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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 01-01-2009	and ending 12-31-20	09		
B Ch	eck ıf a	pplicable	Please	C Name of organization COLLEGE SUCCESS FOUNDATION			D Employer ider	ntification number
☐ Add	dress ch	nange	use IRS label or	Doing Business As			91-2036088 E Telephone nu	
Na:	me cha	nge	print or type. See	Dolling Business As			·	
┌ Inıt	tial retu	rn	Specific Instruc-	Number and street (or P O box if mail	ıs not delivered to street add	ress) Room/suite	(425) 416-2	
Ter	mınate	d	tions.	1605 NW SAMMAMISH ROAD No 200			G Gross receipts \$	28,416,115
┌ Am	ended	return		City or town, state or country, and ZIP	+ 4		1	
┌ App	olication	n pending		ISSAQUAH, WA 98027				
		ľ	F Nan	ne and address of principal officer		H(a) Is th	■ is a group return	for
				RAH J WILDS			ates?	⊤Yes ▽ No
				NW SAMMAMISH ROAD No 200 UAH, WA 98027		H(b) Are a	II affiliates include	ed? Yes No
						1		(see instructions)
I Ta	x-exem	npt status	501(c))(3) ◀(insert no)	□ 527		up exemption nur	
J W	ebsite	e: ► WW	W COLLEC	GESUCCESSFOUNDATION ORG		7		
V For	m of or	aanization	✓ Corporat	tion Trust Association Other ►		I Vear of fo	ormation 2000 M	State of legal domicile
K FOII	II OI OIG	ganization	ј• Согрога	tion Hust Association Other		L fear of it	W.	
Pa	rt I	Sumr						
	1			e organization's mission or most si		LOW THEOME	CTUDENTS TO	EINICH HICH
				OF PROVEN EXPERIENCE, INSPI ROVIDING THE UNIQUE INTEGRA				
3			,	EGE AND SUCCEED IN LIFE				
Ē								
E .								
Governance		Charlet	h. a. b. a b. C	✓ if the organization discontinued it		d .6 the	250/ 25:52 725 7	
	2		,					
Activities &	3			nembers of the governing body (Pa				18
ŧ	4			ndent voting members of the govern		lb)	. 4	15
千	5	Total nu	ımber of en	nployees (Part V , line 2a)			5	121
ď	6	Total nu	ımber of vo	olunteers (estimate if necessary)			6	1,884
	7a	Total gr	oss unrela	ted business revenue from Part VII	II, column (C), line 12		7a	0
	b	Net unre	elated busi	iness taxable income from Form 99	0-T, line 34		7b	0
						Pric	or Year	Current Year
_	8	Contrib	outions and	d grants (Part VIII, line 1h)			7,520,010	7,862,566
Ravenue	9	Progra	m service	revenue (Part VIII, line 2g)			2,867,085	3,250,216
e#e	10	Invest	ment incor	me (Part VIII, column (A), lines 3,	4, and 7d)		3,880,478	-1,148,002
<u> </u>	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		-189,231	-218,460
	12			dd lines 8 through 11 (must equal f		ne	14,078,342	9,746,320
	12			ar amounts paid (Part IX, column (A			<u> </u>	
	13						15,697,130	15,679,007
	14			or for members (Part IX, column (A)		_		0
82	15	Salarie 10)	s, other co	ompensation, employee benefits (Pa	art IX, column (A), lines	5-	5,392,935	6,654,146
Expenses	16a	•	sional fund	lraising fees (Part IX, column (A), li	ne 11e)			0
ě	ь			enses (Part IX, column (D), line 25) \blacktriangleright ^{1,30}	•			
Ξ	17			(Part IX, column (A), lines 11a–11			2,494,277	3,213,560
	18			Add lines 13-17 (must equal Part)			23,584,342	25,546,713
	19			penses Subtract line 18 from line 1			-9,506,000	-15,800,393
± 27 3r A.				Tablique And To nom mile 1		Beginnin	g of Current	
Not Assets or Fund Balances						_	ear	End of Year
988 488	20	Total a	ssets (Par	rt X, lıne 16)			65,993,201	56,500,896
절절	21	Total lı	iabilities (F	Part X, line 26)			40,893,452	39,653,534
žΞ	22	Net as:	sets or fun	d balances Subtract line 21 from l	ine 20		25,099,749	16,847,362
Pai	rt II	Signa	ature Blo	ock				
Sign Here		**** Signa	** ature of office	erjury, I declare that I have examined this correct, and complete Declaration of preparers Per S PRESIDENT		sed on all informat		
			or print nam					
Paid	oror's	Preparer's	Jennife	er A Harris	Date	Check if self-empolyed	Preparer's identify (see instructions)	
Use (arer's ⊃nlv	Firm's na if self-em	me (or yours	Clark Nuber PS			EIN Þ	
086 (Unity		and ZIP + 4	10900 NE 4th Street Suite 1700				
				Bellevue, WA 98004			Phone no 🕨 (42	25) 454-4919
		<u> </u>			,			<u> </u>

4d

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

FOR OVER 10 YEARS THE COLLEGE SUCCESS FOUNDATION (CSF) HAS BEEN DEDICATED TO IMPROVING THE ODDS FOR LOW-INCOME, UNDERSERVED STUDENTS IN THIS TIME, CSF HAS DEVELOPED A PROVEN MODEL OF SUCCESS FOR HOW TO INSPIRE THIS VULNERABLE STUDENT POPULATION TO GRADUATE HIGH SCHOOL AND COMPLETE A DEGREE THOUSANDS OF LOW-INCOME, HIGH POTENTIAL SCHOLARS WHO MIGHT NOT OTHERWISE HAVE BEEN ABLE TO ATTEND COLLEGE ARE LEARNING, GRADUATING, OR CONTRIBUTING TO THE WORKPLACE AND OUR COMMUNITIES BECAUSE OF CSF SCHOLARSHIPS, MENTORING, AND SUPPORT SERVICES THE COLLEGE SUCCESS FOUNDATION WORKS WITH PUBLIC AND PRIVATE PARTNERS TO ENSURE THAT ECONOMICALLY DISADVANTAGED AND UNDERSERVED STUDENTS RECEIVE THE EDUCATIONAL AND FINANCIAL INCENTIVES NECESSARY TO ACHIEVE THEIR COLLEGE AND CAREER DREAMS IN 2009, CSF SERVED MORE THAN 10,000 STUDENTS IN WASHINGTON STATE

