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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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginnin	g	, 200	9, and endir	ng		<u> </u>			
		applicable		С					D Employ	er Identifica	ation Number		
	Addr	ress change	Please use IRS label	EDUCATIONAL .	ASSISTANC	E, LTD.			36-3	316693	32		
	\vdash	ne change	or print or type.	P. O. BOX 30	21	•		l	E Telepho				
	-	al return	See specific	GLEN ELLYN,	IL 60138				630-	-690-0	0010		
	\vdash		Instruc-					<u> </u>	000		7010		
	\vdash	nination	tions.						^ -		1 2/2	000	
	\vdash	ended return	F				1	Man In this a	G Gross re		1,342,		
	Appl	lication pending		and address of principal offi	cer			H(a) Is this a H(b) Are all			⊨'**	X No	
				As C Above			$\overline{}$		attach a list		ctions) Yes	∐ No	
<u> </u>		exempt statu		(c) (3) ◄ (in:	sert no.)	4947(a)(1) or	527						
J	Webs	site: ► N/						H(c) Group e	exemption nu	mber 🏲			
<u>K</u>		of organization	X Corpora	nton Trust As	sociation Ott	ner 🏲	L Year of Format	ton	Ms	tate of lega	i domicile IL		
Pa	rt i	Summa											
				ganızatıon's mission								ΓĀ _	
ø	DISADVANTAGED STUDENTS AT POST SECONDARY INSTITUTIONS THROUGH DONATIONS OF												
anc	INVENTORY AND OTHER GIFTS.												
Activities & Governance	_												
ò				ıf the organızatıon d			sposed of mo	ore than 2	5% of its	assets.			
8				bers of the governing						3		10	
ေ	1			it voting members of	-	g body (Part VI, II	ne 1b)			4		10	
viti	1		•	yees (Part V, line 2a	•					5		4	
Ę				eers (estimate if ned						6	<u> </u>	0	
•		_		ousiness revenue fro			2			7a		0.	
	b N	vet unrelated	business	taxable income from	m Form 990-1	, line 34		т.		7b			
								P	rior Year		Current Ye		
<u> </u>	8 C			its (Part VIII, line 1h					936,6	96.	1,335,	532.	
F-264	9 F			ue (Part VIII, line 2g			9,4						
ૡૢૻૢૢૢ	10 li											448.	
4				III, column (A), lines									
<u>=</u>				nes 8 through 11 (m			line 12)		946,1	45.	1,342,		
70	13 🤄	Grants and s	ımılar am	ounts paid (Part IX,	column (A), lıı	nes 1-3)					46,	,000.	
=	14 E	Benefits paid to or for members (Part IX, column (A), line 4)											
Ca.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								223,1	.23.	247,	<u>,578.</u>	
υğ	16a Professional fundraising fees (Part IX, column (A), line 11e)												
SCAMMED				nses (Part IX, colum		-	104,539.						
A				•			104, 333.	-	224 1	41	040	717	
ී	17	Other expens	ses (Part	IX, column (A), lines	ila-lig, lif-	RECENT			224,1			717.	
Ø	18 T	fotal expens	es. Add li	nes 13-17 (must equ	ual Part X, co	lumn-(A); impel/26	D 7		447,2		1,243,		
		Revenue less	s expense	s. Subtract line 18 fr	om line[12]		70		498,8	81.	99,	<u>,685.</u>	
Net Assets or Fund Balances					1221	MAY 2 1 201	ازی م	Begir	nning of Y	ear	End of Ye	ar	
\$ <u>a</u>	20 T	Total assets	(Part X, II	ne 16)	- 1 L	mil - 2 PAI	~ 1 Y1		518,6	75.	623,	,079.	
\$0	21 T	Total liabilitie	es (Part X	, line 26)	1 7	AGE.	S		8,9	89.	13,	,708.	
ž	22 N	Net assets o	r fund bala	ances Subtract line	21 from line	GOEN, U	7 -		509,6	86.	609	,371.	
Pa	rt II		ure Bloc						<i>*</i>	<u> </u>			
					ined this return in	cluding accompanying s	chedules and sta	tements and	to the hest o	f my knowl	edge and belief i	t is	
		true, correct,	and complete	I declare that I have exami Declaration of preparer (c	ther than officer)	s based on all informat	ion of which prepare	arer has any	knowledge	,y	cage and belief, .		
Sig	n	▶ (''	li lai	The				1.	MAY	13, 2	DIO		
He		Signature	of officer	-/	· -			Da	te				
		CT AIL	DIA FR	FFD				Evoc	ıtive I	Di roct	or		
			nnt name an	· · · · · · · · · · · · · · · · · · ·				EXEC	icive i	DITEC			
		1,3,6-1.1					Date			Prep	arer's identifying	number	
Pa	id		1	145	Cha	CA	1	se		(seé	arer's identifying i instructions)		
Pro		Preparer's	L_{c}	٧٧ يىيى		. , , , ,	المحلف	er	nployed P	Ш,,,			
	rer's	signature	PAU				700	·		N/2	<u> </u>		
Us		Firm's name (or Paul W. ASHEIIII, LLC											
Or		yours if self- employed),	► <u>127</u>	5 E. Butterfi				E	n ► N	/A			
		address, and ZIP + 4	Whe	aton, IL 6018	39			Pi	hone no	(630)	682-010	14	
Ma	y the IF	RS discuss th	nis return	with the preparer sh	iown above? (see instructions)					X Yes	No	
BA	A For I	Privacy Act	and Pape	rwork Reduction Ac	t Notice, see t	he separate insti	uctions.		TEEA0113L	12/29/09	Form 99	0 (2009)	

