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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WASHINGTON STATE HOLOCAUST EDUCATION RESOURCE CENTER		D Employer identification number 91-1464233
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2031 3RD AVENUE		E Telephone number (206) 441-5747
		City or town, state or country, and ZIP + 4 SEATTLE, WA 98121-2412		F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
Other (specify) ▶		

H Check <input type="checkbox"/>	if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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I Website: ▶ WWW.WSHERC.ORG

J Tax-exempt status (check only one) -	<input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
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K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 484,313.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	448,790.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income ATCH 1	4	5,509.
	5 a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including S. 184,895. of contributions reported on line 1) 6a	27,000.	
b	Less direct expenses other than fundraising expenses 6b	42,501.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 3		-15,501.	
7 a	Gross sales of inventory, less returns and allowances 7a	3,014.		
b	Less cost of goods sold 7b	1,254.		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		1,760.	
8	Other revenue (describe ▶) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	440,558.	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		197,737.
	13	Professional fees and other payments to independent contractors 13		
	14	Occupancy, rent, utilities, and maintenance 14		27,256.
	15	Printing, publications, postage, and shipping 15		19,730.
	16	Other expenses (describe ▶ ATCH 4) 16		96,327.
17	Total expenses. Add lines 10 through 16 ▶	17	341,050.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		99,508.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		527,754.
	20	Other changes in net assets or fund balances (attach explanation) 20		
	21	Net assets or fund balances (line 27 of column (B) must agree with line 21) ▶	21	627,262.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments ATCH 5	457,006.	667,365.
23	Land and buildings 23	22,055.	23,117.
24	Other assets (describe ▶ ATCH 6) 24	51,052.	38,275.
25	Total assets 25	530,113.	728,757.
26	Total liabilities (describe ▶ ATCH 7) 26	2,359.	101,495.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 27	527,754.	627,262.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	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?		X
38 a	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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 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 is it 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-EZ? If "Yes," complete Schedule L, Part I		X
c	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 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41	List the states with which a copy of this return is filed ▶ WA,		
42 a	The organization's books are in care of ▶ WA ST HOLOCAUST EDUCATION Telephone no ▶ 206-774-2201 Located at ▶ RESOURCE CENTER 2031 3RD AVENUE SEATTLE, WA ZIP + 4 ▶ 98121		
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)?	Yes	No
42b	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 48 X
- b If "Yes," was the related organization a section 527 organization? 49a X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Handwritten Signature]* Date: 11-11-10
 Type or print name and title: Delila Simon Co-Executive Director

Paid Preparer's Use Only
 Preparer's signature: Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instructions): _____
 EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	251,268	332,318	575,247	516,691	548,768	2,224,292
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	719	512	2,673	3,403	3,014	10,321
3 Gross receipts from activities that are not an unrelated trade or business under section 513	65,600	19,355	28,000	28,500	27,000	168,455
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	317,587	352,185	605,920	548,594	578,782	2,403,068
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						2,403,068

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	317,587	352,185	605,920	548,594	578,782	2,403,068
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,136	14,721	11,260	7,837	5,509	42,463
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,136	14,721	11,260	7,837	5,509	42,463
11 Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)	320,723	366,906	617,180	556,431	584,291	2,445,531
14 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.26%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.16%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.74%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.84%

- 19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		ANNUAL LUNCH (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	184,895.		184,895.
	2	Less Charitable contributions	157,895.		157,895.
	3	Gross income (line 1 minus line 2)	27,000.		27,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	42,501.		42,501.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				-15,501.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in

- a The organization's facility 13a %
- b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

- b If "Yes," enter the amount of gaming revenue received by the organization \$ ----- and the amount of gaming revenue retained by the third party \$ -----
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	5,509.
TOTAL	<u>5,509.</u>

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ANNUAL FUNDRAISER	184,895.
TOTAL	<u>184,895.</u>

ATTACHMENT 3

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
ANNUAL FUNDRAISER	27,000.	42,501.	-15,501.
TOTALS	<u>27,000.</u>	<u>42,501.</u>	<u>-15,501.</u>

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	4,063.
TRAVEL	13,156.
DEPRECIATION	10,452.
PROGRAM SERVICES	8,058.
INSURANCE	2,453.
PROFESSIONAL FEES	42,265.
SOFTWARE/COMPUTER	4,639.
STAFF DEVELOPMENT	2,420.
SURVIVOR SUPPORT	2,749.
ALL OTHER EXPENSES	6,072.
TOTAL	<u>96,327.</u>