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 2,124,179 including grants of \$) (Revenue \$ 1,060,608)
	EARLY COLLEGE READINESS PROGRAMSGOAL DEVELOP HIGH SCHOOL-READY AND COLLEGE-AWARE MIDDLE SCHOOLERSCSF PROVIDES EARLY CAREER AND COLLEGE AWARENESS BEGINNING IN 7TH GRADE THROUGH ITS MIDDLE SCHOOL PROGRAMS, CSF OFFERS HIGH SCHOOL AND COLLEGE PLANNING INFORMATION ENCOURAGES STUDENTS TO BEGIN EXPLORING POSSIBLE CAREER OPTIONS, AND PUSHES THEM TOWARDS COLLEGE- AND CAREER-READY ACADEMICS CSF ALSO WORKS WITH THE WASHINGTON HIGHER EDUCATION COORDINATING BOARD, SCHOOL DISTRICTS AND OTHER COLLEGE ACCESS PROVIDERS TO ENSURE LOW-INCOME 7TH AND 8TH GRADERS SIGN UP FOR EARLY SCHOLARSHIP COMMITMENTS THROUGH WASHINGTON STATES COLLEGE BOUND SCHOLARSHIP (CBS), A FOUR-YEAR SCHOLARSHIP THAT WILL COVER TUITION, FEES AND BOOKS FOR PARTICIPATING STUDENTS TO ATTEND A TWO-YEAR, FOUR-YEAR, OR TECHNICAL COLLEGE UPON HIGH SCHOOL COMPLETION IN 2009, CSF HELPED TO SIGN UP OVER 32,000 STUDENTS ACROSS THE STATE FOR THIS LIFE-CHANGING OPPORTUNITY
4b	(Code) (Expenses \$ 1,832,147 including grants of \$ 47,400) (Revenue \$ 1,338,536)
	COLLEGE ADVISING & MENTORING PROGRAMSGOAL PRODUCE COLLEGE-READY HIGH SCHOOL GRADUATESIN HIGH SCHOOL, CSF'S COLLEGE PREPARATORY ADVISORS (CPAS) PROVIDE PROACTIVE ACADEMIC ADVISING, COLLEGE PLANNING INFORMATION, GRADE MONITORING AND REFERRALS FOR ADDITIONAL INTERVENTIONS FOR STUDENTS IN ITS PROGRAMS THEY ARE SCHOOL-BASED AND WORK IN CLOSE COLLABORATION WITH TEACHERS AND GUIDANCE COUNSELORS CPAS ALSO HELP ASSESS COLLEGE READINESS BY WORKING WITH COMMUNITY COLLEGES TO ADMINISTER COLLEGE PLACEMENT TESTING AS EARLY AS 10TH GRADE, AND THEY ASSIST WITH TEST PREPARATION, TRANSCRIPT REVIEWS AND MONITORING CSF-RECRUITED MENTORS SERVE AS SUPPORTIVE ADULT ROLE MODELS AND ASSIST WITH HIGH SCHOOL AND COLLEGE PLANNING CSF COLLEGE PREPARATORY ADVISORS ASSIST STUDENTS IN THE 12TH GRADE WITH THE COLLEGE APPLICATION PROCESS CSF PROVIDES FINANCIAL AID PLANNING AND EDUCATION, INCLUDING ASSISTANCE WITH THE FAFSA COLLEGE VISITATIONS AND COLLEGE-LEVEL SCHOLAR SPEAKERS ARE IMPORTANT COMPONENTS OF THE PROGRAM CSF ALSO PROVIDES SUMMER ACADEMIC READINESS PROGRAMMING THROUGH RESIDENTIAL COLLEGE EXPERIENCES THAT INTRODUCE STUDENTS TO COLLEGE ENVIRONMENTS AND OFFER WORKSHOPS ON THE FINANCIAL AID PROCESS, ACADEMIC PLANNING, MENTORING, AND SOCIAL AND NETWORKING SKILL DEVELOPMENT
4-	/Code
4c	(Code) (Expenses \$ 18,230,302 including grants of \$ 15,631,607) (Revenue \$ 741,866) SCHOLARSHIP AND COLLEGE PROGRAMSGOALS REMOVE FINANCIAL BARRIERS, INCREASE RETENTION AND GRADUATIONCSF'S ADVISING, MENTORING AND ACADEMIC SUPPORTS CONTINUE AS STUDENTS TRANSITION INTO COLLEGE CSF COUNSELS STUDENTS TO APPLY TO COLLEGES THAT RETAIN LOW-INCOME STUDENTS AND PROVIDE ACADEMIC PLANNING TO ATTAIN A BACHELORS DEGREE, WHETHER THE STUDENT BEGINS AT A TWO-YEAR OF FOUR-YEAR COLLEGE CS REQUIRES ITS SCHOLARSHIP RECIPIENTS WHO SCORE BELOW GRADE LEVEL ON THEIR COLLEGE PLACEMENT EXAM TO TAKE COLLEGE-LEVEL DEVELOPMENTAL OR BEGINNING COURSE SEQUENCES FOR THE APPROPRIATE SUBJECT IMMEDIATELY UPON COLLEGE ENROLLMENT, WHICH HELPS TO INCREASE THEIR OVERALL RETENTION CSF PROVIDES MENTORING FROM COLLEGE FACULTY AND STAFF FOR EACH SCHOLAR FOR THEIR FIRST TWO YEARS OF COLLEGE THROUGH CONTRACTUAL AGREEMENTS WITH COLLEGES AND UNIVERSITIES CSF OFFERS SERVICES AND SUPPORT FOR STUDENTS TRANSITIONING FROM COMMUNITY COLLEGES TO FOUR-YEAR COLLEGES INCLUDING ADVISING, ADMISSIONS, FINANCIAL AID, MAJOR ACADEMIC READINESS AND RELOCATION UPPER DIVISION COLLEGE STUDENTS OFTEN SERVE AS MENTORS TO FRESHMAN AND SOPHOMORE STUDENTS THROUGH SCHOLARSHIP SERVICES, CSF SEEKS TO REDUCE FINANCIAL BARRIERS LOW-INCOME STUDENTS FACE BY AWARDING NEED-BASED SCHOLARSHIPS AT THE END OF 2009, CSF HAD AWARDED NEARLY 6,000 SCHOLARSHIPS AND HAD NEARLY 1,650 GRADUATES RECEIVE BACHELORS DEGREES CSF DESIGNS AND MARKETS SCHOLARSHIP APPLICATION MATERIALS, DEVELOPS SELECTION PROCESSES TARGETED AT THE NON-TRADITIONAL SCHECARS, AND CREATES SCORING RUBBRICS THAT CONSIDER VARIABLES REQUIRED BY THE FUNDER AND THAT INCLUDE TRADITIONAL AND NON-TRADITIONAL SELECTION CRITERIA. CSF ALSO MANAGES WRITTEN AGREEMENTS WITH COLLEGE PARTNERS AND AWARDS SCHOLARSHIPS AS LAST-IN SCHOLARSHIP/GRANT FUNDS CSF TRACKS ITS SCHOLARSHIP AWARDS AND SCHOLARS THROUGH STUDENT DATA MANAGEMENT SYSTEM, WHILE RESPONDING TO INDIVIDUAL SCHOLAR'S FINANCIAL SITUATIONS AND NEEDS
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	ALUMNI SERVICESGOALS TRANSITION TO CAREER AND POST-COLLEGE LIFETHE CSF ALUMNI PROGRAM HELPS SCHOLARS PREPARE FOR THE TRANSITION INTO THE PROFESSIONAL WORLD, AND ENCOURAGES ITS ALUMNI TO GIVE BACK TO THE COMMUNITIES IN WHICH THEY WERE RAISED, OFTEN BY HELPING YOUNGER STUDENTS NAVIGATE THE COLLEGE PLANNING PROCESS ALUMNI SERVICES INCLUDE ALUMNI WORKSHOPS, LECTURES AND NETWORKING OPPORTUNITIES TO DEVELOP RELATIONSHIPS AND TO LEARN AND PREPARE FOR GRADUATE EDUCATION ADDITIONALLY, CSF FOSTERS AN INCLUSIVE CULTURE FOR SCHOLARS THROUGH CAREER WORKSHOPS AND PERSONAL DEVELOPMENT PROGRAMMING, CONSISTENT AND REGULAR COMMUNICATION AND ON-CAMPUS EVENTS IN CONJUNCTION WITH COLLEGE PARTNERS CSF COLLABORATES WITH COMPANIES THAT NOT ONLY PROMOTE JOB AND INTERNSHIP OPPORTUNITIES BUT ALSO VALUE THE DIVERSITY AND THE POTENTIAL OF STUDENTS TO INCREASE THEIR PREPARATION FOR AND SUCCESS IN APPLYING FOR EMPLOYMENT
	(Code) (Expenses \$ 816,196 including grants of \$) (Revenue \$ 109,206)
	POLICY, ADVOCACY, AND COALITION BUILDINGGOALS ADVOCATE FOR POLICY CHANGE AND CREATE STATEWIDE COLLEGE ACCESS NETWORKCSF SERVES AS A KI PROPONENT FOR POLICY CHANGES THAT WILL ENABLE MORE LOW-INCOME STUDENTS TO GRADUATE FROM HIGH SCHOOL AND COLLEGE - CAREER-READY THE ORGANIZATION IS ACTIVELY ENGAGED IN BUILDING A STATEWIDE COALITION THAT WILL SUPPORT COLLEGE ACCESS AND COMPLETION FOR LOW-INCOME STUDENTS THROUGH ITS POLICY AGENDA, CSF SEEKS TO - SUPPORT AN INCREASED COMMITMENT TO COLLEGE READINESS, MORE RIGOROUS COLLEGE PREPARATORY CURRICULA, AND IMPROVEMENTS IN INSTRUCTION - CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT

