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Form	efile, GRAPHIC p		1 .	Poture of Or	genization Ev	rament Evan	Jacoma	Tov	OMB No. 1545-0047		
Form 990		'	Return of Or	ganization Ex	empt Fron	ııncome	lax	000	^		
		Under s	section 501(c), 527	, or 4947(a)(1) of the		ue Code (exc	ept black lung	9 200	2008		
Department of the Treasury Internal Revenue Service		► The	benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.						Open to Public Inspection		
A Fo	or the	2008 ca	lendar ye	l endar year, or tax year beginning 01-01-2008 and ending 12-31-2008					<u>-</u> !		
B Ch	Check if applicable Address change Name change		Please	C Name of organization CAMPUS OF LEARNER	-	D Employer identification number 91-1951033					
Ad			use IRS label or								
Na			print or	Doing Business As				E Telephone	number		
厂, Ini	itial return	ırn	type. See Specific	Number and street (or P.O box if mail is not delivered to street address)			ss) Room/sulte	(206) 625			
		Instruc- tions.	ATTNSHELLY YAPP 120 SIXTH AVENUE NO			G Enter gross	receipts \$ 31,226				
Г, Aп	nended	return			r country, and ZIP + 4			1			
Ap	plication	n pending		SEATTLE, WA 981095003							
	•	·	F Nan	ne and address of pri	ncipal officer:			4			
		1	TOM TI	ERNEY	•		H(a) Is thu	H(a) Is this a group return for			
		ŀ		.E HOUSING AUTHOR .E, WA 98109	ITY		affilia	tes?	「Yes ✓	☐ Yes ☑ No	
T Ta	Tax-exempt status						H(b) Are al	l affiliates inclu	. [_: No		
) W	eb sit	e:≯ N/A	<u> </u>				(If "N	lo," attach a list. See instructions.)			
							H(c) Grou	up exemption number 🕨			
К Тур	e of org	janization	Corporati	on C Trust C Associati	ion ☐ Other►		L Year of Fo		M State of legal do	mıcile	

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OMB No. 1545-0047

SCHEDULE A (Form 990 or 990EZ) **Public Charity Status and Public Support**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

			► Atta	ich to Form 990 or Forn	n 990-E4	z. F See	separate	instruci		or ident	ification num	nho	<u>- </u>
Name of the organization CAMPUS OF LEARNERS									Employ	er ident	ntification number		
			_						91-1951	.033			
	I Fr			y Status (to be compl					nstructio	ns)			
The	organiz	·		because it is (Please che									
1	Γ	A church, con	vention of churche	es, or association of churc	hes descr	ibed in s	ection 17	70(b)(1)	(A)(i).				
2	1			70(b)(1)(A)(ii). (Attach									
3	Γ		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . (Attach Schedule H)										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II)											
6	Г	A federal, stat	te, or local govern	ment or governmental un	it describ	ed in sec	tion 170	(b)(1)(A)(v).				
7	Г	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi) (Complete Part II)											
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II.)											
9	Γ.	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 organized and operated exclusively to test for public safety. See section 509(a)(4). (see insti							•					
11	ত	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d Type III - Other								ox that			
e	マ	-, and and add, a detail, and angument of the desire.											
f		foundation ma	anagers and other	than one or more publicly	y support	ed organi	zations d	escribed in	section	509(a)(1) or section 5	09(a)(2).
g		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box											
		Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
		following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)								Г ъ.			
		and (III) below, the governing body of the the supported organization?									es	No	
		(ii) A family member of a person described in (i) about								11g(i)	\dashv		
ı		(ii) A family member of a person described in (i) above?											
/h	1		•	n about the organizations	` '		unnorte	•	• •		[IIG(III)]		
	1	Trovide the ro	mounting innormatio	in about the organizations	the orga	11128(1011)	supports						
			<u> </u>		(i	v)					T		
(i) Name of Supported Organization			(ii)	(iii) Type of organization (described on lines 1- 9 above or IRC	Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S.?		(vii) Amount of support?		
			EIN										
				section)							1		
Cr.	TT1 C		<u> </u>	ļ	Yes	No	Yes	No	Yes	No			
HOU	TTLE ISING HORITY		916000977	8	j	No	Yes		Yes				800

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2008

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