

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

୭ଲnq

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection , 20 10 April 1 2009, and ending For the 2009 calendar year, or tax year beginning March 31 Employer identification number C Name of organization Western States Learning Corporation Please Check if applicable Doing Business As Align 2038597 Address change label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change type See 1401 Airport Pkwy Suite 300 877) 322-5446 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Cheyenne, WY 82001-1543 G Gross receipts \$ 3825075 Amended return Name and address of principal officer Phillip Van Horn Application pending **V** No H(a) Is this a group return for affiliates? Yes Same as C above H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.TheAlignTeam.org H(c) Group exemption number L Year of formation 2003 M State of legal domicile WY Part I Summary Briefly describe the organization's mission or most significant activities. Provided management, consulting, marketing and educational services for other educational, charitable and non-profit entities that support Governance education. Reseached, compiled and deseminated information about educational opportunities and methods to finance education. Provided scholarship assistance. Provided career planning and training. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 67 5 Total number of employees (Part V, line 2a) . . . 6 0 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) RECEI 750 5427 4957103 3815135 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . Other revenue (Part VIII, column (A) (Part S, 16d) 86, 9c, 10c, and 97 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A). 9541 4513 4967394 3825075 line 12 1 15907 8502 13 Grants and similar amounts paid (Part X, column (A), lines 1-3) 14 Benefits paid to or for members (Part_IX, column A) Including 2376038 2908556 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ... 1549831 1597418 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4474294 3981958 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 493100 -156883 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 3431743 6122643 Total assets (Part X, line 16) . 771456 3619239 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 2660287 2503404 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Jul 14,2010 Sign Here Signature of officer Type or print name and title Check if Date Preparer's identifying number AU A Preparer's self-(see instructions) signature employed ▶ _ Paid T Preparer's Firm's name (or y McGee,-Hearne and Paiz, LLP - ▶ 83 : 0331229 Z Use Only if self-employed) Cheyenne, WY 82003 ▶ (Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Cat. No. 11282Y

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Western States' mission is to help others achieve success in career and organizational goals by providing access to lifelong learning, supporting higher education and assisting organizations to reach their full potential.
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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 2511922 including grants of \$) (Revenue \$ 3581544) Provided management, consulting, marketing and educational services for Wyoming Student Loan Corporation and the State of Wyoming Higher Education Commission. Serving over 26,000 student borrowers.
	······································
	······································
4b	(Code) (Expenses \$ 562108 including grants of \$) (Revenue \$ 233591) Provided training, planning and facilitation services to over 40 non-profit entities, primarily in Wyoming. education to over 1,500 students.
	••••••
	······
40	(Code) (Expenses \$ 475339 including grants of \$ 8502) (Revenue \$)
	Researched, compiled and diseminated information about educational opportunities and methods to finance education to over 1,500 students.
	•
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program-service-expenses-▶ 3549369

Fel	Checklist of nequired Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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	✓	
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.	**,		*
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			**
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax 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		1
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_✓_

Pai	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 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
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		✓_
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		✓_
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 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
2 5a	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		✓_
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		✓
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u>√</u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 57 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√
	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		1
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		-
C	Prohibited Tax Shelter Transaction?	5с		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1
	and services provided to the payor?	7b		V
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	✓	ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	\$		
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:]
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
l2a b -	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? -If "Yes," enter the amount-of-tax-exempt interest-received-or-accrued during-the-year-	12a		