e Total program service expenses▶\$ 23,002,824

SUPPORTS AND SERVICES FOR LOW-INCOME STUDENTS THE NETWORK WAS LAUNCHED IN LATE 2009

816,196 including grants of \$

Other program services (Describe in Schedule O)

CSF IS LEADING THE EFFORTS TO ORGANIZE THE WASHINGTON COLLEGE ACCESS NETWORK (WCAN) THAT WILL BRING TOGETHER COLLEGE ACCESS PROVIDERS, EDUCATION AGENCIES, COLLEGES AND UNIVERSITIES, SCHOOLS/DISTRICTS, AND THE WORKFORCE DEVELOPMENT COMMUNITY TO COORDINATE AND ENHANCE

) (Revenue \$

109,206)

art TV	Check	list of	Peguired	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is 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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	j		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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	Yes	
19	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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	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-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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	Yes	
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
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	Yes	
		F	orm 99 0	(2009)

-orm 990 ((2009)		Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Voc	No

			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			
		51		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
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			
		21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		No
Ь	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	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	:s 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to . 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1605 NW SAMMAMISH ROAD SUITE 200

ISSAQUAH, WA 98027 (425) 416-2039

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	105	No.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n ▶ -
-	JOHN MCDOWELL	5		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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, and current key employees 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 employee."
- 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, or 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

Check this box if the organization did n	ot compens	ate any	curre	ent o	r for	mer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posit t	(C non (hat a	chec)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BOB CRAVES CHAIR & CEO	30 00	Х		х				145,212	0	23,008
ANN RAMSAY-JENKINS VICE CHAIR	26 00	Х		х				25,000	0	0
DEBORAH WILDS PRESIDENT & COO	40 00	Х		х				194,442	0	23,839
JOSEPH GAFFNEY SECRETARY	1 50	Х		х				0	0	0
SAM SMITH TREASURER	1 50	Х		х				0	0	0
FRED CAMPBELL BOARD MEMBER	1 50	Х						0	0	0
GERRI CRAVES BOARD MEMBER	1 50	Х						0	0	0
JOE DEAR BOARD MEMBER	1 50	Х						0	0	0
FRANK GREER BOARD MEMBER	1 50	Х						0	0	0
MACK HOGANS BOARD MEMBER	1 50	Х						0	0	0
JERRY LEE BOARD MEMBER	1 50	Х						0	0	0
JIM MURPHY BOARD MEMBER	1 50	Х						0	0	0
DOUG PICHA BOARD MEMBER	1 50	Х						0	0	0
DEBORAH ROSEN BOARD MEMBER	1 50	Х						0	0	0
PATRICIA RAIKES BOARD MEMBER	1 50	Х						0	0	0
KATHLEEN ROSS BOARD MEMBER	1 50	Х						0	0	0
LONNY SUKO BOARD MEMBER	1 50	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARGOT TYLER BOARD MEMBER	1 50	х						0	0	0
JOHN MCDOWELL CFO	40 00			х				117,898	0	16,538
STEVE THORNDILL PROGRAM MANAGER	40 00					х		118,111	0	17,228
SUE BYERS PROGRAM MANAGER	40 00					х		139,616	0	22,995
SUSAN POLLACK PROGRAM MANAGER	40 00					х		116,919	0	17,053
RUBY LOVE PROGRAM MANAGER	40 00					х		136,483	0	14,622
1b Total							<u> </u>	993,681	ol	135,283

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N o

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Form 99								Page 9
Party	7111	Statement o	от кечепие		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du						
ffs,	c	Fundraising eve		3,787,446				
<u>2</u>	d e	Government grants	eations 1d s (contributions) 1e					
ons	f	_	ons, gifts, grants, and 1f	4,075,120				
bet Fer	g	sımılar amounts no						
ntri d oi	9	lines 1a-1f \$	18,068					
လ ှင်	h	Total. Add lines	s 1a-1f	🔸	7,862,566			
<u> </u>				Business Code				
ven.	2a	FEES FROM GOVT	AGENCY	900,099	2,493,807	2,493,807		
8	Ь	SO ADMIN SERVICE	E FEES	900,099	756,409	756,409		
¥								
Š	d e							
Ē	f	All other progra	am service revenue					
Program Service Revenue	•							
	д 3		ome (including dividence		3,250,216			
			ar amounts)	. F	2,301,215			2,301,215
	4		tment of tax-exempt bond p	⊢				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	_ 	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Wet rental incol	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	14,799,154	7,127				
	ь	Less cost or other basis and sales expenses	18,249,628	5,870				
	c	Gain or (loss)	-3,450,474	1,257	-3,449,217			-3,449,217
	d 8a	Gross income f	rom fundraising		-3,449,217			-3,449,217
Other Revenue		events (not inc \$ of contributions	luding					
<u>.</u>	[1	a	3,787,446				
흕	b с		penses b (loss) from fundraising e	414,297 events	-226,905			-226,905
	9a	Gross income f	rom gaming activities le 19					
	b c		penses b (loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous		Business Code	7.005			7.05
	11a	FSA FORFEITU	JRES	900,099	7,965 480			7,965
	b	COPIER FEES		900,099	480			480
	c d	All other reven	ue	+				
	e	Total. Add lines	L					
				*	8,445			
	12	Total revenue.	See Instructions	•	9,746,320	3,250,216	0	-1,366,462