	1 990 (2009) EDUCATIONAL ASSISTANCE, LTD.	36-3166932	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	CREATE SCHOLARSHIPS FOR FINANCIALLY DISADVANTAGED STUDENTS AT POST	T SECONDARY	
	INSTITUTIONS THROUGH DONATIONS OF INVENTORY AND OTHER GIFTS.	<u> </u>	
	INSTITUTIONS INCOME DONATIONS OF INVENTORI AND OTHER GIFTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	yes X	Ma
3		, les V	No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses. Section 501(c)(3	3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	cations to others, the total	l
	expenses, and revenue, in any, ten each program control reported.		
4 a	(Code: (Code: \$\) (Expenses \$\) 1,018,950. including grants of \$\) (Re	venue \$ 1,335,5	532 \
	COLLEGE SCHOLARSHIPS MADE AVAILABLE THROUGH DONATIONS OF EXCESS IN	MIENTODY AND CID	DI IIC
	MATERIALS FROM CORPORATIONS AND INVIDIUALS	NAFILIONI WID 2017	T 702
	MATERIALS FROM CORPORATIONS AND INVIDIOALS		
			
4 b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
			
			
		_	
40	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
4 d	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 1,018,950.		

-	one of the difference of			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete			v
10	Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?/f 'Yes,' complete Schedule D, Part V	9 10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
(• Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>3f 'Yes,' complete Schedule D, Part VI</i>			
•	 Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
•	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
•	● Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year of 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	Х

Form 990 (2009) EDUCATIONAL ASSISTANCE, LTD.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002?// 'Yes,' answer lines 24b through 24d and complete Schedule K // If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u></u>
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х_
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ě	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c 29	х	X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)3f 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a 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)? Х 4a **b** 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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7a provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization9id the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations.Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations.Enter. a Gross income from other members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See Instructions.						
Sect	on A. Governing Body and Management						
_		_		Yes	No		
	Enter the number of voting members of the governing body	1a 10					
	Enter the number of voting members that are independent .	<u>1b</u> 10					
•	Did any officer, director, trustee, or key employee have a family relationship or a business r officer, director, trustee or key employee?		2		X		
3 (Oid the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		Х		
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X		
	onice the prior roth 950 was filed: Did the organization become aware during the year of a material diversion of the organization	nn's assets?	5		Х		
	Does the organization have members or stockholders?	511 5 G55015.	6		X		
7a	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		X		
	Are any decisions of the governing body subject to approval by members, stockholders, or c	other persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions und	·			-		
the following: a The governing body?							
b	Each committee with authority to act on behalf of the governing body?		8b		X		
9	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	annot be reached at the	9		Х		
	ion B. Policies (This Section B requests information about policies not	required by the Internal					
Rever	ue Code)						
		,		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>		
b	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b				
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 99	0. See Schedule O	- 1				
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
b.	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	s that could give rise	12b	Х			
C	Does the organization regularly and consistently monitor and enforce compliance with the pi Schedule O how this is done See Schedule O	olicy?lf 'Yes,' describe in	12c	Х			
13	Does the organization have a written whistleblower policy?		13	Х			
14	Does the organization have a written document retention and destruction policy?		14	X			
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	l approval by independent ecision?					
a	The organization's CEO, Executive Director, or top management official See Schedule	e 0	15a	X			
b	Other officers of key employees of the organization See Schedule 0		15b	X_			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)						
	Oid the organization invest in, contribute assets to, or participate in a joint venture or simila entity during the year?	r arrangement with a taxable	16a		X		
	if 'Yes,' has the organization adopted a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and taken steps to safeguari	n to evaluate its participation d the organization's exempt					
	status with respect to such arrangements?		16b				
	List the states with which a copy of this Form 990 is required to be filed ■ IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	 and 990-T (501(c)(3)s only) av	 aılabl	- — — . e for p	ublic		
ſ	nspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docu statements available to the public. See Schedule 0	ments, conflict of interest poli	cy, ar	nd fina	ncial		
20	State the name, physical address, and telephone number of the person who possesses the						
•							