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

Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body	*	2	<i>y</i>		
b	Enter the number of voting members that are independent		1	*		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	deriver, where t				
_	any other officer, director, trustee, or key employee?	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1		
6	Does the organization have members or stockholders?	6		✓		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
14	of the governing body?	7a		1		
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ø :		
U	the year by the following:	*		3 4		
-	The governing body?	8a	1			
	Each committee with authority to act on behalf of the governing body?	8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-		!	<u> </u>		
	enue Code.)					
	,	-	Yes	No		
100	Does the executation have local charters branches or efficience?	10a		1		
	Does the organization have local chapters, branches, or affiliates?			<u> </u>		
D		10b				
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	105				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11 * ***£	✓			
		12a	1	ļ		
	Does the organization have a written conflict of interest policy? If "No," go to line 13					
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1			
		120	Ť			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1		
12		13		7		
13	Does the organization have a written whistleblower policy?	14		1		
14			-	-5,-		
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?		*			
_	The organization's CEO, Executive Director, or top management official	15a	1			
	The state of the s	15b	1			
D	Other officers or key employees of the organization	10D	Ė	.5		
46-		**************************************		1.7° 1.75°		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1		
	with a taxable entity during the year?			*		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure	100	1	<u> </u>		
17						
_	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an experimentary to make its Forms 1033 (or 1034 if applicable), 200, and 200 T (5016)					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable)	J(3)S	Orliy)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
40	Own website Another's website Upon request	_£ı	~~~1			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi int	erest			
00	policy, and financial statements available to the public.	T. 41 ==	€ '-1'			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: William Benskin 1401 Airport Pkwy, Ste 300, Cheyenne, WY 82001-1543 (307) 772-		i tne			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 contain the containing		any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)		(C)				(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	র Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Anna Marie Hales Director/Chair of board	1.00	1		√				0	0	0
Phillip Van Horn Director/President	40.00	1		1				115042	0	5603
Ed Boenisch Director/Secretary/Treasurer	1.00	1		1				0	0	0
Dan Bacarri Director	1.00	1						0	0	0
James Murphy Director	1.00	1						0	0	0
Mona Pearl Director/Executive VP	40.00	1		1				130808	0	5603
William Benskin Assistant Treasurer/CFO	40.00	1		1				99106	0	9236
Kathy Cathcart Assistant Secretary/Vice President	40.00	1		1				79379	0	4513
					<u></u>					
					L					
										4.24
				-						

LG	rt VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (d	ontinue	<u>d)</u>
	(A) Name and title	(B)	Poniti	00 (C)	that an	اديات	(D) Reportable	(E) Reportable		(F)
	Name and the	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	com) fr org and	stimated nount of other pensation om the anization d related anizations
						-	-					
										-		
		****										,
_	Total						•					24955
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above) wi	no received mo	ore than \$100,0	000 in	
_		-							- L			Yes No
3	Did the organization list any former office							оуе	e, or highest c	ompensated	3	
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s							and	d other compe	nsation from	**	
	the organization and related organizations individual.										4	
5		or accrue Yes," comp	compensation from any unrelated organization for				-					
Se	ction B. Independent Contractors		-									•
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt d	contra	cto	rs that receive	d more than \$	100,000	of
	(A) Name and business add	Iress			(B) (C) Description of services Compensation							
				_								
_								-				
2	Total number of independent contractors (i					to '	those	list	ed above) who	received		