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations multiple of the reganizations must complete column (A) but are not required to			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) 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	2,889,428	2,889,428		
2	Grants and other assistance to individuals in the			1	
	U S See Part IV, line 22	12,789,579	12,789,579		
3	Grants and other assistance to governments,	, ,	, ,		
J	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	545,937	118,416	185,633	241,888
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,751,343	3,938,170	422,713	390,460
8	Pension plan contributions (include section 401(k) and section	.,. 52,513		1.2,7.23	
Ū	403(b) employer contributions)	418,842	363,279	33,288	22,275
9	Other employee benefits	524,100	432,169	51,891	40,040
10	Payroll taxes	413,924	332,773	44,026	37,125
11	Fees for services (non-employees)	`	·		·
а	Management				
ь	Legal	25,228	468	24,760	
•	Accounting	76,415	400	76,415	
ے ۔		152,127		70,413	152 127
d	Lobbying	152,127			152,127
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	133,813	133,057	756	
g	Other	578,177	387,412	48,431	142,334
12	Advertising and promotion				
13	Office expenses	599,248	436,503	94,785	67,960
14	Information technology	63,533	35,670	20,153	7,710
15	Royalties				
16	Occupancy	341,227	190,908	114,477	35,842
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	191,589	110,969	55,866	24,754
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	STAFF EXPENSES	539,354	344,699	58,006	136,649
ь	TRAININGS	473,219	469,366	1,459	2,394
c	REPAIRS AND MAINTENANCE	23,097	13,425	7,041	2,631
d	VOLUNTEER EXPENSES	16,533	16,533	,,,,,,,	2,001
u e	- TO LOTT LE LA	10,333	10,333		
	All other expenses				
f 25	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,546,713	23,002,824	1,239,700	1,304,189
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				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 15,702,931 2 5.713.155 2 4,173,737 1,878,778 3 3 4 382.482 666,154 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net Inventories for sale or use 8 38.459 9 43,571 Land, buildings, and equipment cost or other basis Complete 1.250.153 10a 10a Part VI of Schedule D 621,827 **10c** 10b 607.691 642,462 b Less accumulated depreciation 45,732,989 11 44.553.679 11 1,246,435 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 389.300 15 15 708.138 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 65,993,201 16 56,500,896 874.949 17 772.826 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 40.018.503 25 Other liabilities Complete Part X of Schedule D 25 38.880.708 26 **Total liabilities.** Add lines 17 through 25 40,893,452 39,653,534 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 396,474 536,080 27 Unrestricted net assets 27 28 24.502.075 28 16.110.082 Temporarily restricted net assets Fund 201.200 29 201.200 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 25,099,749 33 33 16,847,362 34 Total liabilities and net assets/fund balances 65.993.201 34 56,500,896

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3a	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization COLLEGE SUCCESS FOUNDATION

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

									91-2036088				
Pa	rt I	Reas	on for Pub	olic Charity Stat	us (All orga	anızatıons r	nust comple	ete this par	t.) See inst	ructions			
he o	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	n 11, check o	nly one box)				
1	\sqcap	A churc	h, conventio	on of churches, or as:	sociation of c	hurches se	ction 170(b)(1)(A)(i).					
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	£)						
3	\sqcap	A hospi	pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descri	ıbed ın secti d	on 170(b)(1)((A)(iii). Ente	rthe		
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college of	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in		
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)								
6	Γ	A federa	al, state, or l	ocal government or	governmenta	l unit descri	oed in sectior	n 170(b)(1)(A)(v).				
7	<u>~</u>	describ	ed ın	t normally receives a		part of its si	upport from a	government	al unit or fron	n the general	public		
8	Г			described in section)(vi) (Comp	lete Part II)						
9	Γ	A n orga	nızatıon tha	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribut	tions, membe	rship fees, a	nd gross		
		receipts	from activit	ties related to its ex	empt function	ns—subject t	o certain exc	eptions, and	l (2) no more	than 331/3%	of		
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted business	taxable inco	me (less se	ction 511 tax	() from busin	esses		
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e sect ion 50	9(a)(2). (Con	mplete Part I	II)				
10	Γ	Anorga	nızatıon org	anızed and operated	exclusively t	o test for pu	blic safety S	eesection 50	9(a)(4).				
11	Γ	one or r	nore publicly	anized and operated supported organiza ses the type of suppo b Type II	tions describ orting organiz	ed in section ation and co	n 509(a)(1) o	or section 50 11e through	9(a)(2) See	•	a)(3). Check		
e f g	Γ	other th section If the oi check t	ian foundatio 509(a)(2) rganization r his box	x, I certify that the o on managers and oth eceived a written de 006, has the organiz	er than one o termination fi	r more public	cly supported	l organization	ns described I or Type III	in section 50	509(a)(1) or		
9			g persons?	o o o , mas emo organiz	ation accept	ou un, gni o	. comembation						
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, either	alone or tog	ether with pe	rsons descr	ıbed ın (ıı)		Yes No		
		and (III)	below, the g	overning body of the	the supporte	ed organizati	on?			11g(i)			
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abov	e?				11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)			
h		Provide	the followin	g information about t	he supported	l organizatio	n(s)						
	(i) Name suppor rganiza	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govei documei	on in ed in rning	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?			Is the organization in col (i) organized A m			
				(see (nstructions))	Yes	No	Yes	No	Yes	No			

Total

Part II Support Schedule for Organizations Described in IRC 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.)

-	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 or Part I.	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1		12,638,171	9,159,189	6,970,843	7,520,010	7	7,862,566	44,150,779
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
4	Total. Add lines 1 through 3	12,638,171	9,159,189	6,970,843	7,520,010	7	7,862,566	44,150,779
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							14,672,208
6	(f) Public Support. Subtract line 5 from line 4							29,478,571
S	ection B. Total Support		1					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	12,638,171	4,482,092	6,970,843	7,520,010	7	,862,566	44,150,779
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,041,306	4,482,092	3,708,952	3,533,122	2	,301,215	18,066,687
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							62,217,466
12	Gross receipts from related activiti		·			12		11,871,161
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(3	3) organız	ation, ▶
<u></u>	ection C. Computation of Pub Public Support Percentage for 200°			11 column (fl)		14		47 380 %
15	Public Support Percentage for 2003			(1)/		15		44 470 %
	33 1/3% support test—2009. If the	organization did	not check the box		ne 14 is 33 1/3%		, check ti	his box
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization mea organization	e organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	not check the box iblicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on line :ances" test, chec	e 13, 16a, or 16b k this box and st	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization	nızatıon meets the	facts and circu	mstances" test, c	heck this box and	stop he	ere.	·
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	- 1 - -

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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 ")						
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 Gross receipts from activities that						
3	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **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. 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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493224016460

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section Sectio	ction 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not concion 527 organizations. Complete Part I-A only expressions answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4 otion 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line to 501(c)(4), (5), or (6) organizations. Complete Part III. The of the organization LEGE SUCCESS FOUNDATION	I 7 (Lobby II-A Dono e Part II-B ne 35a (re	ing Action complete Do not congregarding	ete Part II-B omplete Part	∥-A , then
Part	I-A Complete if the organization is exempt under section 501(c) or is a			ganizatio	n.
1 2 3	Provide a description of the organization's direct and indirect political campaign activities in Par Political expenditures Volunteer hours	rt I∨ ▶-	\$ _ -		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1 2 3 4a b	Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV		► \$_ ► \$_	┌ Yes ┌ Yes	┌ No
	t I-C Complete if the organization is exempt under section 501(c) except	section	501(c)(3).	
1 2	Enter the amount directly expended by the filing organization for section 527 exempt function ac Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	tivities	► \$_ ► \$_	//-/-	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	► \$_		
4 5	Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in the section of the filing organization or a political action committee (PAC).	s Alsoen non, such	iter the a	amount of po	litical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

	edule C (Form 990 or 990-EZ) 2009					age 3					
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	8					
	_	(a)			<u>(a)</u>		(a)			(b)	
		Yes	No	4	A mount	nt					
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of										
а	Volunteers?		Νo								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo								
c	Media advertisements?		Νo								
d	Mailings to members, legislators, or the public?		Νo								
е	Publications, or published or broadcast statements?		Νo								
f	Grants to other organizations for lobbying purposes?		Νo								
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			15	52,127					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo								
i	Other activities? If "Yes," describe in Part IV		Νo								
j	Total lines 1c through 1i				15	52,127					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo								
b	If "Yes," enter the amount of any tax incurred under section 4912										
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912										
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?										
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or s	ectio	n					
	501(c)(6).										
	Wars substantially all (0.00% or many) dues resoured manded with la hy many hour 2		_	_	Yes	No					
1	Were substantially all (90% or more) dues received nondeductible by members?			1							
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3							
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Раг	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II				ectio	n					
	answered "Yes".	·· ~,		13							
1	Dues, assessments and similar amounts from members	1									
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political										
	expenses for which the section 527(f) tax was paid).										
а	Current year	2a									
b	Carryover from last year	2b									
С	Total	2c									
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3									
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4									
5	Taxable amount of lobbying and political expenditures (see instructions)	5									
	art IV Supplemental Information										
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	l Part	II-B lin	ر ا 1 م							
	so, complete this part for any additional information	a.t	., D, IIII	C 11							
	Identifier Return Reference Explanat	ion									