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) Average	(C) Position (check all that apply)					lv)	(D)	(E)	(F)	
Name and Title	hours per week	or director	Institutional trustee		,	Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations	
DAN MICKELSON											
Chairman	5	X						0.	0.		
PATRICK ARNALL											
V.P	2	X						0.	0.	C	
ALBERT R. HARRIS											
Director	2	X						0.	0.	_ C	
JERRY B. CAIN											
Director	2	X						0.	0.	C	
TIM MILLS-GRONINGER	_										
Director	2	X						0.	0.	<u>_</u>	
RICHARD PFLEDERER											
Director	2	Х						0.	0.		
ERIC ANDERSON	_										
Director	2	X			L			0.	0.		
CONSUELO ESPARZA	_										
Director	2	X	<u> </u>					0.	0.		
HYDE PERCE	_										
Treasurer	5	X						0.	0.		
THERESA MORABITO								_	_	_	
Director	2	X	<u> </u>		ļ	<u> </u>		0.	0.		
CLAUDIA FREED	-					,			_	_	
Executive Direc	40	<u> </u>		X	_		ļ	107,344.	0.		
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		ļ	<u> </u>		<u> </u>		├				
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	 	ļ	<u> </u>	<u> </u>		<u> </u>					
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	1										
		_									

Turt VII Section A. Officers, Directors, 1105		icy.	<u></u>	ipic	Jyc	C 5,	alli			·	cont)
. (A)	(B)	İ		-	c)			(D)	(E)	(F)	
Name and Title	Average hours						-	Reportable compensation from	Reportable compensation from	Estimat	
	per week	우교	20.0	Officer	æ	em Hig	Former	the organization	related organizations (W-2/1099-MISC)	amount of compens	ation
	1	e d	Ē	뎚	en	hesi ploy	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organiza	
		15 E	na a		employee	ee co				and rela	ted
		l st	nstitutional trustee) é	Highest compensated employee				Organizar	10115
		8	stee			nsa					
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										1	
											
1 b Total	L .		—				_	107,344.	0	1	0.
	d to the	l			01/01	dh				• +abla *****	
2 Total number of individuals (including but not limite	a to tho	Se II	siec	abo	ove	WH	o rec	ceived more than	\$100,000 in repor	table comper	isation
from the organization ► 1											
										Ye	s No
3 Did the organization list anyformer officer, director	or truste	ee. k	ev e	emp	love	e. o	r hic	nhest compensate	d employee		
on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdua	ĩ .	,	۲۴	,.	, .		g. 1001 0011.p 0110a1	a citipioy co	3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	cor	mpe	nsa	tion	and	oth	er compensation	from		
the organization and related organizations greater t	han \$15	0,00	00?/	f 'Ye	es' c	omp	lete	Schedule J for se	uch		Х
inuividual	•									4	^_
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fro	om a	any	unre	elate	d organization for	services		+
rendered to the organization? If 'Yes,' complete Sch	nedule J	for	suci	h pe	rsoi	7				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	ted inde	pen	dent	cor	ntrad	ctors	tha	t received more t	nan \$100,000 of		
compensation from the organization.								<u> </u>			
(A)								_ (B) _	(C)	
Name and business addres	is							Description of	of Services	Compensa	ion
		_								· - ·	
				-							
									- -		
2 Total number of independent contractors (including	but not	limi	tod	to #	2000	ا مرا		hove) who room	ed more than		
\$100,000 in compensation from the organization		mrH	ıcu	ເບີ່	iust	. 113(ou a	POAC) MIIO LECGIA	ed more man		

