

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

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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year b	peginning OCT 1, 2	009 and e	nding S	EP 30, 2010			
<u>B</u>	Check if	Riessa C Name of organization			-	D Employer identific	ation number		
- 8	pplicable	Please use IRS							
Х	Addres change	s label or WASHINGTON EDUCATIO	N ACCESS ASSOCIAT	ION					
=	Name	type Doing Business As				91-1215	5725		
	change Initial		P.O. hov if mail is not deliv	ered to street address)	Room/suite	E Telephone number			
늗	Termin Specific 100 OURRY AVENUE NAPTH NAPTH								
⊨	lated □Amend	Instruc-		<u> </u>		G Gross receipts \$	6,547,717.		
늗	⊥retum ∏Applic	City or town, state or c	country, and ZIP + 4			<u> </u>			
<u> </u>	⊥tión pendir	SEATTLE, WA 98109	· " CUDICMINE N	COARR		H(a) Is this a group re for affiliates?	Yes X No		
	Treams and decrees of principal sinesi.								
		SAME AS C ABOVE			-	1 ''			
		improtestas == oon(o) ()_	(insert no) 49	47(a)(1) or 527_		1	list. (see instructions)		
		WWW.COLLEGESPARK.ORG	F	Other	1	H(c) Group exemption			
	K Form of organization: X Corporation Trust Association Other L Year of formation: 1982 M State of legal domicile: WA								
P	art I	Summary			20022110	#### #### ############################			
9	1	Briefly describe the organization's r	nission or most significa	ant activities: FUNDS P	ROGRAMS	THAT HELP			
Governance		OW-INCOME STUDENTS BECOME							
ern		Check this box $lacktriangle$ $lacktriangle$ if the org			ed of more				
Š		Number of voting members of the q				3	13		
ಷ	4	Number of independent voting mer	nbers of the governing t	oody (Part VI, line 1b)		4	13		
es.	5	Fotal number of employees (Part V	, line 2a)			5	0		
Σ		Total number of volunteers (estima				6			
Activities &	7a	Total gross unrelated business reve	enue from Part VIII, colu	mn (C), line 12		7a	0.		
	b	Net unrelated business taxable inc	ome from Form 990-T, in	ne <u>134</u>		7b	0.		
	İ		-	TEOLIVED	_ _	Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII,	line 1h)	1/10/ 0.0	ᄀᄵᆘ				
Revenue	9	Program service revenue (Part VIII,	line 2g)	MAY . 0 3 2011	S-0s(
}	10	nvestment income (Part VIII, colun	าก (A), lines 3, 4, and 7ู่d)]& <u> -</u>	-58,872.	1,917,355.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	CONCHENT IIT	┙╚┤├─				
	12	Fotal revenue - add lines 8 through	11 (must equal Part-VIII	-column (A). line 42)		-58,872.	1,917,355.		
	13	Grants and similar amounts paid (P	'art IX, column (A), lines	1-3)	<u> </u>	791,225.	809,691.		
		Benefits paid to or for members (Pa			_				
ΘS	15	Salaries, other compensation, emp	loyee benefits (Part IX, o	column (A), lines 5-10)					
Expenses	16a	Professional fundraising fees (Part	IX, column (A), line 11e)		·				
ă	b	Fotal fundraising expenses (Part IX	., column (D), line 25)	<u> </u>	·	1 1 -	* *		
Ш	17	Other expenses (Part IX, column (A	.), lines 11a-11d, 11f-24f)	<u> </u>	9,558.	11,056.		
	18	Fotal expenses. Add lines 13-17 (m	iust equal Part IX, colum	nn (A), line 25)		800,783.	820,747.		
		Revenue less expenses. Subtract I	ine 18 from line 12			-859,655.	1,096,608.		
Net Assets or Fund Balances					<u>B</u> e	eginning of Current Year	End of Year		
Sset	20	Fotal assets (Part X, line 16)			<u> </u>	91,900,269.	115,360,582.		
A P	21	Fotal liabilities (Part X, line 26)					985,491.		
		Net assets or fund balances. Subtr	act line 21 from line 20			91,900,269.	114,375,091.		
P	art II	Signature Block	a annual thin seture includes	a secompanyung echadulas an	d etatemente	and to the heat of my knowledge	se and belief it is true, correct		
		Under penalties of perjury, I declare that I have and complete Declaration of preparer (other)	han officer) is based on all infor	mation of which preparer has a	ny knowledge	and to the best of my knowledg	ge and belief, it is tide, correct,		
		. / YAN UN/192				14/20			
Sig	n	Signardre of officer					<u> </u>		
Hei	re					Date			
•		Type or print name and title	CUTIVE DIRECTOR						
	Date Check if Preparer's identifying number								
Paid Preparer S (see instruction							tructions)		
Pre	parer's	F .ula = == k tau	oung	17/25	/ II em	nployed ►	 		
lie Only yours if CLARK NUBER, PS									
	self-employed, 10900 NE 4TH STREET, SUITE 1700								
_		ZIP + 4 BELLEVUE, WA				Phone no. > 42			
Ma	y the II	S discuss this return with the prep	oarer shown above? (se	e instructions)		•	X Yes No		