Par	: VII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	. 1a	1				
Contributions, gifts, grants and other similar amounts		Membership dues .	1t					
		Fundraising events .	10	;		****	>	
gi Tar		Related organizations	1c				*	
ä,iE		Government grants (contr	ibutions). 16					
itioi er s	_	All other contributions, gifts,						
혈粪		and similar amounts not inclu		5427				j
Contr and c	_	Noncash contributions include Total. Add lines 1a–1f		•	5427		***	
<u>•</u>				Business Code		***		
Program Service Revenue	2a	Student loan servicin	ıg fees	561499	2831544	2831544		
æ	b	Admint C - desiminatoration	/e fees	561000	750000	750000		
ទ	c	Seminar & facilitation	ı fees	611600	233591	233591		
ēZ	ď							
E	e							
gra	f	All other program servi						
Ę.	g	Total. Add lines 2a-2f		▶	3815135			
	3	Investment income (income other similar amounts)	_	•	4659			4959
	5	Income from investment of Royalties	•	ond proceeds				
	9	Royalties	(ı) Real	(ii) Personal	w 1		* .	
		O D	(i) Hour	(ii) i Groonai				
		Gross Rents				*		
		Less' rental expenses						
		Rental income or (loss) Net rental income or (lo		<u> </u>				
		•	(i) Securities	(ii) Other		15 /8 ()		24 × 1
	7a	Gross amount from sales of assets other than inventory	(1) 5555711155	() 0				3,2
		•			{ ·		* %* *	
	b	Less. cost or other basis		146				
	_	and sales expenses .		-146				
		Gain or (loss) . Net gain or (loss)	L.,,	>	-146			-146
d)	i	-		<u> </u>	*	_	× .	
Revenue	8a	Gross income from events (not including \$	·			* 4	4	*
è		of contributions reporte	d on line 1c).					
		See Part IV, line 18		a				
Other	b	Less. direct expenses		b				
0	C	Net income or (loss) from	om tunaraising	events >				<u> </u>
	9a	Gross income from gam	ning activities.			. }} *		ļ
	١.	See Part IV, line 19		a	1	*,		
		Less: direct expenses		b L				<u> </u>
	l	Net income or (loss) from		ivities ►				1
	10a	Gross sales of investment	entory, less					
	L.	returns and allowances		b	1			
		Less cost of goods so Net income or (loss) from						.l
	٣	Miscellaneous Rev		Business Code				
	11-			-				İ
	b							
	ت ا			-				
	<u>د</u>	All other revenue		-	 			
		All other revenue		L				1
		Total. Add lines 11a-1 Total-revenue. See ins		>	3825075	3815135		⁻ 4513
					,			

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_//			expenses	general expenses	expenses **
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8502	8502		
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			2 ^	* ***
5	Compensation of current officers, directors, trustees, and key employees .	426014	379152	38341	8521
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	1575991	1402632	141839	31520
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	203376	187106	14236	2034
10	Payroll taxes	170657	152171	16766	1720
11	Fees for services (non-employees):				
	Management	2458	1475	983	
	Legal	24030	21627	2403	
	Accounting	24000	2.102.1	2400	
d	Lobbying		4 * * * * * * * * * * * * * * * * * * *	< 4	· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				············
	Other				
12	Advertising and promotion	84284	83191	480	613
13	Office expenses	189613	186442	2969	202
14	Information technology	398585	391339	7015	231
15	Royalties				
16	Occupancy	267162	248537	15784	2841
17	Travel	51143	48348	2561	234
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11015	8729	2286	
19	Conferences, conventions, and meetings .	4076	2599	1477	
20	Interest	4076	2599	1477	
21	Payments to affiliates	192928	177204	13863	1861
22 23	Depreciation, depletion, and amortization	12547	10489	2041	17
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Provision for restructuring of operations	109903	· · · · · · · · · · · · · · · · · · ·	109903	
a b	Reimbursement of servicing errors	191747	191747	100000	
C	Miscellaneous expenses	57927	48079	9494	354
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	39819 <u>5</u> 8	3549369	382441	50148
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	326824	1	603660
	2	Savings and temporary cash investments	2189255	2	4659378
	3	Pledges and grants receivable, net		_ 3	
	4	Accounts receivable, net	233567	4	270580
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		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.		6	
s	7			7	
Assets	8	Notes and loans receivable, net		8	
As	9		85951	9	156277
	i	Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a 1761250	/ I I	Ť	*
	10a	other basis Complete Part VI of Schedule D	. 7		
	L	Less: accumulated depreciation	378646	10c	235248
	b	2000. documentos depresianen	070040	11	200240
	11 12	Investments—publicly traded securities		12	
	13	Investments—other securities. See Part IV, line 11		13	-
	14	Investments—program-related. See Part IV, line 11	217500		197500
	15	Intangible assets	217300	15	137 300
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3431743		6122643
			449013		495313
	17	Accounts payable and accrued expenses	773013	18	433313
	18	Grants payable		19	11510
	19	Deferred revenue		20	11310
G	20	Tax-exempt bond liabilities	220524		3112416
Ę	21	Escrow or custodial account liability. Complete Part IV of Schedule D	220324	21	3112410
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			<u> </u>
_		persons. Complete Part II of Schedule L	404040	22	
	23	Secured mortgages and notes payable to unrelated third parties	101919		
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25 26	Other liabilities. Complete Part X of Schedule D	771456	25	2040000
ces	20	Total liabilities. Add lines 17 through 25	771430	26	3619239
	27		2660287	27	2503404
3al	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets	_	29	
or Fund Balan	25	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	h. 4		
ş	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	2660287	33	2503404
Z	34	Total liabilities and net assets/fund balances	3431743		6122643