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As Filed Data -

DLN: 93493224016460

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instruct
Name of the organization	

Employer identification number

COI	LEGE SUCCESS FOUNDATION		, ,	2026000		
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu	_	2036088 or Accounts	. Complet	e if the
	organization answered "Yes" to Form 99				•	
		(a) Donor advised funds	((b) Funds and c	ther accou	nts
	Total number at end of year	1				
	Aggregate contributions to (during year)	10,000				
	Aggregate grants from (during year)	32,150				
	Aggregate value at end of year	336,655				
	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	-	or advı	sed	✓ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		√ Yes	┌ No
١	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Forn	າ 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the conservation of natural habitat. Preservation of open space. Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	ertifie	d historic struc		a
	easement on the last day of the tax year	Г				<u> </u>
	Total number of conservation easements	-	2-	Held at the	End of the	Year
		-	2a			
	Total acreage restricted by conservation easements Number of conservation easements on a certified his		2b			
	Number of conservation easements included in (c) a	` '	2c			
		L	2d			
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization	during	
	Number of states where property subject to conserva	ation easement is located 🛌	_			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🖡	-	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	e(d) above satisfy the requirements of sec	tıon		☐ Yes	┌ No
	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	he footnote to the organization's financial	•	,		
ľ	Complete if the organization answered '		or Otl	ner Similar	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h ın fu			ì,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(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 art, histofollowing amounts required to be reported under SFA		r fınan	cial gain, provid	de the	
	Revenues included in Form 990. Part VIII. line 1			▶ \$		

b Assets included in Form 990, Part X

sing the organization's accession and other ems (check all that apply) - Public exhibition	records, check an	y of the	followir	ng that ar	e a significa	ant us	se of its colle	ction		
Public exhibition			_							
T delic extinetation		d	Loa	an or excl	nange prog	rams				
Scholarly research		e	┌ Ot	her						
Preservation for future generations										
	llections and expla	ıın how	they fur	ther the c	rganızatıor	ı's ex	empt purpose	ın		
uring the year, did the organization solicit c	or receive donations	of art,	historic	al treasu	res or othe	rsım	ılar			
		<u> </u>								Г No
					n answere	d "Y	es" to Form	990,		
cluded on Form 990, Part X?				ibutions o	or other ass	ets r	iot	┌ ¥	es	┌ No
"Yes," explain the arrangement in Part XIV	and complete the	followir	ng table		Г	Г				
					-	_	A	moun	π	
					-					
- ·					-					
					-					
nding balance						1 f				
id the organization include an amount on Fo	rm 990, Part X, lin	e 21?						ΓY	es	∏ No
Endowment Funds. Complete										
	` '	(b)⊦		- + ` ´ -	vo Years Back	(a)	Three Years Back	(e)	our Ye	ears Back
	201,200							+		
			76,	173				+		
_						-		+		
•								-		
•										
· ·	201,200		201,	200				1		
ı rovide the estimated percentage of the yea	r end balance held a	as		I						
	0.84									
·	,,									
0.04										
erin endowinent F //	sion of the organiz	ation th	nat are h	ald and a	dministere	d for	tha			
•	ssion of the organiz	ation ti	iat are i	ieiu aiiu a	ullillistere	u 101	LITE	Γ	Yes	No
) unrelated organizations							3	ı(i)		No
i) related organizations							3a	(ii)		Νο
"Yes" to 3a(II), are the related organization	ns listed as require	d on Sc	hedule	R?			[:	ВЬ		
Investments—Land, Buildings	s, and Equipme	nt. Se	e Form	1 990, Pa	art X, line	10.				
Description of investment							· · ·		(d) Bo	ook value
nd										
ıldıngs										
asehold improvements					26	1,298	36	601		227,697
uipment					383	2,608	175	758		206,850
					1					
her					60:	3,247	395	332		207,915
	Preservation for future generations rovide a description of the organization's coart XIV uring the year, did the organization solicit of seets to be sold to raise funds rather than to seets to be sold to raise funds rather than to seets to be sold to raise funds rather than to see the organization an agent, trustee, custod included on Form 990, Part X? "Yes," explain the arrangement in Part XIV deginning balance and diditions during the year and the organization include an amount on Form Yes," explain the arrangement in Part XIV Includes a manual to the organization include an amount on Form Yes," explain the arrangement in Part XIV Includes a manual to the organization includes an amount on Form Yes," explain the arrangement in Part XIV Includes a manual to the organization includes an amount on Form Yes," explain the arrangement in Part XIV Includes a manual to Part XIV Included a manual to	Preservation for future generations rovide a description of the organization's collections and explaint XIV uring the year, did the organization solicit or receive donations seets to be sold to raise funds rather than to be maintained as IV Escrow and Custodial Arrangements. Comple Part IV, line 9, or reported an amount on Form 95 is the organization an agent, trustee, custodian or other intermolicituded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the deginning balance and the organization include an amount on Form 990, Part X, line "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization on the organization of investment Description of investment Description of investment	Preservation for future generations rovide a description of the organization's collections and explain how art XIV uring the year, did the organization solicit or receive donations of art, seets to be sold to raise funds rather than to be maintained as part of the part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following the year indiging the year indiging the year indiging the year indiging the arrangement in Part XIV V Endowment Funds. Complete if the organization answers and the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answers and of year balance and the organization answers and of year balance and the programs and p	Preservation for future generations rovide a description of the organization's collections and explain how they fur art XIV uring the year, did the organization solicit or receive donations of art, historic seets to be sold to raise funds rather than to be maintained as part of the org. **Pestrow and Custodial Arrangements.** Complete if the org. Part IV, line 9, or reported an amount on Form 990, Part X, line 1, line 9, or reported an amount on Form 990, Part X, line 1, line 9, or reported an amount on Form 990, Part X, line 1, line 9, or reported an amount on Form 990, Part X, line 21? **Tyes," explain the arrangement in Part XIV and complete the following table reginning balance. **Idditions during the year individual an amount on Form 990, Part X, line 21? **Tyes," explain the arrangement in Part XIV **Pendowment Funds.** Complete if the organization answered "	Preservation for future generations rovide a description of the organization's collections and explain how they further the cart XIV uring the year, did the organization solicit or receive donations of art, historical treasus seets to be sold to raise funds rather than to be maintained as part of the organization' Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions of citizen or part in the arrangement in Part XIV and complete the following table diditions during the year inding balance and the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Interpretation of the year inding balance arrangement in Part XIV Interpretation of the pear inding balance arrangement in Part XIV Interpretation of the year arrangement in Part XIV Interpretation of the organization answered "Yes" to large a grant of the organization answered "Yes" to large a grant of the organization answered "Yes" to large a grant of the organization answered "Yes" to large a grant of the organization answered "Option Year (c) Two second of year balance and of year balance arrangement large a	Preservation for future generations rovide a description of the organization's collections and explain how they further the organization art XIV uring the year, did the organization solicit or receive donations of art, historical treasures or othe seets to be sold to raise funds rather than to be maintained as part of the organization's collection. Escrow and Custodial Arrangements. Complete if the organization answere Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other associated on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table additions during the year indiring balance and the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual and include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual and include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual and include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual and include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21? Individual and include an amount on Form 990, Part X, line 21. Individual and include an amount on Form 990, Part X, line 21. Individual and include an amount on Form 990, Part X, line 21. Individual and include an amount on Form 990, Part X, line 21. Individual and include an amount on Form 990, Part X, line 21. Individual and include an amount on Form 990, Part	Preservation for future generations rovide a description of the organization's collections and explain how they further the organization's exart XIV In the year, did the organization solicit or receive donations of art, historical treasures or other sime sets to be sold to raise funds rather than to be maintained as part of the organization's collection? If Escrow and Custodial Arrangements. Complete if the organization answered "Yo Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets recluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table reginning balance and diditions during the year Id diditions dur	Preservation for future generations rovide a description of the organization's collections and explain how they further the organization's exempt purpose at XIV uring the year, did the organization solicit or receive donations of art, historical treasures or other similar seate to be sold to raise funds rather than to be maintained as part of the organization's collection? W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table eiginning balance id the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Eiginning of year balance (a) Current Year (b) Pror Year (c) Two Years Back (d) Three Years Back (e) Two Years Back (e) Two Years Back (f) Two Years Back (f) Two Years Back (f) Two Years Back (g) Tw	Preservation for future generations rovide a description of the organization's collections and explain how they further the organization's exempt purpose in art XIV uring the year, did the organization solicit or receive donations of art, historical treasures or other similar seats to be sold to raise funds rather than to be maintained as part of the organization's collection? Y Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. It is designated an an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X? "Yes," explain the arrangement in Part XIV and complete the following table leginning balance did the organization suring the year did the organization include an amount on Form 990, Part X, line 21? Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Pror Year (c) Two Years Back (d) Three Years Back (e) Form Year (c) Two Years Back (e) Form Year (c) Two Years Back (e) Form Year (e) Two Years Back (e) Form Year (e) Two Years Back (e) Form Years (e) Two Years Back (e) Form Ye	Preservation for future generations rovide a description of the organization's collections and explain how they further the organization's exempt purpose in art XIV uring the year, did the organization solicit or receive donations of art, historical treasures or other similar sesses to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes*** **Yes***