SCANNED MAY 2 0 2011

Form 990 (2009)

Part IV | Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 if Yee, "complete Schedule A 2 is the organization engage in direct in ordirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yee," complete Schedule C, Part II 5 section 501(c)(3) organizations. Did the organization engage in libbying activities? If "Yee," complete Schedule C, Part II 5 section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization behalf of or in opposition to candidates for public office? If "Yee," complete Schedule C, Part II 5 section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization behalf of or in opposition to candidates for public office? If "Yee," complete Schedule C, Part II 5 section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization behalf of or in opposition to candidates for public organization may done advanted funds or a social and responsibly in the organization may done advanted funds or a social and responsibly in the organization may done advanted funds or accounts? If "Yee," complete Schedule D, Part II 5 bit the organization review or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yee," complete Schedule D, Part II 6 Did the organization manual mount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide schedule organization, and areas in Part X, line 10 for manual manu				Yes	No	
# "Yes," complete Schedule A Schedule B, Schedule of Contributors? 1 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part # 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. B the organization subject to the section 603(c) increalizations of the organization reporting requirement and provide 20 years (2.7 feet) # 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) increalization from the provide advised funds or any similar funds or accounts? # "Yes," complete Schedule D, Part # 6 Did the organization maintain any donor advised funds or any similar funds or accounts? # "Yes," complete Schedule D, Part # 7 Did the organization receive or hold a conservation essential, including essentials to preserve open space, the environment, historicial areas, or historic articulars? # "Yes," complete Schedule D, Part # 8 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 courseling, debt management, credit repair, or debt negotiution services? # "Yes," complete Schedule D, Part W 10 Did the organization report an amount for lind, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part W 10 Did the organization report an amount for investments, other securities in Part X, line 10? # "Yes," complete Schedule D, Part X 11 Did the organization report an amount for investments or the recurring the propriate in Part X, line 16? # "Yes," complete Schedule D, Part X 11 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? # "Yes," complete Schedule D, Part X 12 Did the organization seport an amount for other assets in Part X, line 15 that is	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
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 II 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 II 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 II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 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 courseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization did needs or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV II Is the organization report an amount for investments or other securities in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV II Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 167 If "Yes," complete Sch			1	X		
bit 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 II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization is better organization subject to the section 603(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide ored to outside part and the part of the section of the Schedule D, Part IV Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV II II II be organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV II Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X II Did the organization is lability for uncertain tax positions under If II All II Part X, II Did the organization is separate or consolidated financial statements for the tax year? If	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 503(g) notice and reporting requirement and proxy tax! If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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 courseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 8 Did the organization debt or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 is the organization and some time of the following questions "Yes"? If so, complete Schedule D, Part IV 12 Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for myestments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part X X 10 Did the organization is liability for uncertain tax positions under IF IN A87 If "Yes," complete Schedule D, Part X X 10 Did the organization is liability for uncertain tax positions under IF IN A87 If "Yes," complete Schedule D, Part X X 10 Did the organization is liability for uncertain tax positio	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		×	
Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule 0, Part II Did the organization maintain any donor advised funds or any smalar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the complete Schedule 0, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule 0, Part II B 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 negotation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV Is the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes," complete Schedule D, Part X, In 15? If "Yes,"	_					
reporting requirement and proxy tax // If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures" If "Yes, "complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 1 is the organization report an amount for interest and organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for unvestments - other securities in Part X, line 10 Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for unvestments - other assets in Part X, line 13 that is 5% or more of ris total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for unvestments or program related in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for unvestments or the tax year rise and the pa			4			
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
8	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 If the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for other assets 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 14 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 VIII 15 Did the organization report an amount for other lassets in Part X, line 15? If "Yes," complete Schedule D, Part X. 16 Did the organization report an amount for other landities in Part X, line 25? If "Yes," complete Schedule D, Part X. 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, IX, IX, IX, IX, IX, IX, IX,		Schedule D, Part III	8		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 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 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 10? If "Yes," complete Schedule D, Part VII 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 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 VIII Did the organization report an amount for other liabilities 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 VIII Did the organization is separate or consolidated financial statements for the tax year related to part X, line 16? If "Yes," complete Schedule D, Part X, IX, and XIII. Did the organization is lability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X, IX, and XIII. A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII so optional is the organization included in section 170(b)(1)(A)(B)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,00	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				
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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 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 10 10 10 10 10 10 10 10 10 10 10 10 1	12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	避遇	1. 24 E	建型	
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19					
				 	-	
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000		