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		. 5	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	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	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in	*	*	* *
	Schedule O.	. 18	, , ,	*
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1.	
	issued on a consolidated basis, separate basis, or both	TEL,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	. 4	.1	2 1
За	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		✓
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)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 43 **Western States Learning Corporation** 2038597 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.) 1 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 \quad An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 c Type III-Functionally integrated **d** Type III-Other **b** Type II e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? |11g(i) (ii) A family member of a person described in (i) above? . . . |11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(m)| h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9) organization in col support the organization in above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes

Total

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 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box .▶ □ and stop here. The organization qualifies as a publicly supported organization 331/2 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2 % or more, check this **▶** □ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the▶ □ organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (e) 2009 Gifts. grants, contributions, membership fees received. (Do not include 750 5427 6177 any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5335435 5173439 4957103 3815135 24550222 5269110 organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 5335435 5269110 5173439 4957853 3820562 24556399 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . c Add lines 7a and 7b Public support (Subtract line 7c from 24556399 line 6) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (e) 2009 3820562 24556399 5335435 5269110 5173439 4957853 Amounts from line 6 . . . 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 4659 5191 43228 42825 9551 105454 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 105454 5191 43228 42825 9551 4659 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 5312338 5340626 5216264 4967404 3825221 24661853 and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.60 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . 15 % Public support percentage from 2008 Schedule A. Part III, line 15 99.60 16 % Section D. Computation of Investment Income Percentage 0.40 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 0.40 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹

33/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization **Western States Learning Corporation** 43 2038597 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? J Yes [Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>**...... Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Pan	10	2

Par	t III Organizations Maintaining C	collections	of Art, H	istorica	l Treasures,	or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and o	ther reco	rds, che	ck any of the t	follow	ing that are a s	ignificant use of its
а	Public exhibition		d		oan or exchan			
b	Scholarly research		е		Other			
C	Preservation for future generations							
4	Provide a description of the organization Part XIV.	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in						
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive do to be mainta	onations o lined as p	f art, his art of the	torical treasure	s, or o	other similar ction? .	Yes No
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part	XIV and corr	nplete the	followir	ng table:		T	
						_	<u> </u>	mount
	Beginning balance					1c		-
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						<u> </u>	
b	Did the organization include an amount of "Yes," explain the arrangement in Part	XIV.						✓ Yes 🗌 No
Par	rt V Endowment Funds. Comple							
	(a)	Current year	(b) Prio	or year	(c) Two years b	ack	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance				k 14 ,		: 'W 1	5.00
b	Contributions							X
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs						**	\$
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	year end bal	lance held	d as				
а		-						
b	Permanent endowment ▶ %	6						
С	Term endowment ▶ %							
3а	Are there endowment funds not in the posorganization by.	session of th	ne organız	ation tha	at are held and	admı	nistered for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations , , ,							3a(ii)
b	If "Yes" to 3a(ii), are the related organiza							3b
4	Describe in Part XIV the intended uses o							
Par	t VI Investments—Land, Buildin	gs, and Eq	uipment	t. See F	orm 990, Par	t X, I	ne 10.	
	Description of investment	(a) Cost or ot			st or other s (other)		ccumulated preciation	(d) Book value
1a	Land							
b	Buildings							
C	Leasehold improvements				94617		62449	32168
d	Equipment				1666633		1463553	203080
	Other							
Tota	II. Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part X	, column	(B), line 10(c))	· .	▶	235248