Pai	TV	III Statement of Re	evenue					
	÷.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributional distributions), gifts, generated amounts not included in Noncash contributs included in Total. Add lines 1a-1f	grants, and above 1 f	1,335,532. 1,331,434.	1,335,532.			
				Business Code				
ᇎ	2-		<u></u>					 -
ă	2a						 	
E E	b							
§	С							
- E	d							
ξ	е							
PROGRAM SERVICE REVENUE	f	All other program service						
&		Total. Add lines 2a-2f		>				1
	3	Investment income (incother similar amounts) Income from investmen	_	•	7,448.			7,448.
	5	Royalties						ļ
			(ı) Real	(II) Personal	生物			
	6a	Gross Rents			ļ,ētöka, ti			
	b	Less: rental expenses		1		'		
	c	Rental income or (loss).						
i		Net rental income or (lo	155)	· · · · · · · · · · · · · · · · · · ·				i
l		` [(i) Secunties	(II) Other	= -			
	7a	Gross amount from sales of	(i) Occurres	(ii) Other		-		
	b	assets other than inventory Less: cost or other basis and sales expenses.	<u></u>					
	c	Gain or (loss)						
		Net gain or (loss)						<u> </u>
핔		Gross income from fund (not including \$	draising events			SATA.		
OTHER REVEN		of contributions reported See Part IV, line 18	-					
笳	L	· ·	a		1 (1) - 1 (1) - 1 (1)			
5		Less: direct expenses	b	L				
-		Net income or (loss) fro		rents -				
		Gross income from gam See Part IV, line 19	ning activities.				= =	- - - -
		Less: direct expenses	b		13123			
	C	Net income or (loss) fro	m gaming activit	ies 🕨				
	10a	Gross sales of inventory and allowances	y, less returns a		A Marian Salar			
	b	Less. cost of goods sold	d b		10 May 20	All Control of the Co		
	с	Net income or (loss) fro	m sales of inven	tory				
Ì		Miscellaneous Reven		Business Code				1
İ	11a			,				
	ь			_				
	-		 -					
	С.	All -44						
		All other revenue	_					ļ .
ŀ		Total. Add lines 11a-11		►				
	12	Total revenue. See instr	ructions	<u> </u>	1,342,980.	0.	0.	7,448.

Part IX | Statement of Functional Expenses

t

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	(A)	(B)	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	46,000.	46,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	107,344.	42,938.	37,570.	26,836.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	111,810.	44,724.	39,134.	27,952.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,292.	2,517.	2,202.	1,573.
9	Other employee benefits	5,400.	2,160.	1,890.	1,350.
10	Payroll taxes .	16,732.	6,693.	5,856.	4,183.
11	Fees for services (non-employees).				
a	Management				
ŀ	Legal				
(: Accounting	6,985.		6,985.	
	Lobbying		1		
	Prof fundraising svcs. See Part IV, In 17		,		
	Investment management fees				
•	Other				
	Advertising and promotion		0 055	100	
13	Office expenses	4,219.	3,375.	422.	422.
14	Information technology	1,914.		1,914.	.
15	Royalties	10.700	10.004	1 070	1 070
16	Occupancy	12,780.	10,224.	1,278.	1,278.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	16,924.	16,159.		765.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	2,569.		2,569.	
23 24		· · · · · · · · · · · · · · · · · · ·	The party of the second		
•	COLLEGE SCHOLARSHIP TUITION CR	678,236.	678,236.		·
	WAREHOUSE FACILITIES	104,052.	104,052.		
	FREIGHT	60,915.	60,915.		
•	MARKETING-OUTSIDE_CONSULTANT	36,349.			36,349.
	INSURANCE	9,367.		9,367.	
1	All other expenses.	15,407.	957.	10,619.	3,831.
_25		1,243,295.	1,018,950.	119,806.	104,539.
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<u> </u>				Form 990 (2009)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	478,665.	2	583,182.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,730.	4	31,005.
	5	Receivables from current and former officers, directors, trustees, key employee and highest compensated employees. Complete Part II of Schedule L $$	es,	5	·
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule I		6	
A S E T S	7	Notes and loans receivable, net		7	_
Ĕ	8	Inventories for sale or use .		8	
Ś	9	Prepaid expenses and deferred charges	3,028.	9	1,100.
	10a	Land, buildings, and equipment: cost or other basis. 10a 35,83	3.		
		Complete Part VI of Schedule D	· · · · · · · · · · · · · · · · · · ·		
	b	Less: accumulated depreciation 10b 29,03	5,262.	10c	6,802.
	11	Investments - publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	990.	15	990.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	518,675.	16	623,079.
	17	Accounts payable and accrued expenses	8,989.	17	13,708.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ĭ	20	Tax-exempt bond liabilities		20	
A B I	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
T E S		of Schedule L		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,989.	26	13,708.
N E T		Organizations that follow SFAS 117, check here► X and complete lines	1		
		27 through 29 and lines 33 and 34.	500 606		600 271
A S		Unrestricted net assets	509,686.	27	609,371.
E S		Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ř		Organizations that do not follow SFAS 117, check here► and complete	e		
E UN		lines 30 through 34.		-	
	30	Capital stock or trust principal, or current funds		30	**
B A	31	Paid-in or capital surplus, or land, building, and equipment fund		31	·
λ	32	Retained earnings, endowment, accumulated income, or other funds	F00 606	32	600 271
BALANCES	33	Total net assets or fund balances.	509,686.	33	609,371.
	34	Total liabilities and net assets/fund balances.	518,675.	34	623, 079.

