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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

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

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	Fo	r the	2009 cale	endar ye	ar, or tax year beginnin	<u>g</u>			, and	dending				
В	Che	ck if ap	plicable	Please	C Name of organization	Western	States Cen	ter			D Employer i	dentification n	umber	
	Add	iress c	hange	use IRS label or	Doing Business As						93-0952137	_		
	Nar	ne cha	inge	print or	Number and street (or F	O box if mail is	not delivered to	o street addre	ess)	Room/suite	E Telephone	number		
	Initi	al retu	rn	type See	PO Box 40305						503-228-886	86		
	Ter	minate	ed	Specific	City or town, state or co	untry, and ZIP +	4							
F	Ām	ended	return	Instruc- tions	Portland			R	97240)	G Gross recei	pts \$	2,9	14,373
┌	App	olicatio	n pending		ame and address of prin	cipal officer		_		H(a) is t	this a group retur	n for affiliates?	Yes	X No
	•		· • •		Veigel 310 SW 4th Av	•	AR 07204				e all affiliates incl		Yes	=
_							1				'No," attach a list			
<u> </u>			npt status				4947(a)(1) c	or 5	27		•	•	113)	
J	We	bsite	: ► http		vesternstatescenter or	g				H(c) Gr	oup exemption n	umber ▶		
K	Forr	n of or	ganization	X co	rporation Trust	Association	Other ▶		L `	Year of forma	ation 1987	M State of le	egal domicile	OR
_	Pai	rt I	Sur	nmary										
201		1	Briefly d	escribe	the organization's mis	sion or most	significant a	activities.	We w	ork to stre	nghten the p	rogressive n	novement	in the
	İ		West by	develo	ping individual leaders	ship, strength	ening the c	apacity of	organi	zations an	d communitie	es and funct	ioning as	<u>а</u>
.	<u> </u>				together individuals,									
-	<u> </u>													
DE.C.	Activities & Governance	2	Check th	nis box	▶	tion discontir	nued its ope	rations or	dispos	ed of more	e than 25% o	f its net asse	ets	
\exists	ا و ا قع	3			g members of the gov				·			3		9
3	è e	4	Number	of inde	pendent voting member	ers of the gov	erning body	(Part VI,	line 1b)		4		9
		5		-	employees (Part V, lir							5		11
?	2	6	Total nu	mber of	volunteers (estimate)	f necessary)	1 1 1 1 1 1 1					6		
OCANNEL 		7a	Total gro	oss unre	lated business revenu	ie from Part	VIII, column	(C), line)1	12			7a		0
ิ		b			usiness taxable incom				<u> </u>	<u> </u>		7b		0
								E 2010	101		Prior Year		Current Yea	ar
	_	8			nd grants (Part VIII, lin		NOV. 1	5 2010	10		1,347			548,456
	Revenue	9			e revenue (Part VIII, Iır				$ \frac{\gamma_{c}}{2}$	ļ		5,399		360,659
	. S	10			me (Part VIII, column						22	2,341		5,258
	_	11			Part VIII, column (A), I							0		0
_	_	12			id lines 8 through 11 (mu						1,654			914,373
		13			lar amounts paid (Par			-3) .	•		1,428		2,0	075,865
		14			or for members (Part							0		0
	တ္က ြ	15		•	compensation, employ			ımn (A), lı	nes 5–	10)	700	0,759		590,62 <u>4</u>
	Expenses	16a			draising fees (Part IX,			•		304		0		U
	×	_b			g expenses (Part IX, c					601	F44			200 500
		17			(Part IX, column (A),							3,218		369,50 <u>2</u>
	1	18		•	Add lines 13–17 (mus					-	2,647			135,991
_		19	Revenu	e less e	xpenses Subtract line	10 from line	12	· ·	• •	Bogun	ning of Current	2,640	End of Yea	221,618
	TS OF	20	Total	note (D	at V lina 16)					Begin	2,700			<u>"</u> 751,129
	e e	20			art X, line 16)				•			3,938		551,12 <u>9</u> 551,128
	글필티	21			Part X, line 26) . ind balances_Subtr <u>act</u>	line 21 from	 line 20	•		-		1,618		200,001
		22				line 21 hom	iiile 20 .				2,42	1,010	2,4	200,001
	Pari	. Ell			Block s of perjury, I declare that I ha	ave evamined thi	e return includ	ing accompa	nyana sch	edules and s	tatements and to	the best of my	knowledge	
			and	belief, it is	true, correct, and complete	Declaration of pr	sparer (other th	an officer) is	based on	all information	on of which prepa	arer has any kno	wledge	
			ľ	V,	1 1 1								4)	_
	\:	_		Pel	h MU	4.	1				No	rember	1	2010
	Sign			Signature	of officer	\mathcal{O}				•	Date		ı	
ŀ	lere)		Kelley	Weigel [/]				Ex	cecutive D	rector			
				Type or p	rint name and title						•			
_				parer's				Date		Check if		Preparer's ide		ber
F	Paid		signa	ature 7						self- employed	▶□	(see instructions	5)	
F	rep	arer'	s 	's name (c	r vours A			<u> </u>		Ciripioyea	T	L		
ι	Jse	Only		if-employe	•						EIN P			
_				ress, and Z							Phone no P			
N	/lay	the II	RS discu	ss this r	eturn with the prepare	r shown abov	/e? (see ins	tructions)					Yes	No
F	or P	rivac	y Act and	Paperw	ork Reduction Act Noti	ce, see the se	parate instru	uctions.			am	~ ~	Form 9	90 (2009)
	HTA)		-	•							3110	22		1