Part VII Investments—Other Securitie	s. See Form 990. Part	X. line 12.	rage C
(a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	arket value
Financial derivatives			
Closely-held equity interests			
Other			
•••••			(*
	· 		
	· 		
	"		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Relate	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	arket value
CHARLES AND MICHAEL AND			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		· »
Part IX Other Assets. See Form 990, Part IX	art Y line 15	<u> </u>	***
Calci Added: Occ 1 offi 000, 1 c	(a) Description		(b) Book value
	(4)		(-)
1.00			
Total. (Column (b) must equal Form 990, Part X, col		<u>,,,, </u>	
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount	* * *	
Federal income taxes			
	<u> </u>	· ·	
	 	_	
	 		
	 		
	 		
	 		
	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		-	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	<u>Statements</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3825075
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> 3981</u> 958
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u>-156883</u>
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 10	Total adjustments (net). Add lines 4 through 8	9 10	450000
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		-156883
		1	3825075
1	Total revenue, gains, and other support per audited financial statements		3023073
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
c d	Color (See September 2)		
e		2e	0
3	Add lines 2a through 2d Subtract line 2e from line 1	3	3825075
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.	3023013
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	-111	
C	Add lines 4a and 4b	. 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3825075
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ses per Re	turn
1	Total expenses and losses per audited financial statements	1	3981958
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], }	
С	Other losses	- 3 - 3	
d	Other (Describe in Part XIV.)		
е		2e	
3	Subtract line 2e from line 1	. 3	3981958
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 . 4a	_	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3981958
	t XIV Supplemental Information		
and	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	and 4; Part IV and 4b Also	, lines 1b complete
Pai	t IV, Line 2b Principal and interest payments collected on 1) FFELP loans under the Higher		Act of 1965;
2) \	Nyoming In-State Nursing (WYIN) education loan program; and 3) Wyoming Teacher Shorta	ge Loan Rep	lacement
(TS	LRP) education loan program received from borrowers and periodically remitted to IRC Sec	ction 150(d)	corporation
or	the Treasurer of the State of Wyoming. These two entities are the lender/holder of these loa	ıns.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

1545-0047	D U
OMB No	00

Open to Public Inspection

å (h) Purpose of grant or assistance 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 Employer identification number ✓ Yes 2038597 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantses' eligibility for the grants or assistance, and (g) Description of non-cash assistance 43 . ing serection official used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (f) Method of valuation (book, FMV, appraisal, other) . (e) Amount of non-cash (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance (p) EIN Enter total number of other organizations Western States Learning Corporation 1 (a) Name and address of organization or government Name of the organization Part II

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. The Corporation monitors its grants to insure that they are used for the intended purpose by 1) site visit process and 2) required reporting. Unused portions of any 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) grant are required to be returned upon completion of the grant project with submission of the final report from the grantee. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part V Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

09 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information. Attach to Form 990.

Inspection Employer identification number 2038597 43

Western States Learning Corporation Form 990 Part III Line 3: The Corporation discontinued its "New Futures" program in October 2009. The program had been created to motivate students and provide them with information and tools to continue their education beyond high school. The program partnered with schools, parents, influencers and other non-profit organizations to open young minds to educational opportunities. Budget constraints were considered by the Corporation in deciding to discontinue this program and concentrate upon the services it provides to Wyoming Student Loan Corporation, the State of Wyoming Higher Education Commission and various non profit organizations for consulting, training, planning & business services. Form 990 Part VI Section B Line 11: The Form 990 was presented at the July 14, 2010 Board meeting. Form 990 Part VI Section B Line 15a: The compensation committee of the Board of Directors, which is composed of the outside, independent members, reviews and approves the compensation of the President of the Corporation. The process involves the use of data from the State of Wyoming Department of Employment and Mountain States Employers Council to demonstrate comparable compensation. All proceedings are recorded in the compensation committee's minutes. This process is also followed to determine the compensation of other key officers of the Corporation. Form 990 Part VI Section C Line 19: The audited financial statements are on website, all other documents by request.