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Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	l		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			۱
	column (A), line 2º 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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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	04=		х
_	Schedule K If "No", go to line 25	24a 24b		 ^ _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	<u> </u>	
С		240		ĺ
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
234	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l x
h	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 disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	l	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_		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	事;,	至	74.65±
	instructions for applicable filing thresholds, conditions, and exceptions):	靐、	鑩	融畫
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			l .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	000	}	х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity?	24	x	
25	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		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		
50	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	广		
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
		Form	aan /	2009)

Part 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			٠
	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		-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			١.
	(gambling) winnings to prize winners?	1c		
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 0	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	1		• - <u>:</u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	_	Х
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.	TT		. · 🖰
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			ł
	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		X
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).	涯	. I ⁻ .	THAE
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
-4	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ر. وحور 2 حورا	2.7	T
-	benefit contract?	7e	H] + =	노, 그, 그를 X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	- <u>76</u>	-	x
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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	-		ĵ.
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	r	-	
	at any time during the year?	8	j	ľ.
9	Sponsoring organizations maintaining donor advised funds.	, <u>-</u> }		_ ;=
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		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a	•		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		· ·	· ·
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	L

Form 990 (2009)

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

Yes	т
Enter the number of voting members that are independent Distriction that the number of voting members that are independent Distriction that the number of voting members that are independent Distriction that the number of voting members that are independent Distriction that the number of voting members that are independent Distriction that the number of voting members that are independent Distriction that the number of voting members that the number of the process of the proc	No
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? Just the organization become aware during the year of a material diversion of the organization and search as yagnificant changes to its organization all documents since the prior Form 990 was filed? Just the organization have members or stockholders? Dos the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? The governing body? The provening bo	
officer, director, trustee, or key employee? Do the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Do the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Do the the organization have members or stockholders? Do be the organization have members or stockholders? Do be the organization have members or stockholders? Do be the organization have members, stockholders, or other persons? Do the display of the governing body subject to approval by members, stockholders, or other persons? Do the display of the governing body subject to approval by members, stockholders, or other persons? Do the organization have members or stockholders, or other persons? Do the organization have members or stockholders, or other persons? Do the organization have members, stockholders, or other persons? Do the organization have members, stockholders, or other persons? Do the organization have without the organization of the governing body? In the provening body? Do the organization favore with authority to act on behalf of the governing body? Do the organization is maining address? If "Yes, provide the names and addresses in Schedule O Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Does the organization have a written policies and procedures governing the	
