charge				1		
•			 		<u> </u>		
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
/ a	received from disqualified persons .					}	1
_	' '	···· ·	 	 	 	 	
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year			1	ł		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		<u> </u>				
	line 6.)		}				
Secti	on B. Total Support			,	•		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources		<u> </u>		<u> </u>		
Ь	Unrelated business taxable income (less	,					
	section 511 taxes) from businesses				1	1	
	acquired after June 30, 1975				<u> </u>		
C	Add lines 10a and 10b				<u> </u>		<u> </u>
11	Net income from unrelated business					ļ	
	activities not included in line 10b, whether					İ	
	or not the business is regularly carried on		.			ļ	ļ
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets		1				İ
40	(Explain in Part IV.)		 	 		 	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first secon	nd third fourth	h or fifth tax v	par as a secti	on 501(c)(3)
17	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo					<u> </u>	
15	Public support percentage for 2011 (line			13. column (f))		15	%
16	Public support percentage from 2010 Sci		_			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (line 10c, colu	mn (f) divided l	y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests - 2011. If the organ						
	17 is not more than 331 ಡ%, check this box						
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization d	id not check a	a box on line 14	1, 19a, or 19b,	check this box	and see instr	uctions 🕨 🔲

	om 390 of 390-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 20**1**1

See separate instructions.

Open to Public Inspection

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations. Complete Part I-A only. If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number National College Players Association 02-0635571 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ 0 Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate d creenization if none, enter -0-(1) (2)(3) (4) (5) (6)

Sched	ule C (Form 990 or 990-EZ) 2011					Page 2
Part	II-A Complete if the organizatio section 501(h)).	n is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ction unae [,]
	name, address, EIN, exper	nses, and sha	re of excess lobb	ying expenditur	es).	up member's
B C	heck ▶ ☐ if the filing organization ch	ecked box A a	and "limited cont	rol" provisions a	pply.	
					(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts	paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion	(grass roots lobby	ing)	d	NA
h	Total labbying expenditures to influence	a legislative bo	dy (direct lobbying	3)	4934	NA
c	Total lobbying expenditures (add lines 1	a and 1b) .			4934	NA
d	Other exempt purpose expenditures .				187,621	NA
е	Total exempt purpose expenditures (add	l lines 1c and 1	d)		192,555	NA
f	Lobbying nontaxable amount. Enter	the amount fi	om the following	table in both		
	columns.				38,511	NA
	If the amount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	}	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25	6% of line 1f)			9628	NA
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-			d	
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-			d	
j	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	?				∐ Yes ∐ No
	(Some organizations that ma	ide a section 5	i01(h) election do	not have to com		•
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filling organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filling organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals group totals (b) Affiliated group repart to the filling organization's totals group totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 1 Total lobbying expenditures to influence a legislative body (direct lobbying) 2 Total lobbying expenditures (add lines 1a and 1b) 3 Total lobbying expenditures (add lines 1a and 1b) 4 Other exempt purpose expenditures 5 Total exempt purpose expenditures (add lines 1c and 1d) 6 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 6 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 8 Not over \$500,000 8 Over \$1,000,000 but not over \$1,000,000 9 Grassroots nontaxable amount (enter 25% of line 1f) 9 Over \$1,000,000 9 Grassroots nontaxable amount (enter 25% of line 1f) 9 Subtract line 1g from line 1a. If zero or less, enter -0- 1 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
			 			

Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying nontaxable amount	38,144	37,230	48,514	38,511	162,399				
b	Lobbying ceiling amount (150% of line 2a, column (e))					243,599				
c	Total lobbying expenditures	q	5343	7235	4934	17,512				
d	Grassroots nontaxable amount	9536	9308	12,129	9628	40,601				
е	Grassroots ceiling amount (150% of line 2d, column (e))			_		60,902				
f	Grassroots lobbying expenditures	q	q	q	q	0				

Schedule C (Form 990 or 990-EZ) 2011

Part		Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h):			. 0. 00		
		es" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	e)		(b)	
of the	lobbyi	ing activity.	Yes	No	Aı	mount	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or indum, through the use of:					
а	Volunt	eers?	Ì				
þ	Paid s	taff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
C		advertisements?					
d		gs to members, legislators, or the public?	L				
е		ations, or published or broadcast statements?					
f		s to other organizations for lobbying purposes?		ļ			
g		contact with legislators, their staffs, government officials, or a legislative body?					
h i	Other	activities?					
J		Add lines 1c through 1i	-				
2a b		e activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			-
c		s," enter the amount of any tax incurred by organization managers under section 4912					
ď		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?	-				
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ction		
		501(c)(6).					
					г.	Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	_	
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			3	 	-
3 Part	III-B	 e organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) 					
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	R (b)	Part	III-A,	ine 3	3, is
1	Dues,	assessments and similar amounts from members		1			
2		on 162(e) nondeductible lobbying and political expenditures (do not include amounts cal expenses for which the section 527(f) tax was paid).	of	_			
а	Currer	ntyear		2a			
b	•	over from last year	•	2b	.		
С			•	2c	ļ		
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4		ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of			i		
		s does the organization agree to carryover to the reasonable estimate of nondeductible lobb plitical expenditure next year?	yirig	4	ł		
5		le amount of lobbying and political expenditures (see instructions)	•	5			
Par	IV	Supplemental Information	<u> </u>		<u>. </u>		
Comp	lete this	s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; olete this part for any additional information.	Part I	I-A; a	nd Part	II-B,	line
					-		

	m 990 or 990-Ez, 2011	P8um s
Part IV	Supplemental information (continue	

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

National College Players Association	02-0635571
Part 1, Line 16: The National College Players Association spent \$57,836 on miscellaneous items This	s Includes program expenses listed
In the 2011 Form 990 EZ Part III, worker compensation insurance, meetings, payroll taxes, and general	al management expenses.
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	······································