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To build the progressive movement in the West through developing and training strong leaders, building the capacity of
	progressive organizations and making the strategic connections that unite communities
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
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 485,145 including grants of \$ 33,000) (Revenue \$ 379,998)
+a	
	Leadership Development: Identified, trained and convened leaders to develop skills and build shared analysis and peer relationships. Our Community Strategic Training Initiative
	(CSTI) brought together over 375 leaders from 130 organizations across the West Our
	year long Western Institute for Organizing and Leadership Development (WILD) recruited
	and began working intensively with leaders from Alaska, Washington, Oregon, Idaho, Montana and Wyoming
4b	(Code) (Expenses \$ 931,158 including grants of \$ 649,000) (Revenue \$ 100,946)
	Our Civic Participation and Political Power Program builds stronger civic
	engagement and addresses structural barriers to participation. We completed the 2008-
	2009 program cluster and began a new two-year project to support 12 groups in six states
	by providing training, consultation and funding to organizations implementing voter
	education and mobilization programs as well as for key ballot measure campaigns. We helped launch a new civic engagement collaboration in Oregon, and provided support to
	organizations focused on immigration, health care and financial reform
4c	(Code) (Expenses \$ 104,594 including grants of \$ 0) (Revenue \$ 0)
	Research and Publications provide in-depth analysis of effective programs to build
	capacity, develop leadership and organizational power. Through honest assessment of our
	programs and by publishing results, we develop best practices and models for other
	organizations. We brief funders as well as organizers and broader audiences, highlighting
	current issues and trends and identifying successful strategies for addressing them
	Other program services. (Describe in Schedule O)
-7u	(Expenses \$ 1,393,442 including grants of \$ 1,393,403) (Revenue \$ 1,578,421)
40	Total program service expenses > 2 914 339

Par	t IV Checklist of Required Schedules			3
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	l		
_	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete		н	+
	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		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	44		.,
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	١	١.,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			,
	employees? If "Yes," complete Schedule J	23		X
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 lines			١.,
_	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ŀ		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
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):	l		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	1	X
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		X
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	Х	
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	Ė
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	. 37	i	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		Τ̈́
55	19? Note. All Form 990 filers are required to complete Schedule O	. 38	x	
	10. 110.00 1 1 . 1 . 1 . 1 . 1	. ,	<u> </u>	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)		ľ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ĺ
	this return?	3a		X
b	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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			L
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		L_
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		ļ	
	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		_	.
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L_	Щ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter.			1
а	Gross income from members or shareholders	ł		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)	 		ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	I	l	i .

93-0952137

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

Enter the number of voting members of the governing body. The interior the number of voting members that are independent 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? A Did the organization of difference or trustees or key employees? Did the organization of employees or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization's assets? Did the organization become aware during the year of a material diversion of the organization's assets? Did the organization have members or stockholders or other persons who may elect one or more members of the governing body? Does the organization have members or stockholders or other persons who may elect one or more members of the governing body? A Fe any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? A Fe any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Sect	ion A. Governing Body and Management		Ves	N/a
De Einter the number of voting members that are independent 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 have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Dod the organization or the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed an Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 If Yes, Tolkies (This Section B requests information about policies not required by the Internal Revenue Code) 10 Does the organization have local chapters, branches, or affiliates? 10 If Yes, Tolkies and branches to ensure their operations are consistent with those of the organization? 11 A Bescribe in Schedule O the process, if any, used by the organization to review this Form 990. 112 Does the organization have a written conflict of interest policy? If You, "go to line 13. 112 A Pescribe in Schedule O how this is done 113 Does the organization	1.	Enter the number of voting members of the governing body		Yes	No
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? 3 Did the organization delegate control over imanagement duties customarily performed by or under the direct supervision of officiers, directors or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a material diversion of the organization set of the possibility of the organization become aware during the year of a material diversion of the organization set of the governing body? 5 Doas the organization become aware during the year of a material diversion of the organization's assets? 5 X Doas the organization become aware during the year of a material diversion of the organization's assets? 5 X Doas the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Doas the organization of the governing body subject to approval by members, stockholders, or other persons? 6 X X Doas the organization of the organi	_				1
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Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization is CEO, Executive Director, or top management official. 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? The organization's CEO, Executive Director, or top management official. Did the organization or Key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Did the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section 6. Disclosure List the states with which a copy of this Form 990 is required to be filed PoR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection in Indicate how you make these available. Check all that apply Own website Another's website Did you have these available. Check all that apply Describe in	11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
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Does the organization have a written whistleblower policy?			12b	X	
13 Does the organization have a written whistleblower policy?	С		40.	V	
14 Does the organization have a written document retention and destruction policy?					
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? 15 The organization's CEO, Executive Director, or top management official. 15 Other officers or key employees of the organization. 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 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 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. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Steve Mayes 503-228-8866					_
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a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization	15		ļ		i
b Other officers or key employees of the organization	9		15a	-	_x_
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with a taxable entity during the year?	16a				
the organization's exempt status with respect to such arrangements?			16a		Х
the organization's exempt status with respect to such arrangements?	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 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 X Another's website X 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. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Steve Mayes 503-228-8866				l	l J
 List the states with which a copy of this Form 990 is required to be filed			16b		
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available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization Steve Mayes 503-228-8866	17				
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Steve Mayes 503-228-8866	19		ะธเ		
organization ► Steve Mayes 503-228-8866	20		he		
·	20				
			: T	•	

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee (C) (B) (D) (E) (F) Position (check all that apply) Name and Title Reportable Reportable Average Estimated compensation compensation hours per Officer amount of Former or director Individual trustee Institutional Key employee employee Highest other week compensation organizations (W-2/1099-MISC) organization from the compensated (W-2/1099-MISC) organization trustee and related organizations Kenya Pierce **Board Member** Χ 0 Sharon Gary Smith 3. Х **Board Member** 0 0 Alysha Goheen Jannotta **Board Member** 2 Х 0 0 Marjory Hamann **Board Member** Х 0 Maria Gonzalez-Mabbutt 2 Х **Board Member** Leah Henry- Tanner **Board Member** 2 Х n 0 Francisco Lopez **Board Member** 2 Х O 0 Cathy Howell Board Member 2. Х 0 0 0 George Cheung 3. Treasurer 0 0 Dan Neal 3 X Secretary 0 0 0 Amy Herzfeld 5 **Board Chair** 0 0 Dan Petegorsky **Executive Director** 40 Х Х 84,497 0 0 Kelley Weigel Х **Assc Director** 40. 60,870

Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, and	l Hig	hes	t Co	mpensated Em	ployees (co	ontinue	ed)	
	(A)	(B)			(C)			(D)	(E)		(F)
	Name and title	Average	Po	sition	(chec	k all ti	hat ap		Reportable	Reportabl		Estim	
	•	hours per week	or a	Inst	Officer	Key	B를	Former	compensation from	compensat from relate		amou oth	
			Individual trustee	l ti	ļ ĕ	Key employee	oloye	ner	the organization	organizatio (W-2/1099-M		compen from	
			약	nal t) Joye	<u> </u>		(W-2/1099-MISC)	(11 2 1000 11	.00,	organiz	zation
			stee	nstitutional trustee		ď	pens					and re organiz	
				कॅ			Highest compensated employee						
						-	-				$\overline{}$		
													
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											i		
			 			ļ					\neg		
			_								\dashv		
						İ							
						-					-		
1b	Total		<u> </u>			•		•	145,367		0		0
2	Total number of individuals (including but no		se lis	ted a		e) wl	ho re	ceiv	ed more than \$1	00,000 in			
	reportable compensation from the organization	tion 🟲			0_							Yes	No
3	Did the organization list any former officer,	director or trust	ee k	ev e	mplo	vee	or h	iahe	st compensated			165	140
Ů	employee on line 1a? If "Yes," complete Sc					,,00	, 0			'	3		X
4	For any individual listed on line 1a, is the su	ım of reportable	com	pen:	satio	n an	d oth	ner c	ompensation fro	m			
	the organization and related organizations of										<u> </u>		
	indıvidual					•		•			4		X
5	Did any person listed on line 1a receive or a												ļ
_	services rendered to the organization? If "Y	es," complete S	chec	lule .	J for	suci	n per	son		•	5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	mnensated inde	nend	lent :	conti	racto	re th	at re	ceived more tha	n \$100 000			
•	compensation from the organization.	mponoated mae	Pond		00111	uoto		ut 10	cored more and	φ100,000	0.		
	(A)								(B)			(C)	-
	Name and business a	address						ļ	Description of sen	vices	Com	pensation	1
	none							ऻ					0
													
								+					0
						······································		 					
2	Total number of independent contractors (in	ncluding but not	limit	ed to	tho	se lis	sted	abov	e) who received				
	more than \$100,000 in compensation from	the organizatior	1 🕨				1						

Part	VIII	Statement of Revenue							
ı						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							revenue		512, 513, or 514
at st	1a	Federated campaigns		1a	0	ţ			
<u>e</u> <u>a</u>	b	Membership dues	[1b	0				
S, S	С	Fundraising events	[1c	o				
ar a	d	Related organizations		1d	0				
s, g	е	Government grants (contributions) .		1e	0				
io is	f	All other contributions, gifts, grants,							
bet	-	similar amounts not included above		1f	2,548,456				
ᅙᆴ	-	Noncash contributions included in li	_	_	<u> </u>				
Contributions, gifts, grants and other similar amounts	h			-	•	2,548,456			
	"	Total. Add liftes 1a-11	· · ·	÷т	Business Code	2,040,400			
une	•	Total for Transier		ł	611600	73,642	73,642		
eve	2a	Tuition for Training		- 1					
ě.	b	Contract Income			900004	215,408	215,408		
2	C	Merchandise (t-shirts)		- 1	453220	903	903		
Se	d	Management Fee			541200	69,281	69,281	-	
ä	е								
Program Service Revenue	f	All other program service revenue .				1,425	1,425		
<u> </u>	g	Total. Add lines 2a-2f	•		<u> </u>	360,659			
	3	Investment income (including divide	ends, interest	, an	d				
		other similar amounts)			>	5,258			
	4	Income from investment of tax-exer	npt bond pro	cee	ds ▶[0			
	5	Royalties			▶	0			
		•	(ı) Real		(ii) Personal				
	6a	Gross Rents .							
	b	Less rental expenses							
	c	Rental income or (loss)		0	0				
	ď	Net rental income or (loss)				ا ما		-	_
	7a	Gross amount from sales of	(i) Securities		(II) Other				
	, · a	assets other than inventory.	() 5552	0					
	۱ ۲	Less: cost or other basis		_					
	"			0				ļ	İ
	_	and sales expenses		0					
	I .	Gain or (loss)				-			
	d	Net gain or (loss)				U			
<u>o</u>	8a	Gross income from fundraising	_						
2		events (not including \$						Ì	
š		of contributions reported on line 1c							
Ř		See Part IV, line 18		a	0				
Other Revenue		Less direct expenses		þ	0	_		ļ	}
₹	1	Net income or (loss) from fundraising	-		<u> </u>	0			
	9a	Gross income from gaming activities							
		See Part IV, line 19		а	0				İ
	b	Less. direct expenses		b	0				
	С	Net income or (loss) from gaming a	ictivities		▶	0			
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
	b	Less: cost of goods sold .		b	0			1	1
	1	Net income or (loss) from sales of	nventory		. <u></u> . >	<u> </u>			
		Miscellaneous Revenue			Business Code				
	11a					0			
	Ь					0			
	C					0			
	d	All other revenue	,	•		0			
	e	Total. Add lines 11a-11d				0			
	12	Total revenue. See instructions				2,914,373	360,659) (