623, 079. Form **990** (2009) BAA

Part YI	Fina	ncial Statement	and Danadia	_
Form 990 (2	2009)	EDUCATIONAL	ASSISTANCE,	LTD

36-3166932

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<u>. ~</u>	TO A 1 Thanelar Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	: .					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Word the organization's financial statements coupled by an independent accountant?						
1	Were the organization's financial statements audited by an independent accountant?	2b	X				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	26					

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ► See separate instructions.

Open to Public Inspection

Name o	of the organization							Employe	Identificat	tion number		
EDU	CATIONAL ASSIS	TANCE, LTD.						36-31	L66932	2		_
Part	Reason for Pu	ıblic Charity Statu	s (All organizations	must	comple	ete this	part.) See ı	nstruct	tions		
The o	organization is not a pr	ivate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, convent	ion of churches or ass	ociation of churches desc	cribed in	section	170(b)(1)(A)(i).					
2	A school describe	d in section 170(b)(1)(A	(X)(ii). (Attach Schedule E)								
3	A hospital or coop	erative hospital service	e organization described	ınsectio	n 170(b	χ1χΑχί	ii).					
4	A medical researc	h organization operate	d in conjunction with a h	ospital o	describe	d irsecti	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
	name, city, and st	- · · · · · · · · · · · · · · · · · · ·	•	•					` '	•		
5	☐ 170(b)(1)(A)(iv). (i	Complete Part II.)	of a college or university		•	•	•	nmental	unit de	scribed ise	ction	
6 7	An organization th	r local government or g nat normally receives a 1XAXvi). (Complete Pa	governmental unit descril substantial part of its su art II.)	bed in se ipport fr	ection 17 om a go	70(b)(1)(vernme	A)(v). ntal uni	t or from	the ger	neral public	descr	ıbed
8			70(b)(1)(A)(vi). (Complete	e Part II)							
9	from activities rela	ated to its exempt func	1) more than 33-1/3 % of tions— subject to certain ss taxable income (less implete Part III.)	exception	ons, and	d (2) no	more th	nan 33-1	/3 % of	its support	from c	ross
10	An organization of	rganized and operated	exclusively to test for pu	ablic safe	ety. See	section	509(a)(4	4).				
11	more publicly supp	ported organizations of	exclusively for the benef lescribed in section 509(a cation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). Se s	of, or ca ection 5	rry out th 0 9(a)(3).	he purposes Check the	s of or box th	ne or nat
	a ∏Type I	b Type II	c Type III		_		ed		d \square	Type III	Other	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f												
g	Since August 17,	2006, has the organiza	tion accepted any gift lo	r contrib	ution fr	om any	of the f	ollowing	persons	s?		
											Yes	No
	(i) a person wh	o directly or indirectly	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11-6		
		mber of a person desc	• •							11g (i)		
	• • • • •	•	ided in (i) above: i described in (i) or (ii) al	boyo2						11g (ii) 11g (iii)		
h	• •	, ,	the supported organization							119(11)		
		T				1			1	4 77 4		
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions)	organizat (i) listed gove	Is the tion in cold in your eming ment?	the organ	(i) of	organizat (i) organiz U	s the ion in col zed in the 3.7	(vii) Amoun	t or Sup	port
				Yes	No	Yes	No	Yes	No			
				ŀ								
	· · · · · · · · · · · · · · · · · · ·											
				ļ		ļ	<u> </u>					
				ļ							_	
		<u> </u>		 	-	 						
						1						
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44 1	 	-	 		-		_		
Total			是是一个一个									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 612,178 422,637 781,467 936,696. 1,335,532 4,088,510. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 612,178 4 Total. Add lines 1-through 3 422,637 781,467 936, 696, 1, 335, 532 4,088. 510. 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) 0. 57 Public support. Subtract line 5 from line 4 4,088,510. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 422,637 612,178 781,467 936,696. 1,335,532 4,088,510. Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 765 2,606 7,566 similar sources 9,449 7,448 27,834. Net income from unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) 11 Total support. Add lines 7 南南,路底驾机 through 10 4,116,344. 12 Gross receipts from related activities, etc. (see instructions) 12 0. 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.3% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.4% 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test- 2009 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 top 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— 2008. 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 top 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 instructions BAA Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 EDUCATIONAL ASSISTANCE, LTD. Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support					1		
Calendar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.'). 							
2 Gross receipts from							
admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge						-	
6 Total. Add lines 1 through 5						Ĭ	
7a Amounts included on lines 1, 2, 3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line	ه الاست. ما الاست.		_				
7c from line 6)	· · · · · · · · · · · · · · · · · · ·	अंग्रेड :	-				
Section B. Total Support							
Calendar year(or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
9 Amounts from line 6			1				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
c Add lines 10a and 10b .							
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13 Total support. (add ins 9, 10c, 11, and 12)	T - 1 3 4						
14 First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	01(c)((3)
Section C. Computation of Pul		Percentage					
15 Public support percentage for 20			ne 13 column (f)			15	
		**	rie 13, column (1),	<i>)</i> .	}	16	
16 Public support percentage from : Section D. Computation of Inv						10	
17 Investment income percentage for				mp (fl)		17	
18 Investment income percentage fi	· · · · · · · · · · · · · · · · · · ·	* *	•	(17)	}	18	/ %
19a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	e organization did	d not check the b	ox on line 14, an	nd line 15 is more iblicly supported o	۱ than 33-1/3% rganization		
b 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	e organization did this box and stop	d not check a box here.The organi	on line 14 or 19a zation qualifies a	a, and line 16 is n s a publicly suppo	nore than 33 orted organiz	ation	, and line 18
				heck this box and			- I