ATTACHMENT 5

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	233,484.	188,338.
SAVINGS	223,522.	479,027.
TOTALS	<u>457,006.</u>	<u>667,365.</u>

ATTACHMENT 6

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	17,814.	4,949.
INVENTORIES FOR SALE OR USE	31,443.	32,547.
PREPAID EXPENSES OR DEFERRED CHARGES	1,795.	779.
TOTALS	<u>51,052.</u>	<u>38,275.</u>

ATTACHMENT 7

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	2,359.	1,495.
GRANTS PAYABLE	0.	100,000.
TOTALS	<u>2,359.</u>	<u>101,495.</u>

ATTACHMENT 8

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE THE PUBLIC AND PROMOTE A HUMANE AND INFORMED CITIZENRY.

FEDERAL FOOTNOTES

PROVIDE TEACHERS (K-12 THROUGH HIGHER EDUCATION) WITH RESOURCES, SEMINARS, WORKSHOPS, AND ONGOING SUPPORT. DEVELOP AND DISTRIBUTE EDUCATIONAL MATERIALS TO OVER 1,400 TEACHERS AND 30,000 STUDENTS ACROSS THE STATE. RESOURCES INCLUDE CURRICULUM, 16 TEACHING TRUNKS, 25 SPEAKERS FROM A SPEAKERS BUREAU OF SURVIVORS AND LIBERATORS SPEAKING TO 250 SCHOOLS. CURATED AND EXIBITED ARTIFACTS DOCUEMTING HOLOCAUST HISTORY. DEVELOPED AND MAINTAINED A WEBSITE FOR RESEARCH AND EDUCATION.

CONDUCTED PROGRAMS FOR COMMUNITY ORGANIZATIONS, RELIGIOUS COMMUNITIES, GOVERNMENT AGENCIES, COMPANIES AND THE UNITED STATES SERVICES. THESE PROGRAMS INCLUDE A SCHOLAR AND/OR AN EYEWITNESS TO GENOCIDE. THESE PROGRAMS REACHED ABOUT 2,000 PEOPLE IN 2008. DISPLAYED AND PROVIDED 3 TRAVELING EXHIBITS TO ORGANIZATIONS WITH AN AUDIENCE OF ABOUT 3,000. PUBLISHED A QUARTERLY NEWSLETTER OF EVENTS, EDUCATIONAL INFORMATION AND CENTER NEWS DISTRIBURTED TO 3,000 HOUSEHOLDS. PROVIDED ACCESS TO A LENDING LIBRARY TO VISITORS AND ONLINE. COORDINATED PUBLIC EVENTS THROUGHOUT THE STATE FOR HOLOCAUST REMEMBRANCE WEEK. ORGANIZED CULTURAL, SOCIAL AND SUPPORT PROGRAMS SERVING OVER 200 SURVIVORS.

Washington State Holocaust Education Resource Center
 91-1464233
 Form 990-EZ, Part IV
 December 31, 2009

LAST NAME	FIRST NAME	STREET	CITY, STATE, ZIP CODE	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT AND OTHER ALLOWANCES
Stempler	Chuck	2031 3rd Avenue	Seattle, WA 98121	President - 2 hrs/week	None	None	None
Berenson	Cheryl	2031 3rd Avenue	Seattle, WA 98121	1st Vice President - 1 hr/week	None	None	None
Schaloum	Jack	2031 3rd Avenue	Seattle, WA 98121	2nd Vice President - 1 hr/week	None	None	None
Isgur	Josh	2031 3rd Avenue	Seattle, WA 98121	3rd Vice President - 1hr/week	None	None	None
Nov	Sharon	2031 3rd Avenue	Seattle, WA 98121	Secretary - 1 hrs/week	None	None	None
Hasson	Eric	2031 3rd Avenue	Seattle, WA 98121	Treasurer - 2 hrs/week	None	None	None
Blumenstein	Rodney	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Cox	Carolyn	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Damm	Peter	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Federman	Vera	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Friedman	Henry	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Friedman	Sandra	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Gallagher	Patrick	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Gortler	Josh	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Hahn	Janeé	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Hershkowitz	Robert	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Jacobsen	Ken	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Keating	Barry	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Mirel	James	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Nathanson	Rachel	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Robbins	Vicki	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Schaloum	Magda	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Townsend	Judy	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Wexler	Stuart	2031 3rd Avenue	Seattle, WA 98121	Director - 1 hr/week	None	None	None
Simon	Dellia	2031 3rd Avenue	Seattle, WA 98121	Co-Executive Director - 20 hrs/week	\$ 35,000.00	None	None
Warshal Cohen	Laune	2031 3rd Avenue	Seattle, WA 98121	Co-Executive Director - 20 hrs/week	\$ 35,000.00	None	None