Part IX Statement of Functional Expenses

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

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	,013
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(p)(1)) and persons described in section 4958(p)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 110,592 8 6,285 9 ,893 14 10 Payroll taxes 148,934 15,943 16 Code of the contribution of the contributions of the contribution	
organizations in the U.S. See Part IV, line 21 .	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. 0 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 0 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 84,497 65,925 7,559 11 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 423,289 330,254 37,864 55 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 23,312 18,189 2,085 3 9 Other employee benefits 110,592 86,285 9,893 14 10 Payroll taxes 48,934 38,179 4,377 6 11 Fees for services (non-employees) 480,934 38,179 4,377 6 11 Fees for services (non-employees) 5,943 5,94	
the U.S. See Part IV, line 22 . 0 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . 0 Benefits paid to or for members . 0 Compensation of current officers, directors, trustees, and key employees . 84,497 . 65,925 . 7,559 . 11 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 0 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 84,497 65,925 7,559 11 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 423,289 330,254 37,864 55 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 23,312 18,189 2,085 3 9 Other employee benefits 110,592 86,285 9,893 14 10 Payroll taxes 48,934 38,179 4,377 6 11 Fees for services (non-employees) 3 48,934 38,179 4,377 6 11 Fees for services (non-employees) 4 5,943 5	
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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	
U.S. See Part IV, lines 15 and 16	
4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 84,497 65,925 7,559 11 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 423,289 330,254 37,864 55 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 23,312 18,189 2,085 3 9 Other employee benefits 110,592 86,285 9,893 14 10 Payroll taxes 48,934 38,179 4,377 6 11 Fees for services (non-employees) 0 48,934 38,179 4,377 6 a Management 0 <td></td>	
5 Compensation of current officers, directors, trustees, and key employees 84,497 65,925 7,559 11 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	
trustees, and key employees	
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	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages	171
persons described in section 4958(c)(3)(B) 7 Other salaries and wages	171
7 Other salaries and wages	171
and section 403(b) employer contributions) 23,312 18,189 2,085 3 9 Other employee benefits 1110,592 86,285 9,893 14 10 Payroll taxes 48,934 38,179 4,377 66 11 Fees for services (non-employees)	, , , ,
9 Other employee benefits	
10 Payroll taxes 48,934 38,179 4,377 6 11 Fees for services (non-employees) 0 <t< th=""><th>,039</th></t<>	,039
11 Fees for services (non-employees) 0 a Management 0 b Legal 0 c Accounting 5,943 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0	<u>,414</u>
a Management	<u>,378</u>
b Legal 0 c Accounting 5,943 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0	
c Accounting 5,943 5,943 d Lobbying 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
d Lobbying	
e Professional fundraising services. See Part IV, line 17 0	
	—
f Investment management fees	330
12 Advertising and promotion	175
	,554
14 Information technology	,001
15 Royalties	
16 Occupancy	
17 Travel	,279
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials . 0	
19 Conferences, conventions, and meetings . 189,949 189,613 142	<u> 193</u>
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
24 Other expenses Itemize expenses not covered above (Expenses grouped together	İ
and labeled miscellaneous may not exceed	i
5% of total expenses shown on line 25 below.)	
a Printing and Rublications 10.081 17.707 1.128 1	,056
b Research & Subscriptions/Publications 6,367 6,367	,000
c Bank Fees 5,096 39 5,057	
d Merchandise 0	
e 0	
f All other expenses 0	
	,601
26 Joint costs. Check here ►X 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	

	,	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	183,350	1	390,612
2	Savings and temporary cash investments	1,636,954	2	1,829,626
3	Pledges and grants receivable, net	854,000	3	509,777
4	Accounts receivable, net	6,597	4	3,877
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		{	
	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L	0	6	
3 7	Notes and loans receivable, net	0	7	(
7 8	Inventories for sale or use	250	8	250
ڙ g	Prepaid expenses and deferred charges	3,729	9	5,320
10a	· · · · · · · · · · · · · · · · · · ·			
	other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b 36,802	15,676	10c	11,666
11	Investments—publicly traded securities	0	11	(
12	Investments—other securities See Part IV, line 11	0	12	(
13	Investments—program-related See Part IV, line 11	0	13	(
14	Intangible assets	0	14	(
15	Other assets See Part IV, line 11	0	15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,700,556	16	2,751,129
17	Accounts payable and accrued expenses	77,141	17	15,336
18	Grants payable	162,500	18	497,500
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
ဖ္ထ 21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
C1 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key			
<u>a</u>	employees, highest compensated employees, and disqualified			
ڈ	persons Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	(
24	Unsecured notes and loans payable to unrelated third parties	0	24	(
25	Other liabilities Complete Part X of Schedule D .	39,297	25	38,292
26	Total liabilities. Add lines 17 through 25	278,938	26	551,128
	Organizations that follow SFAS 117, check here ► X and			
နှင့် မြ	complete lines 27 through 29, and lines 33 and 34.		1	
원 27	Unrestricted net assets	114,118	27	1,522,094
<u> 21 </u>	Temporarily restricted net assets	2,307,500		677,90
2 29	Permanently restricted net assets	2,001,000	29	
5 -	·	 -		
֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34.			
Ø .	· · · · · · · · · · · · · · · · · · ·			
30	Capital stock or trust principal, or current funds		30	
थ 31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds .	2 424 649		2 200 000
00	Total net assets or fund balances	2,421,618		2,200,001
34	Total liabilities and net assets/fund balances	2,700,556	34	2,751,129 Form 990 (2009

FUIIII 8	western States Center	93-0952137	P	age LZ
Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	. 2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate 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		Х
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		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions.

93-0952137 Western States Center Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I **b** | Type II c | Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the (ii) EiN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes 0 0