Schedule A	(Form 990	or 990-E	Z) 2009	EDUC	CATIONAL	ASSI	STANCE	LTD) <u>. </u>	3	36-31669	32	Page 4
Part IV	Supplen Part II, I	nental I ne 17a	nformat or 17b;	ion. C and F	Complete to Part III, lin	hıs pa e 12. F	rt to pro Provide	vide th any oth	i. le explanationer additiona	ons requi al informa	red by Pa ation. See	rt II, Iine instructio	10; ons.
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Schedule A (Form 990 or 990-EZ) 2009 EDUCATIONAL ASSISTANCE, LTD.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

EDUCATIONAL ASSISTANCE, LTD

Employer Identification number

יםם	chilowid hootolimed, did.		36-3166932
Par	tl Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or Other Similar Fur o Form 990, Part IV, line 6.	nds or Accounts Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject		donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for	nds may be r any other Yes No
Pai	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizational last day of the tax year.	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
	Total number of conservation easements		
	Total acreage restricted by conservation ease		2b
	: Number of conservation easements on a certi	` '	. 2c
	Number of conservation easements included i		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
4	year ► Number of states where property subject to co	onservation easement is located►	_
5	Does the organization have a written policy re and enforcement of the conservation easemer		andling of violations, Yes No
	Staff and volunteer hours devoted to monitoring the year ▶		
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easeme	nts \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue are to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 &	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statemen	lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
ŀ	of the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in further	and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	*\$ *\$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	
	Revenues included in Form 990, Part VIII, line	÷ 1	►\$ ►\$
ŧ	Assets included in Form 990, Part X	,	►\$

Schedule D (Form 990) 2009 EDUCA						36-31		Page 2
Part III Organizations Maintai	ining Coll	ections	of Art, Hist	<u>ori</u> ca	l Treasures, o	r Other Similar As	sets (co	ontınued)
3 Using the organization's acquisiti items (check all that apply):	on accessio	n and oth	er records, che	eck an	y of the following	that are a significant u	se of its co	ollection
a Public exhibition			d Loan	or exc	change programs			
b Scholarly research			e Other	-				
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV.	nization's co	ollections	and explain ho	w they	further the organ	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit o ather than t	r receive o be mair	donations of a ntained as part	rt, hist of the	orical treasures, organization's co	or other similar llection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	l Arrange unt on Fo	ments (rm 990,	Complete if Part X, line	orgar 21.	nization answe	red 'Yes' to Form	990, Part	t IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodi	an, or oth	ner intermediar	y for c	ontributions or otl	ner assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV	and comp	plete the follow	ing tal	ble:			
							Amount	
c Beginning balance						1 c		
d Additions during the year						1 d	_	
e Distributions during the year .						1 e		
f Ending balance						1f		
2a Did the organization include an a		•	Part X, line 21	?			Yes	No
b If 'Yes,' explain the arrangement						<u> </u>		
Part V Endowment Funds Co	mplete ıf	organiza	<u>ation answei</u>	<u>red '\</u>	es' to Form 9	90, Part IV, line 10	١.	
ļ	(a) Currei	nt year	(b) Prior yea	ar	(c) Two years bac	k (d) Three years back	(e) For	ur years back
1 a Beginning of year balance					-			
b Contributions					-			
c Net Investment earnings, gains, and losses					A Company			
d Grants or scholarships					14	-		
 Other expenditures for facilities and programs 					Selection of the select			
f Administrative expenses .								
g End of year balance					F			
2 Provide the estimated percentage	of the year	r end bala	ance held as:					
a Board designated or quasi-endow	/ment ►		¥					
b Permanent endowment ►		ł						
c Term endowment ▶	%							
3a Are there endowment funds not in organization by:	n the posse	ssion of th	ne organization	that a	are held and admi	nistered for the	[·	Yes No
(i) unrelated organizations						•	3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations	s listed as	required on S	chedu	le R?		3b	
4 Describe in Part XIV the intended								
Part VI Investments—Land, B	uildings,	and Equ	u <mark>ipment</mark> . Se	e Fo	rm 990, Part >	(, line 10.		
Description of investment		(a) Cost	or other basis vestment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Bo	ok Value
1 a Land								
b Buildings		ļ	_				_	
c Leasehold improvements								
d Equipment					35,833.	29,031.		6,802.
e Other		<u> </u>		L .				
Total. Add lines 1a through 1e (Column	(d) must ed	qual Form	990, Part X, c	olumn	(B), line 10(c))	•	L	6,802.