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 17	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
(ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. otion	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 25.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption 25.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 25.) (, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,746,320
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,546,713
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,800,393
4	Net unrealized gains (losses) on investments	4	7,669,368
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,278,905
9	Total adjustments (net) Add lines 4 - 8	9	2,390,463
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-13,409,930
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, ,
1	Total revenue, gains, and other support per audited financial statements	1	21,251,043
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 4,638,637		
e	Add lines 2a through 2d	2e	12,384,505
3	Subtract line 2e from line 1	3	8,866,538
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	879,782
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,746,320
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	34,660,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	9,139,260
3	Subtract line 2e from line 1	3	25,521,713
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 25,000		
c	Add lines 4a and 4b	4c	25,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,546,713
Pai	t XIV Supplemental Information		
Con	onlete this part to provide the descriptions required for Part II lines 3.5, and 9. Part III lines 1.a.and 4. Po	art IV	lines 1h and 2h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	THE FOUNDATION USES THESE ENDOWMENT FUNDS FOR SCHOLARSHIPS
		PART XI, LINE 8 PRESENT VALUE DISCOUNT FOR GAAP PURPOSES \$123,372 NET REVENUE AND EXPENSES FROM AFFILIATES \$(4,424,123) INTERCOMPANY ELIMINATIONS \$(731,410) PART XII, LINE 2D - OTHER ADJUSTMENTS REVENUE FROM AFFILIATES INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS \$4,638,637 PART XII, LINE 4B - OTHER ADJUSTMENTS PRESENT VALUE DISCOUNT FOR GAAP PURPOSES \$123,372 INTERCOMPANY ELIMINATIONS \$756,410 PART XIII, LINE 2D - OTHER ADJUSTMENTS EXPENSES FROM AFFILIATES INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS \$9,062,760 PART XIII, LINE 4B - OTHER ADJUSTMENTS INTERCOMPANY ELIMINATIONS \$25,000

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DLN: 93493224016460

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	ne of the organization LEGE SUCCESS FOUNDA	TION					Employer idei	ntification number
							91-2036088	
Pa		tivities. Complers are not require			tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed funds	s through :	any of the	following activities Ch	eck all th	nat apply	
а	Mail solicitations		_		Solicitation of no			
Ь	Internet and e-mail so	olicitations		f	_	-	-	
c	Phone solicitations			Special fundraisi	ng events	;		
d In-person solicitations								
2a b	Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at leas	n Form 990, Part VI st paid individuals o	I) or entity or entities	/ in conne (fundrais e	ection with professional ers) pursuant to agreem	fundraisii ents und	ng activities? er which the fui	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo	dy or rol of	(iv) Gross receipts from activity	(or re	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No	1	`	(1)	
Tota	al			.				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Ра	rt II	Fundraising Events. Com more than \$15,000 on Form					report	.ea
			(a) Event #1 COSTCO BREAKFAST (event type)	(b) Event #2 GOVERNOR'S DINNER (event type)	(c) O ther Events 1 (total number)	(Add col	tal Eve (a) thi I (c))	
ΜE	1	Gross receipts	2,991,12	540,952	442,765		3,974	4,838
Revenue	2	Less Charitable contributions	2,945,356	431,825	410,265		3,78	7,446
	3	Gross income (line 1 minus line 2)	45,765	109,127	32,500		18	7,392
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Drea	8	Entertainment						
Δ	9	Other direct expenses .	204,840	176,942	32,515		414	4,297
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)	🕨		414	4,297
	11	Net income summary Combine li						6,905
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) thi l (c))	
	1	Gross revenue						
မှာ	2	Cash prizes						
(penses	3	Non-cash prizes						
面 古	4	Rent/facility costs						
Direct B	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
		Direct expense summary Add line Net gaming income summary Com	-	•				
_							Yes	No
9 a	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a		
b		но, схрівії				_		
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
11		es the organization operate gaming	activities with nonmembe	ers?				
12	Is t	the organization a grantor, beneficiand to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493224016460

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEATTLE, WA 98195

COLLEGE SUCCESS FOUNDATION

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Employer identification number

91-2036088

Part I	General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA COMMUNITY COLLEGE6501 S 19TH ST TACOMA,WA 98466	916073780	501(C)(3)	5,661	0			SUPPORT FOR ACHIEVERS SCHOLARSHIP GRANT
TREEHOUSE2100 24TH AVE S SUITE 200 SEATTLE, WA 98144	911425676	501(C)(3)	5,229				FCTC STUART - MAKE IT HAPPEN
YAKIMA VALLEY COMMUNITY COLLEGE SOUTH 16TH NOB HILL YAKIMA,WA 98902	200697012	501(C)(3)	6,993	0			SUPPORT FOR ACHIEVERS SCHOLARSHIP GRANT
DISTRICT OF COLUMBIA COLLEGE SUCCESS FOUNDATION1220 12TH STREET SE SUITE 110 WASHINGTON, DC 20003	205561911	501(C)(3)	25,000	0			CRAVES FAMILY FOUNDATION SCHOLARSHIP - DC COSTCO
DSHS CHILDREN'S ADMINISTRATIONPO BOX 5000 OLYMPIA,WA 98504	916001088	STATE INSTITUTION	42,171	o			FCTC STUART - MAKE IT HAPPEN
SEATTLE UNIVERSITY901 12TH AVE SEATTLE, WA 98122	910565006	501(C)(3)	1,452,921	0			STUDENT COLLEGE SCHOLARSHIPS
UNIVERSITY OF WASHINGTONPO BOX 355820	943079432	501(C)(3)	1,294,311	0			STUDENT COLLEGE SCHOLARSHIPS