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Schedule A (Form 990 or 990-EZ) 2009 Western States Center 93-0952137 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 0 include any "unusual grants") Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf . . 0 The value of services or facilities furnished by a governmental unit to the 0 organization without charge . . . n 0 0 0 0 0 0 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . Public support. Subtract line 5 from line 4 0 Section B. Total Support (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (f) Total 0 0 Amounts from line 4 ol 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10. 0 Gross receipts from related activities, etc (see instructions). 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 0.00% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 0 00% Public support percentage from 2008 Schedule A, Part II, line 14 . 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Sched	ule A (Form 990 or 990-EZ) 2009 VVestern States	Center				93-095213	7 Page 3
Par	t III Support Schedule for Organiz	zations Descr	ibed in Secti	ion 509(a)(2)			
	(Complete only if you checked t	<u>he box on line</u>	9 of Part I)				
	tion A. Public Support			T			
Cal	endar 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]					
	ınclude any "unusual grants.")	740,075	1,262,333	1,897,060	1,347,077	2,548,456	7,795,001
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	82,698	112,393	217,966	285,399	360,659	1,059,115
J	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the	ا					
	organization without charge	000 770	0	0.445.000	1 000 170		0
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	822,773	1,374,726	2,115,026	1,632,476	2,909,115	8,854,116
<i>1</i> a	received from disqualified persons						0
	· ·						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						•
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	<u> </u>	<u> </u>	······			
-	line 6)						8,854,116
Sec	tion B. Total Support				•		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	822,773	1,374,726	2,115,026	1,632,476	2,909,115	8,854,116
10a	Gross income from interest, dividends,		.,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,001,110
	payments received on securities loans,						
	rents, royalties and income from similar						
b	sources	-453	6,449	483	22,341	5,258	34,078
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	-453	6,449	483	22,341	5,258	34,078
11	Net income from unrelated business		,			-,	- 115.5
	activities not included in line 10b,						
	whether or not the business is regularly						_
12	carried on						0
12	loss from the sale of capital assets						
	(Explain in Part IV.)	1,257	-138	o	o		1,119
13	Total support. (Add lines 9, 10c, 11,	,,,				<u>i</u>	1,110
	and 12)	823,577	1,381,037	2,115,509	1,654,817	2,914,373	8,889,313
14	First five years. If the Form 990 is for the org	•		, fourth, or fifth	tax year as a	section 501(c)(3)
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Support	Percentage			-		
15	Public support percentage for 2009 (line 8, co			olumn (f))	[15	99 60%
16	Public support percentage from 2008 Schedu			<u> </u>		_16	<u>99 46%</u>
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line					17	0.38%
18	Investment income percentage from 2008 Sc					18	0.46%
туа	33 1/3% support tests-2009. If the organization more than 33 1/3% sheek this box and s						
b	not more than 33 1/3%, check this box and s 33 1/3% support tests-2008. If the organization d						. ► <u>X</u>
	line 18 is not more than 33 1/3%, check this box as						▶ 「
	,				,		

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009_	Western States	Center				93-0952137	Page 4
Part IV	Supplemental	Information. Co	mplete th	is part to pr	ovide the exp	lanations requi	red by Part II, line	10,
	Part II, line 17a	or 17b; and Part	III, line 12	2 Provide a	ny other addi	tional informati	on. See instruction	ns
•								
		. +						
			· • • • • • •					
					. 			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-B.

	-		es," to Form 990, Part IV, line 5 (Proxy ganizations Complete Part III	Tax), then			
Na	me of organiz	ation			En	plover	dentification number
	tern States						93-0952137
			he organization is exempt und	er section 501(c) or is a section		
1 2 3	Provide a	description of expenditures.	the organization's direct and indirect				
•	Volunteel	nours.			• •	-	
Pa	rt I-B	Complete if t	he organization is exempt und	er section 501((c)(3).		
1	Enter the	amount of any	excise tax incurred by the organization	on under section	4955 I	\$	
2	Enter the	amount of any	excise tax incurred by organization i	managers under s	section 4955 I	\$	
3	If the orga	anization incurr	ed a section 4955 tax, did it file Form	n 4720 for this yea	ar?		Yes No
4a	Was a co	rrection made?					Yes No
b		describe in Part					
Pa	rt I-C	Complete if t	he organization is exempt und	er section 501(c), except section	501(c)(3).
1	Enter the	amount directly	y expended by the filing organization	for section 527 e	exempt function		
	activities	•				\$ _	
2			filing organization's funds contributed	d to other organiz	ations		
		=	unction activities			\$ _	
3		mpt function ex	penditures Add lines 1 and 2. Enter	here and on Fori	m 1120-POL,		
	line 17b				'	* \$ _	0
4			n file Form 1120-POL for this year?				. Yes No
5			sses and employer identification num				
			or each organization listed, enter the butions received that were promptly				
			und or a political action committee (F				
					T		· -
	(a) N	ame	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
						0	0
						0	0
						0	0
						0	0
						0	0
						0	0

Schedule C (Form 990 or 990-EZ) 2009

Р	art II-A Complete if the organ under section 501(h))		t under section	501(c)(3) and fi	led Form 5768 (el	ection
A B	Check ► if the filing organiza Check ► if the filing organiza	tion belongs to an		ntrol" provisions	apply.	
	Limits on (The term "expenditure	Lobbying Expendi		.)	(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influe	ence public opinion	(grass roots lobby)	ng)	0	0
b	Total lobbying expenditures to influe		-		0	0
С	Total lobbying expenditures (add lin	nes 1a and 1b) .			0	0
d	Other exempt purpose expenditures			[2,914,339	0
е	Total exempt purpose expenditures		d)	[2,914,339	0
f	Lobbying nontaxable amount. Enter columns			both	295,717	0
	If the amount on line 1e, column (a) or (b) is	. The lobbying	nontaxable amount	is:	,	
	Not over \$500,000	20% of the am				
	Over \$500,000 but not over \$1,000,000		15% of the excess or	/er \$500,000		
	Over \$1,000,000 but not over \$1,500,00	0 \$175,000 plus	10% of the excess ov	ver \$1,000,000		
	Over \$1,500,000 but not over \$17,000,0	000 \$225,000 plus	5% of the excess over	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				· · · · · · · · · · · · · · · · · · ·
g	Grassroots nontaxable amount (ent	er 25% of line 1f).			73,929	0
h	Subtract line 1g from line 1a If zero	or less, enter -0-		<i>.</i> .	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0					0	0
j	If there is an amount other than zer section 4911 tax for this year?		or line 1i, did the org	ganization file Form	m 4720 reporting	Yes No
			ructions for lines	o not have to cor 2a through 2f on	page 4.)	•
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	203,701	253,213	270,875	295,717	1,023,506
	Lobbying ceiling amount (150% of line 2a, column(e))					1,535,259
_c	Total lobbying expenditures	108,000	209,500	50,229	0	367,729
_d	Grassroots nontaxable amount	50,925	63,303	67,719	73,929	255,876
е —	Grassroots ceiling amount (150% of line 2d, column (e))					383,814
f	Grassroots lobbying expenditures					•