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Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See F	form 990, Part X, lin	ne 12. N/A
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial	derivatives	_	oost of one of your market takes
Closely-he	eld equity interests		
			
	·		
	· 		
	· • • • • • • • • • • • • • • • • • • •		
Total. (Colu	umn (b) must equal Form 990 Part X, col. (B) line 12.)		The second of th
Part VII	I Investments-Program Related (See	Form 990, Part X, I	ine 13) N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			
		 	
		 	
	- · · -		
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
Total (Colu	mm (b) must equal Form 990, Part X, Col. (B) line 13.)		
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A	
		escription	(b) Book value
		•	
		· -	
	olumn (b) must equal Form 990, Part X, col (B),		▶
Part X	Other Liabilities (See Form 990, Part	: X, line 25)	
	(a) Description of Liability	(b) Amount	
Federal In	ncome Taxes		1
			・
			
			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			port .
			The state of the s
			And the state of t
	mn (b) must equal Form 990, Part X, col. (B) line 25)		1. R. 1.
9 CINI 40	Egotpoto In Port VIV projudo the tout of the fa-		i's financial statements that reports the organization's liability

Schedule D (Form 990) 2009 EDUCATIONAL ASSISTANCE, LTD.

36-3166932

Page 3

Scriedule D (Form 990) 2009 EDUCATION			36-3166932	Page 4
	in Net Assets from Form 990 to	Financial Stateme	ents N/A	
1 Total revenue (Form 990, Part VIII,colui				
2 Total expenses (Form 990, Part IX, colu				
3 Excess or (deficit) for the year. Subtrac			ļ	
4 Net unrealized gains (losses) on investr	ments	•		
5 Donated services and use of facilities				
6 Investment expenses.				
7 Prior period adjustments		•		
8 Other (Describe in Part XIV)				
9 Total adjustments (net). Add lines 4 three				
10 Excess or (deficit) for the year per audi	- · · · · · · · · · · · · · · · · · · ·			
Part XII Reconciliation of Revenue	per Audited Financial Stateme	ents With Revenue	per Return N/A	
 Total revenue, gains, and other support 	•	•	1	
2 Amounts included on line 1 but not on f	Form 990, Part VIII, line 12:		-	
a Net unrealized gains on investments.	••	_2a		
b Donated services and use of facilities		2b		
c Recoveries of prior year grants		2с		
d Other (Describe in Part XIV)	• •	_ 2d		
e Add lines 2a through 2d			. 2e	
3 Subtract line 2e from line 1			. 3	
4 Amounts included on Form 990, Part VI	II, line 12, but not on line1:			
a Investments expenses not included on f	Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIV)		4b		
c Add lines 4a and 4b		<u> </u>	4c	
5 Total revenue. Add lines 3 and 4c. (This	s must equal Form 990, Part I, line 12.)	5	
Part XIII Reconciliation of Expenses			er Return N/A	
1 Total expenses and losses per audited	· · · · · · · · · · · · · · · · · · ·		11	
2 Amounts included on line 1 but not on f				
a Donated services and use of facilities	, ,	2a		
b Prior year adjustments		2b		
c Other losses	•	2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX	line 25, but not on line1:			
a Investments expenses not included on i		4a		
b Other (Describe in Part XIV)	offit 550, i are viii, line 75	4b		
c Add lines 4a and 4b		40	4c	
5 Total expenses. Add lines 3 and 4c (Thi	is must equal Form 900. Part I. line 18	`	5	
Part XIV Supplemental Information		·)		
Complete this part to provide the descriptions ine 4; Part X, line 2; Part XI, line 8; Part XII, information.	s required for Part II. lines 3, 5, and 9;	Part III, lines 1a and 4; d and 4b. Also complete	Part IV, lines 1b and 2b; Par this part to provide any addi	t V, itional
				
				

Schedule D	(Form 990) 2009	EDUCATIONAL ASSISTANCE,	LTD.	36-3166932 Pa	age 5
Part XIV	Supplemental	EDUCATIONAL ASSISTANCE, Information (continued)			
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATIONAL ASSISTANCE, LTD.