2	Enter total number of section 501(c)(3) and government organizations .											
3	Enter total number of other organizations											

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book FMV , appraisal, other)	(f)Description of non-cash assistance
WASHINGTON STATE ACHIEVERS SCHOLARSHIP GRANT	2026		12,355,980	FMV	SCHOLARSHIPS
GOVERNORS SCHOLARSHIP GRANT	99		334,334	FMV	SCHOLARSHIPS
LEADERSHIP 1000 SCHOLARSHIP GRANT	130		879,209	FMV	SCHOLARSHIPS
CRAVES FAMILY FOUNDATION SCHOLARSHIP	2		27,150	FMV	SCHOLARSHIPS

Part IV Supplem	iental Information. Comr	plete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 COLLEGE SUCCESS FOUNDATION USES A COMBINATION OF EXTERNAL REVIEWERS AND SMALL WORKING GROUPS FOR SELECTION OF GRANTEES AND SCHOLARSHIP RECIPIENTS IN ADDITION, IT USES PROGRAMMATIC, AND FINANCIAL REPORTING FROM GRANTEES TO ENSURE ATTAINMENT OF GRANT OBJECTIVES
O ther Information	Part IV	RECONCILIATION OF SCHEDULE I - PART III TO FORM 990 PART IX LINE 2 TOTAL GRANTS PER SCHEDULE I, PART III \$13,596,673 LESS ACCRUED SCHOLARSHIPS PAYABLE FOR THE CURRENT YEAR ACHIEVERS ACCRUED SCHOLARSHIP 1,105,998 GOVERNOR'S ACCRUED SCHOLARSHIP 12,887 PLUS ACCRUED SCHOLARSHIPS RECEIVED FROM PRIOR YEAR L1000 ACCRUED SCHOLARSHIP PAYABLE 311,791 TOTAL GRANTS PAID REPORTED ON FORM 990 PART IX - LINE 2 \$12,789,579

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DLN: 93493224016460

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COLLEGE SUCCESS FOUNDATION 91-2036088 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
[(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellelles	(0)(1)-(0)	Form 990 or Form 990-EZ
BOB CRAVES	(I) (II)	145,212 0	0 0	0	14,750 0		168,220 0	
DEBORAH WILDS	(I) (II)	194,442 0	0	_	1 20,001	5,038 0	218,281 0	0 0
SUE BYERS	(I) (II)	139,616 0	0		14,350 0		162,611 0	0
RUBY LOVE	(I) (II)	136,483 0	0 0	1	8,078 0		151,105 0	0
								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Reference	
Part I, Line 1a FIRST CLASS TRAVEL FOR ROBERT CRAVES DUE TO MEDICAL NEEDS TREATED AS NONTAXABLE COMPENSATION	

Schedule J (Form 990) 2009

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DLN: 93493224016460

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ternal Reve			
Name of	of the	organiz	at ion

Employer identification number COLLEGE SUCCESS FOUNDATION

91-2036088

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under	
	section 4958	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(b) Loan to (g)Written **(e)** In Approved or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? principal amount purpose committee? From Yes Τo Yes Nο No

Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the revenues? transaction organization

LINDSEY MCDOWELL FMLY OF J 24,684 EMPLOYMENT MCDO WELL

Νo

No

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule L (Form 990 or 990-EZ) 2009

OMB No 1545-0047

Open to Public

Inspection

(Form 990)

SCHEDULE M

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization COLLEGE SUCCESS FOUNDATION **Employer identification number**

91-2036088

Pa	Types of Property			<u>-</u>				
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermi	nıng	
		applicable		1g	164611	ues		
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							,
5	Clothing and household							
	goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Materials)	X	16	120,625	FMV			
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		v	
30»	During the year, did the organiza	ition receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	u to be useu			No
Ь	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif			eview of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked.			
	describe in Part II		(-, / = -,	,, (4	,,			
						l		

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. ► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

DLN: 93493224016460

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

SCHEDULE N

Name of the organization COLLEGE SUCCESS FOUNDATION

(Form 990 or 990-EZ)

Employer identification number

91-2036088

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a)Description of asset(s) distributed or transaction	(b)Date of distribution	(c)Fair market value of asset(s) distributed or	determining FMV for	(e)EIN of recipient	(f) Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type
	expenses paid		amount of transaction expenses	asset(s) distributed or transaction expenses			of entity

	Bod and sould also	cc	Access to a second con-		
<u>,</u>	Did or will any	/ officer, director	, trustee, or ke	y emplovee	of the organization

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨

	Yes	No
2a		
2b		
2c		
2d		

Part I Liquidation, Terminatio	n or Dissolutio	n (continued)						<u>9</u>
Note. If the organization distributed a			m 990, Part X, column (I	B) should equal -0-			Yes	No
B Did the organization distribute its ass	sets in accordance	with its governing instrur	ment(s)? If "No," describ	e ın Part III		. 3		
la Did the organization request or receiv	/e a determination l	etter from EO Determina	tions that the organizati	on's exempt status wa	as terminated?	4a		<u> </u>
b (If "Yes," provide the date of the lette	r ⊫	<u> </u>						
ia Is the organization required to notify	the attorney genera	al or other appropriate sta	ate official of its intent to	o dissolve, liquidate, o	rterminate?	. 5a		<u> </u>
b If "Yes," did the organization provide:	such notice? .					. 5b	<u> </u>	<u> </u>
Did the organization discharge or pay	all liabilities in acc	ordance with state laws?	·			. 6	<u> </u>	<u> </u>
a Did the organization have any tax-exe	•					7a	<u> </u>	<u> </u>
b Did the organization discharge or defe	·				laws?	. 7b		
Part II Sale, Exchange, Disposition Form 990, Part IV, line 32,	ition or Other T	ransfer of More Th	an 25% of the Org	anization's Asset	ts. Complete if the organization	answered	l "Yes	" to
		· 	· 		(6)NI	(a)1	RC section	on
(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	determining FMV for	(e)EIN of recipient	(f)Name and address of recipient	of rec tax-exe	pient(s)	(ıf
SCHOLARSHIPS	12-31-2009	12,789,579	CASH	91-2036088	VARIOUS 1605 NW SAMMAMISH RD STE 200	INDIVID	UALS	
					ISSAQUAH,WA 98027			
CASH GRANT	12-31-2009	42,171	CASH	91-6001088	DSHS CHILDREN'S ADMINISTRATION	GOVERN	MENT	
					PO BOX 5000 OLYMPIA,WA 98504			
CASH GRANT	12-31-2009	5,661	CASH	91-6073780	TACOMA COMMUNITY COLLEGE	501(C)(3)	
					6501 S 19TH STREET TACOMA,WA 98466			
CASH GRANT	12-31-2009	5,229	CASH	91-1425676	TREEHOUSE	501(C)(3)	
					2100 24TH AVE S SUITE 200 SEATTLE, WA 98144			
CASH GRANT	12-31-2009	6,993	CASH	20-0697012	YAKIMA VALLEY COMMUNITY COLL	501(C)(3)	
					SOUTH 16TH NOB HILL BLVD YAKIMA, WA 98902			
CASH GRANT	12-31-2009	25,000	CASH	20-5561911	DISTRICT OF COLUMBIA CSF	501(C)(3)	
					1605 NW SAMMAMISH RD STE 200 ISSAQUAH, WA 98027			
CASH GRANT FOR SCHOLARSHIP	12-31-2009	1,452,921	CASH	91-0565006	SEATTLE UNIVERSITY	501(C)(3)	
		_,,			901 12TH AVE SEATTLE, WA 98122		,	
CASH GRANT FOR SCHOLARSHIP	12-31-2009	1,294,311	CASH	94-3079432	UNIVERSITY OF WASHINGTON	501(C)(3)	
		2,23 1,022			PO BOX 355820 SEATTLE, WA 98195		,	
TOTAL OTHER GRANTS	12-31-2009	57,142	CASH	91-2036088	VARIOUS	501(C)(3	`	
TOTAL OTHER GRANTS	12-31-2009	57,142	CASH	91-2030088	VARIOUS	501(0)(3	,	
					1605 NW SAMMAMISH RD STE 200			
					ISSAQUAH,WA 98027			
							Yes	No
2 Did or will any officer, director, truste	e, or key employee	of the organization						
a Become a director or trustee of a suc-	cessor or transfere	e organization?				. 2a	<u> </u>	<u> </u>
b Become an employee of, or independe						_ 2b	1	1
	ent contractor for, a	successor or transferee	organization/				+	
c Become a direct or indirect owner of a			organization/			. 2c		二