 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 Volunteers?	Yes		(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?		No	Amount
referendum, through the use of a Volunteers?			
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
 If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	F01/a\/5	<u> </u>	costion
501(c)(6).	יוןטון טכ), UI	Section
			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?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?)		3
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes."	-A, line	3 is	answered
1 Dues assessments and similar amounts from members		4	
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1 2a	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 		1 2a 2b	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		2b	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year . Carryover from last year . Total	 	2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	 ues .	2b	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	 ues .	2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	 ues .	2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d 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 	ues ne	2b 2c 3	

chedule C (Form 990 or 990-EZ) 2009							
Part IV	Supplemental Information (continued)						
_	•						
·							
		,					

Western States Center

93-0952137

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ern States Center			93-0952137
Pari			imilar Funds	or Accounts. Complete if
	the organization answered "Yes" t	to Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year .			
5	Did the organization inform all donors and o	donor advisors in writing that the a	assets held in d	lonor advised
	funds are the organization's property, subje	ct to the organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing	g that grant fur	nds can be
	used only for charitable purposes and not for			
	purpose conferring impermissible private be	enefit?		Yes No
Par				orm 990. Part IV. line 7
1	Purpose(s) of conservation easements held			a bear each e
	Preservation of land for public use (e g			n historically important land area
	Protection of natural habitat	Pr€	eservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation	n contribution i	n the form of a conservation
	easement on the last day of the tax year.	•		
	•			Held at the End of the Tax Year
а	Total number of conservation easements .			2a
b	Total acreage restricted by conservation ea			2b
С	Number of conservation easements on a ce		ın (a) .	2c
d	Number of conservation easements include			2d
3	Number of conservation easements modifie	• •		
_	during the tax year	,		area by the enganization
4	Number of states where property subject to	conservation easement is located	d Þ	
5	Does the organization have a written policy			andling of
•	violations, and enforcement of the conserva	· ·		
6	Staff and volunteer hours devoted to monitor			
•		ornig, moreoung, and emerong ec		soments during the year
7	Amount of expenses incurred in monitoring	inspecting and enforcing conser	rustion esseme	ents during the year
•	► \$, mapecing, and emoroning consen	valion caseme	ins during the year
8	Does each conservation easement reported	d on line 2(d) above satisfy the red	nurements of s	section
·	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
a	In Part XIV, describe how the organization		 n its revenue a	
•	balance sheet, and include, if applicable, th			•
	the organization's accounting for conservat		iization 5 iiriant	dai statements that describes
Par			or Other Sim	nilar Assots
ı aı	Complete if the organization answere		•	mai Assets.
10	If the organization elected, as permitted un			and and balance about weeks of
Ia	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted un			
_	historical treasures, or other similar assets			
	service, provide the following amounts relati		,	Samuel and or position
	(i) Revenues included in Form 990, Part V			▶ \$
	(ii) Assets included in Form 990, Part X	,		> \$
2	If the organization received or held works o			
4	-			ioi imanciai gain, provide trie
_	following amounts required to be reported to			b ¢
a	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X			• \$
D	ASSELS INCIDURED IN FORM SYU. PARLA .			Б

Part	Organizations Maintainin	g Collections of	Art, Histo	rical 1	<u>reasures, c</u>	or Oth	er Similar As	sets (c	ontinu	ied)
3	Using the organization's acquisition		ther record	ls, chec	k any of the	- followir	ng that are a si	gnıfican	t	_
	use of its collection items (check all	i that apply)	. \Box							
а	Public exhibition		d ∐	Loan	or exchange	progra	ms			
b	Scholarly research		е 📙	Other						
С	Preservation for future gener	ations								
4	Provide a description of the organiz Part XIV.	ation's collections	and explai	n how t	hey further th	ne orga	nızation's exer	npt purp	ose in	
5	During the year, did the organizatio assets to be sold to raise funds rath								es 🗌	No
Part	IV Escrow and Custodial And IV, line 9, or reported an a	•	•	•	•	nswer	ed "Yes" to F	orm 990	ົ່ງ, Par	t
1a	Is the organization an agent, truste	e, custodian or oth	er intermed	lary for	r contribution	s or oth	ner assets not			
b	included on Form 990, Part X? If "Yes," explain the arrangement in	 Part XIV and com						Y	es 🔙	No
			•	·	•			Amount		
С	Beginning balance					. 1c				0
d	A 1.14 (1					1d				
е	Distributions during the year .					. 1e				
f	- ·					1f				0
2a	Did the organization include an am-	ount on Form 990	Part X line	212					es X	No
b	If "Yes," explain the arrangement in		, are 74, iiii					ш.	20 [7]	
Part			ization an	swere	d "Yes" to F	orm 99	0 Part IV Ju	ne 10		
		(a) Current year	(b) Pnor		(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance .	0		-	, , , , ,		. , ,	1		
b	Contributions							1		
c	Net investment earnings, gains,							1		
U	and losses					1				
d	Grants or scholarships							 		
e	Other expenditures for facilities							 		
C	and programs									
f	Administrative expenses					_		-		
		0		0		-	- · · - · · - · · · · · · · · · · · · ·			
g 2	End of year balance . Provide the estimated percentage of				L					
_	Board designated or quasi-endown			35						
a	Permanent endowment		%							
0	Term endowment	<u>%</u> %								
C	Are there endowment funds not in	·	ho organiz	ation th	ot are hold a	nd odn	unistared for t	20		
3a		ille possession or i	ile organiz	auon u	iat are rielu a	iilu auii	iiiiisterea ioi ti		Yes	No
	organization by (i) unrelated organizations.							3a(i)	163	140
	(i) unrelated organizations .(ii) related organizations .							3a(ii)		<u> </u>
L	If "Yes" to 3a(II), are the related org				odulo B2			3b		
b 4	Describe in Part XIV the intended it							30		
4 Part						t Y lin	e 10			
raru								(4), 5		
	Description of investment	(a) Cost or ot (investm	nent)		st or other s (other)	٠,,	ccumulated preciation	(a) Bi	ook valu	_
1a	Land		0		0					0
þ	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		. 0		48,468		36,802		1	1,666
<u>e</u>	Other		0		0		0			0
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	m 990, Pa	rt X, co	lumn (B), line	10(c).	<u> </u>		1	1,666

organization's liability for uncertain tax positions under FIN 48.