Part | General Information on Grants and Assistance

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545 0047

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Employer identification number 36-3166932

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	ds to substantiate the he grants or assistanc s procedures for monit	amount of the graise? toring the use of gr	f the grants or assistance, the grantees use of grant funds in the United States.	rantees' eligibility for th States.	ne grants or assistanc	e, and	Yes X No
Part II Grants and Other Assistance to Governments and	nce to Governme	nts and Organi	Organizations in the United States.	ed States. Comple	Complete if the organization answered 'Yes' to Form	tion answered 'Y	es' to Form
990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	ny recipient that re Form 990) if addit		more than \$5,000. Check this box if no one recipient received more than \$5,000. Use lace is needed	his box if no one r	ecipient received	more than \$5,000	0. Use ► X
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
		•					
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				▲ '	0
3 Enter total number of other organizations	lons					•	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instri	uction Act Notice, see	the Instructions for	uctions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schedt	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV Part III BAA

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Employer identification number

36-3166932

2009

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATIONAL ASSISTANCE, LTD.

► Attach to Form 990.

Open To Public Inspection

<u>Par</u>	t I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d od of d rever	etermın	ıng
2 3 4 5 6 7 8 9 10 11	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock. Securities—Partnership, LLC, or trust interests Securities—Miscellaneous							
14 15 16 17 18 19 20 21 22	Qualified conservation contribution— Historic structures Qualified conservation contribution—Other Real estate—Residential Real estate—Commercial Real estate—Other Coilectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contribut gement	ions for which the	29		Yes	No
	During the year, did the organization receive by chold for at least three years from the date of the purposes for the entire holding period? If 'Yes,' describe the arrangement in Part II.					30 a		X
	, g	thank	the permanent of		ma?	91		
31	Does the organization have a gift acceptance poli	cy that requii	res the review of any r	non-standard contributio	ns:	31		
	Does the organization hire or use third parties or noncash contributions?	related orgar	nizations to solicit, pro	cess, or sell		32a		X
	If 'Yes,' describe in Part II.							
33	If the organization did not report revenues in colu	mn (c) for a	type of property for wh	nich column (a) is check	ked,			
	describe in Part II.							
ВАА	For Privacy Act and Paperwork Reduction Act N	otice, see the	e Instructions for Forn	n 990.	Schedu	ile M (f	Form 99	0) 2009

Schedule	M (Form 990) 2009	EDUCATIONAL	ASSISTANCE,	LTD. to provide the information requiral information.	36-3166932	Page 2
Part II	Supplemental I	nformation. Con	nplete this part	to provide the information require	ed by Part I, lines 30b,	32b,
	and 33. Also co	mplete this part	for any addition	al information.		
						
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Schedule M (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization	Employer identification number					
EDUCATIONAL ASSISTANCE, LTD.	36-3166932					
Form 990, Part VI, Line 11 - Form 990 Review Process						
REVIEWED_WITH_TREASURER_AND_EXECUTIVE_DIRECTOR						
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts						
REQUIRED COMPLETION OF ANNUAL DISCLOSURE STATEMENT						
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment						
APPROVED BY THE BOARD OF DIRECTORS						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees						
APPROVED BY THE BOARD OF DIRECTORS						
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
UPON REQUEST	· 					
Form 990, Part XI, Line 2 - Change of Oversight or Selection Process						
EXECUTIVE DIRECTOR AND TREASURER APPROVED CPA FIRM						
<u> </u>	- 					
	- 					
						

2009 ·	Federal Worksheets				Page 1
Client PWAORG2	EDUCATIONAL ASSISTANCE, LTD.			36-3166932	
5/03/10					12.21PM
Form 990, Part IX, Line 24 Other Expenses					
		(A) Total	(B) Program Services	(C) Management <u>& General</u>	(D) Fundraising
MARKETING MEALS AND ENTERTAINMENT MISCELLANEOUS		1,062. 4,137. 5,423.		4,137. 5,423.	1,062.
Postage and Shipping TELEPHONE	Total <u>\$</u>	1,028. 3,757. 15,407.	206. 751. \$ 957.	308. 751. \$ 10,619.	514. 2,255. \$ 3,831.

2009 . Federal Supporting Detail Page 1 **EDUCATIONAL ASSISTANCE, LTD.** 36-3166932 Stmt. of Functional Expenses (990) Grants & other assistance to gov. & orgs. in U.S. [O] CASH GRANTS TO COLLEGES FOR SCHOLARSHIPS 46,000. 46,000. Total \$