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e. 7c: Part II, line 2e: and any additional information.

Ident if ier	Return Reference	Explanation
		DURING THE TAXABLE YEAR ENDED DECEMBER 31, 2009, COLLEGE SUCCESS FOUNDATION MADE GRANTS OF \$15,679,007 THESE AMOUNTS WERE EXPENDED IN THE ORDINARY COURSE OF THE OPERATION OF ITS EXEMPT FUNCTION ACTIVITIES BUT REPRESENTS OVER 25% OF THE ORGANIZATIONS NET ASSETS OF \$25,099,249 AT THE BEGINNING OF THE TAXABLE YEAR ENDED DECEMBER 31, 2009 THESE EXPENDITURES DO NOT CONSTITUTE A SUBSTANTIAL CONTRACTION UNDER THE DEFINITION IN REG SEC 1 6043-3 AS THE GRANTS WERE PAID OUT OF INCOME THERE IS NO PLAN TO LIQUIDATE OR CONTRACT THE ORGANIZATION

Schedule N (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 91-2036088

Name: COLLEGE SUCCESS FOUNDATION

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets

1 (a)Description of asset(s) distributedor transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)Ein of recipient	(f)Name and address of recipient	(g)IRC Code section recipient(s) (if tax-exempt) or type of entity
SCHOLARSHIPS	12-31-2009	12,789,579	CASH	91-2036088	VARIOUS 1605 NW SAMMAMISH RD STE 200 ISSAQUAH, WA 98027	INDIVIDUALS
CASH GRANT	12-31-2009	42,171	CASH	91-6001088	DSHS CHILDREN'S ADMINISTRATION PO BOX 5000 OLYMPIA, WA 98504	GOVERNMENT
CASH GRANT	12-31-2009	5,661	CASH	91-6073780	TACOMA COMMUNITY COLLEGE 6501 S 19TH STREET TACOMA, WA 98466	501(C)(3)
CASH GRANT	12-31-2009	5,229	CASH	91-1425676	TREEHOUSE 2100 24TH AVE S SUITE 200 SEATTLE, WA 98144	501(C)(3)
CASH GRANT	12-31-2009	6,993	CASH	20-0697012	YAKIMA VALLEY COMMUNITY COLL SOUTH 16TH NOB HILL BLVD YAKIMA, WA 98902	501(C)(3)
CASH GRANT	12-31-2009	25,000	CASH	20-5561911	DISTRICT OF COLUMBIA CSF 1605 NW SAMMAMISH RD STE 200 ISSAQUAH, WA 98027	501(C)(3)
CASH GRANT FOR SCHOLARSHIP	12-31-2009	1,452,921	CASH	91-0565006	SEATTLE UNIVERSITY 901 12TH AVE SEATTLE,WA 98122	501(C)(3)
CASH GRANT FOR SCHOLARSHIP	12-31-2009	1,294,311	CASH	94-3079432	UNIVERSITY OF WASHINGTON PO BOX 355820 SEATTLE, WA 98195	501(C)(3)
TOTAL OTHER GRANTS	12-31-2009	57,142	CASH	91-2036088	VARIOUS 1605 NW SAMMAMISH RD STE 200 ISSAQUAH, WA 98027	501(C)(3)

SCHEDULE 0

Name of the organization COLLEGE SUCCESS FOUNDATION

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

► Attach to Form 990.

Inspection **Employer identification number**

91-2036088

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		GERRI CRAVES AND BOB CRAVES HAVE A FAMILY RELATIONSHIP
Form 990, Part VI, Section B, line 11		THE REVIEW PROCESS OF THE FORM 990 INCLUDES A DETAILED REVIEW BY THE CONTROLLER AND THE CFO WITH THE PRESIDENT AFTER REVIEW AND APPROVAL BY THE PRESIDENT, THE FORM 990 IS REVIEWED WITH THE FINANCE COMMITTEE, INCLUDING THE CHAIRPERSON, WHO IS AN OUTSIDE DIRECTOR
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUESTED OF ALL DIRECTORS ANNUALLY AND FOR NEW DIRECTORS AT THE TIME THEY JOIN THE BOARD IF A CONFLICT ARISES THE BOARD MEMBER RECUSES THEMSELVES FROM THE DISCUSSION AND VOTE
Form 990, Part VI, Section B, line 15		THE BOARD PERSONNEL COMMITTEE APPROVES THE ANNUAL BUDGET FOR SALARIES AND WAGES FOR ALL EMPLOYEES AND INDIVIDUALLY FOR THE CHAIRMAN THE CHAIRMAN AND PRESIDENT APPROVE THE SALARIES AND WAGES FOR ALL EMPLOYEES
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART I, LINE 6		IN ADDITION TO 15 VOLUNTEER BOARD MEMBERS AND 14 ALUMNI BOARD MEMBERS, 30 WERE READERS OF STUDENT APPLICATIONS FOR SCHOLARSHIPS, 200 WERE VOLUNTEERS AT EVENTS TO PREPARE STUDENTS TO APPLY FOR COLLEGE, 740 WERE STUDENT MENTORS AT COLLEGES, AND 885 WERE HOMETOWN MENTORS
For Panerwork Reduction	Act Notes a coathain	structions for Form 990 Cat No. 51.056K Schedule O (Form 990) 2009

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DLN: 93493224016460

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

20-8335617

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization COLLEGE SUCCESS FOUNDATION **Employer identification number**

91-2036088

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DISRICT OF COLUMBIA COLLEGE SUCCESS FOUNDATION					
1605 NW Sammamish Road Suite 200	COLLEGE SCHOLARSHIPS AND PROGRAMS PROVIDED FOR	WA	501(c)(3)	11a - Type I	N/A
Issaquah, WA 98027 20-5561911	DC HIGH SCHOOL STUDENTS		() ()	,,	•
WASHINGTON STATE MENTORS					
1605 NW Sammamish Road Suite 200	SUPPORT TO WASHINGTON STATE MENTORING ORGANIZATIONS	WA	501(c)(3)	11a - Type I	N/A
Issaquah, WA 98027					

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

che	edule R (Form 990) 2009		Paç	ge 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	: Gıft, grant, or capıtal contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	I Performance of services or membership or fundraising solicitations by other organization(s)			No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	Other transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
_	(b)		(c)	
(a) Transaction Name of other organization type(a-r)			t involve	ed
1)	3, 6-3, 6-3, 7			

(1) (2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No