	•
race	

Part VII Investments—Other Securities	See Form 990 Part X	line 12	Page 3
(a) Description of security or category	(b) Book value	(c) Method of valu	uation
(including name of security)	(2, 200). 14:12	Cost or end-of-year ma	arket value
Financial derivatives	0		
Closely-held equity interests	0		<u></u>
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relate		line 13	
		(c) Method of value	uation.
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
	0	,	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		·· · · · · · · · · · · · · · · · · · ·
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990, P			
(a) Description		(b) Book value
			0
			0
			0
			0
			0
			0
			Ō
			0
			0
Total. (Column (b) must equal Form 990, Part X,			0
Part X Other Liabilities. See Form 990), Part X, line 25		
1. (a) Description of liability	(b) Amount		
Federal income taxes		<u> </u>	
Accrued Vacation	35,1		
Line of Credit with Bank		0	
FSA PAyable		314	
Accrued Retirement plan	1,7	<u>785</u>	
		0	
		-	
			
	÷ · · ·	<u> </u>	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	38,2	292	
2. FIN 48 Footnote In Part XIV, provide the text of			reports the

Schedule D (Form 990) 2009

P	a	a	e	4

Par		State	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,914,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,135,991
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-221,618
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	· · · · · · · · · · · · · · · · ·
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-221,618
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts 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		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	0
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		
b	Other (Describe in Part XIV)		=
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expens	<u>es per</u>	Return
1	Total expenses and losses per audited financial statements	1	
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)	<u> </u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	0
4	Amounts 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	_	
b	Other (Describe in Part XIV)		_
С	Add lines 4a and 4b	. <u>4c</u>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	i 4; Par	t IV, lines 1b
	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and	i 4b. Als	so complete
this	part to provide any additional information		
		- 	
-			

Western States Center 93-0952137 Schedule D (Form 990) 2009 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

Employer identification number 93-0952137

the selection criteria used to award the grants or assistance? . .

General Information on Grants and Assistance

Western States Center

Part

Department of the Treasury Name of the organization Internal Revenue Service

Part IV and Schedule I-1 (Form 990) if additional space is needed

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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

	, , , , , , , , , , , , , , , , , , , ,						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Democracy Reform Oregon PO Box 2723 Portland, OR 97208	93-1255119		35,175	0			Support Research Ed
MomsRising 12011 Bel-Red Road Bellevue, W	20-4448446	50104	1,166,310	0			Research Education
Win-Win Network 1402 3rd Ave, Suite 515 Seattle, V	26-3921408	50104	231,918	0			Public education rese
Basic Rights Oregon Ed. Fund P.O. Box 40625 Portland, OR 972	93-1266613	50104	40,000	0			Support Research Ed
CAUSA 700 Marion St. NE Salem, OR 973	61-1590160	:	50,000	0			Support Research Ed
Eguality State Policy Center 340 W "B" Street, ste 203 Casper	83-0305144	501c3	50,000	0			Support Research Ed
Idaho Community Action Network 3450 W Hill Rd Boise, ID 83703	82-0357348	501c3	40,000	0			Support Research Ed
Montana Human Rights Network PO Box 1509 Helena, MT 59624	81-0472423	501c3	40,000	0			Support Research Ed
Montana Women Vote 2525 Palmer St, Ste 1 Missoula, N	81-0362732	501c3	000'09	0			Support Research Ed
Oregon Students Asso 635 Ne Dekum Portland, OR 9721	93-0683005	50104	20,000	0			Support Research Ed
Progressive Leadership Alliance N 1101 Riverside Reno, NV 89503	88-0318655	501c3	000'09	0			Support Research Ed
SPAN Solid Ground 1501 North 45th Street Seattle, W 23-7421892	23-7421892	501c3	000'09	0			Support Research Ed
2 Enter total number of section 501(c)(3) and government organizations	n 501(c)(3) and	government organ	izations .			A .	

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Page 2

Western States Center

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 0 0 (d) Amount of non-cash assistance 0 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant 0 (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE I-1 (Form 990) Western States Center

Part I

Department of the Treasury Name of the organization Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection OMB No 1545-0047 2009

Employer identification number

93-0952137

Support Research Ed Support civic engager Support civic engager Support civic engager (h) Purpose of grant or assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 (e) Amount of non-cash assistance 64,000 50,000 5,000 40,000 (d) Amount of cash grant (c) IRC section if applicable 501c3 501c3 50103 50103 PO Box 1350 Scappose, OR 9705 93-1159856 PO Box 40085 Portland, OR 9724 93-1277774 31-1705370 20-1115618 (p) EIN 1133 19th St. NW Washington, Dd 719 Griswold St, Ste 600 Detroit, Common Cause Education Fund (a) Name and address of organization Partnership for Safety Justice Rural Organizing Project or government

State Voices

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

Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

r to provide any additional information.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Western States Center