2009

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMPROVE	07/01/1995	5,091	100.000		5,091	5,091	1,894	2,025	SL	MM		39			131
TELEPHONE SYSTEM	05/18/2000	4,800	100.000		4,800	4,800	4,800	4,800	200DB	HY		7			
FURNITURE & EQUIP	01/02/2000	458	100.000		458	458	457	457	200DB	HY		7			
COMPUTERS (5)	07/22/2003	6,331	100.000		6,331	6,331	6,331	6,331	200DB	HY		5			
DATABASE SOFTWARE	01/01/2007	7,004	100.000		7,004	7,004	4,670	7,004	SL		3.000				2,334
CUBICLES (4)	03/01/2007	7,398	100.000		7,398	7,398	2,869	4,163	200DB	HY		7			1,294
BOOKCASES (14)	03/01/2007	3,468	100.000		3,468	3,468	1,345	1,952	200DB	HY		7			607
DELL COMPUTER	08/13/2007	629	100.000		629	629	490	583	200DB	HY		3			93
DELL COMPUTERS - 4	02/02/2008	2,736	100.000		2,736	2,736	958	1,669	200DB	MQ		5			711
LIBRARY SOFTWARE	03/07/2008	2,995	100.000		2,995	2,995	832	1,830	SL		3.000				998
BOOKCASES	06/25/2008	501	100.000		501	501	89	207	200DB	MQ		7			118
HARD DRIVES	10/08/2008	4,073	100.000		4,073	4,073	204	1,752	200DB	MQ		5			1,548
LAT FILE-ARTIFACTS	10/15/2008	808	100.000		808	808	29	252	200DB	MQ		7			223
PAST PERFECT SW	06/18/2008	877	100.000		877	877	146	438	SL		3.000				292
PROJECTOR	01/30/2009	515	100.000		515	515		103	200DB	HY		5			103
DESKTOP COMPUTER	01/30/2009	960	100.000		960	960		192	200DB	HY		5			192
SCANNER	02/06/2009	552	100.000		552	552		110	200DB	HY		5			110
LAPTOPS	02/10/2009	1,474	100.000		1,474	1,474		295	200DB	HY		5			295
MONITOR	12/31/2009	4,514	100.000		4,514	4,514		903	200DB	HY		5			903
Less Retired Assets															
Subtotals						58,684	25,114	35,566							10,452

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals		58,684	25,114	35,566			10,452

*Assets Retired
JAN
9/30/24 1:00

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number

WASHINGTON STATE HOLOCAUST EDUCATION

91-1464233

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,624.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	4,725.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE					
b 5-year property	DETAIL	8,015.	5.000	HY	200DB	1,603.
c 7-year property		3,500.	7.000	HY	200DB	500.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	10,452.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)
43 Amortization of costs that began before your 2009 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization Washington State Holocaust Education Resource Center	Employer identification number 91 : 1464233
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 2031 Third Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Seattle, Washington 98121-2412	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Delila Simon

Telephone No ▶ (206) 774-2201 FAX No. ▶ (206) 774-2202

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶

Telephone No ▶ (.....) FAX No ▶ (.....)

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until, 20...., to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20..... or
- ▶ tax year beginning, 20....., and ending, 20.....

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Washington State Holocaust Education Resource Center	Employer identification number 91 ; 1464233
	Number, street, and room or suite no. If a P O box, see instructions 2031 Third Avenue	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Seattle, Washington 98121	

Check type of return to be filed (File a separate application for each return)

- Form 990 Form 990-PF Form 1041-A Form 6069
- Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720 Form 8870
- Form 990-EZ Form 990-T (trust other than above) Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

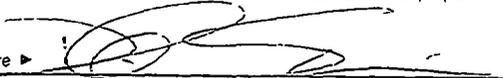
- The books are in the care of ▶ Delila Simon
Telephone No ▶ (206) 774-2201 FAX No ▶ (206) 774-2202
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until November, 15, 2010.
- For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension Our accountant works on a part time basis and is not able to gather and process the required information until the 3 month extension date of November 15, 2010.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ Co-Executive Director Date ▶ 8-10-2010