Employer Identification number

OMB No 1545-0047

93-0952137

FORM 990, PART III, LINE 4D PROGRAM SERVICE EXPENSES 35,175 GRANTS AND ALLOCATIONS: 35,175
REVENUE: 35,175
DEMOCRACY REFORM OREGON PROVIEDE RESEARCH AND PUBLIC EDUCATION ON THE INFLUENCE OF CAMPAIGN
CAMPAIGN CONTRIBUTIONS ON POLICY
FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 1,166,349 GRANTS AND ALLOCATIONS: 1,166,310
REVENUE: 1,351,328
MOMSRISING CONDUCTS PUBLIC EDUCATION AND RESEARCH ON ISSUES FACING MOTHERS FROM CHILDCARE TO
HEALTHCARE
FORM 990, PART III, LINE 4D PROGRAM SERVICE EXPENSES: 191,918 GRANTS AND ALLOCATIONS 191,918
REVENUE 191,918 WIN-WIN NETWORK BULIDS A PROGRESSIVE COALITION OF ORGANIZATIONS IN WASHINGTON BRI
ING TOGETHER LABOR, GAY RIGHTS, EDUCATION, ENVIRONMENTAL AND OTHER PROGRESSIVE INTEREST GROUPS
FORM 990, PART VI, LINE 8A - DOCUMENTATION BY GOVENING BODY CONTEMPORANEOUSLY DOCUMENTED ALL
MEETINGS HELD AND ALL ACTIONS TAKEN DURING THE YEAR
FORM 990 PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION
EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY CONTEMPORANEOUSLY
DOCUMENTED ALL THE MEETINGS IT HELD AND WRITTEN ACTIONS IT TOOK DURING THE YEAR
FORM 990, PART VI, LINE 10 - ORGANIZATIONS PROCESS USED TO REVIEW FORM 990
FORM 990, PART VI-A-10 REVIEW OF FORM 990 BY GOVERNING BODY OUR OPERATIONS & FINANCE MANAGER PREPAR
FORM 990 THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW THE FORM BEFORE WE FILE IT.
WE PROVIDE A COPY OF FORM 990 TO THE BOARD OF DIRECTORS AFTER IT IS FILED
FORM 990, PART VI, LINE 12-C MONITORING AND ENFORCING CONFILCTS OF INTEREST POLICY:
THERE IS A CONFLICTS OF INTEREST (COI) POLICY BOTH FOR BOARD MEMBERS AND FOR EMPLOYEES BOARD
MEMBERS SIGN A STATEMENT ANNUALLY THAT THEY HAVE READ, UNDERSTAND, AND COMPLY WITH THE COI

Schedule O (Form 990) 2009	Page 2
Name of the organization Western States Center	Employer identification number 93-0952137
POLICY. IF A BOARD MEMBER OR EMPLOYEE HAS REASONABLE CAUSE TO BELIEVE	THAT ANOTHER BOARD
OR EMPLOYEE FAILED TO DISCLOSE ACTUAL OR POSSIBLE COI, HE OR SHE INFORMS	
BASIS FOR SUCH BELIEFAND AFFORDSAND AFFORDS THE MEMBER OR EMPLOYEE A	N OPPORTUNITY TO EXPLAIN
THE ALLEGED FAILURE TO DISCLOSE IF FURTHER INVESTATION IS WARRANTED, TH	E BOARD OR THE
EXECUTIVE DIRECTOR TAKES APPROPRIATE ACTIONDEPENDING ON THE CIRCUMST	rances
FORM 990, PART VI, LINE 11 - ORGANIZATION REPORT AN AMOUNT FOR OTHER LIABIL	ITIES
THE REPORTED AMOUNT OF OTHER LIABILITIES CONSIST OF \$35,193 IN ACCRUED VA	ACATION, \$1,314 IN AN EMPLOYER
FLEXABLE SPENDING ACCOUNT AND 1,785 IN A ACCRUED RETIREMENT PLAN	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Employer identification number

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

(f)
Direct controlling
entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Public chanty status (if section 501(c)(3)) (e) End-of-year assets 93-0952137 501 04 0 0 (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) OR (b) Primary activity (b) Primary activity had one or more related tax-exempt organizations during the tax year) Support (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Western States Strategies 93-1316666 PO Box 40305, Portland, OR 97240 Western States Center Partl Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule R (Form 990) 2009

Page 2

93-0952137

Schedule R (Form 990) 2009 Western States Center

Part III

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

% % % % % % Ŷ (j) General or Percentage ownership Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part amount in box 20 of end-of-year assets (i) Code V—UBI Schedule K-1 (Form 1065) (g) Share of (h)
Disproportionate
allocations? 0 0 ŝ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, 0 (f) Share of total income (d)
(Direct controlling entity state or foreign country) (c) Legal domicile (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) Primary activity (d)

Direct controlling | (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2009

93-0952137

Page 3

Schedule R (Form 990) 2009 Western States Center

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule.		Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	rts II–IV?		_
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity.		1a	×
_		1b	×
		1c	×
	•	1d	×
		1e	×
	•		_
Sale of assets to other organization(s)		4	×
d Purchase of assets from other organization(s)		1g	×
h Exchange of assets		1h	×
Lease of facilities, equ		1i	×
i Lease of facilities, equipment, or other assets from other organization(s)		į,	×
k Performance of services or membership or fundraising solicitations for other organization(s)		1 k	×
		11	×
m Sharing of facilities, equipment, mailing lists, or other assets		1 <u>m</u>	×
n Sharing of paid employees.		-t	×
		!	-1
o Reimbursement paid to other organization for expenses		9	×
p Reimbursement paid by other organization for expenses		1 _p	×
q Other transfer of cash or property to other organization(s)		19	×
		11	×
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	inships and transac	tion thresh	splo
	æ	(c)	
Name of other organization	Transaction type (a–r)	Amount involved	lved
(1)			0
			c
(7)			
(3)			0
(7)			0
(c)			
(9)			
	Schadula	o R (Form 990) 2009	9000 100

Page 4

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

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. • (h) General or managing partner? Yes No 0 0 0 (g)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (f)
Disproportionate
allocations? ŝ Yes 0 0 0 0 O 0 0 0 0 (e)
Share of
end-of-year
assets (d)
Are all partners section 501(c)(3) organizations? Yes No (c)
Legal domicile
(state or foreign
country) Primary activity (a) Name, address, and EIN of entity

0

0