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? 4	- "
of officers, directors or trustees, or key employees to a management company or other person? 4	↓
the organization make any significant changes to its organization documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 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 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 7 In It Yes, does the organization have local chapters, tranches, or affiliates? 8 If "Yes," does the organization have increased and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Each Section B. Schedule O the process, if any, used by the organization or review this Form 990. 11 Has the organization have a written conflict of interest policy? If "No, go to line 13 12 Does the organization have a written conflict of interest policy? If "No, go to line 13 13 Does the organization have a written operation and destruction policy? 14 A Warring of the process of 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 Did the process for determin	1
5 Diet the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Stere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Vrss, "provide the names and addresses in Schedule O Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Describe organization have local chapters, branches, or affiliates? 10 If Yres," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Ale sties organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Ale sties organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If Yno, go to line 13 13 Describe organization have a written organization to review this Form 990. 14 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 15 Did the process for determining compensation of the following persons include a review and approval by independent perso	X
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶WA 18 Section 6104 requires an organization to make its 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 ☐ Another's website ☑ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶	 -
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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:	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
CHRISTINE MCCABE - (206)461-5374	
190 QUEEN ANNE AVE N, #260, SEATTLE, WA 98109	

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.

X Check this box if the organization did not co	ompensate an	y CL	ırren	t off	icer	, dire	ecto	r, or trustee.		44.
(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per	흉	ŀ					from the	from related organizations	other compensation
	week	a a	8			sted		organization	(W-2/1099-MISC)	from the
		stee	truste		92	Suad		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization
		la E	honal		ploye	ye a	_			and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
EDWARD N. LANGE		-	├─	Ë	_	F	F		<u>-</u>	
TRUSTEE (THRU 4/10)	2.00	x						٥.	0.	0.
DR. K.J. (GUS) KRAVAS		\vdash	 		 	t				
CHAIR	2.00	x	ı	х				0.	0.	0.
ANDREW J. GERLICHER			1			Г				
TRUSTEE (THRU 4/10)	2.00	x						0.	0.	٥.
CHRISTIE QUERNA										
SECRETARY	2.00	х	<u> </u>	х				0.	0.	0.
DR. BRIAN BENZEL										i
TRUSTEE	2.00	х						0.	0.	0.
DR. KIM BOBBY		İ								
TRUSTEE	2.00	х				L		0.	0.	0.
DENNY HURTADO						ł				
TRUSTEE	2.00	х		L	_		<u> </u>	0.	0.	0.
STEVEN C. PUMPHREY					İ					
TRUSTEE	4.00	Х	$oxed{oxed}$	_	_	_	_	0.	0.	0.
CHARLES E. RILEY		ł							,	
TREASURER	2,00	Х		Х			$oxed{oxed}$	0.	0.	0.
DR. KATHLEEN ROSS			-						_	_
TRUSTEE (THRU 4/10)	2.00	Х		<u> </u>		▙	Ь	0.	0.	0.
RICHARD A. RUTKOWSKI				1	ĺ			_		_
VICE CHAIR	4.00	X	L_	х	_	_	ļ	0.	0.	0.
DR. DEBORAH J. WILDS	i				ļ			_		_
TRUSTEE	2.00	X	┞	_	ļ		<u> </u>	0.	0.	0.
DELCINE MESA-JOHNSON										
TRUSTEE (THRU 4/10)	2.00	х	<u> </u>	-	<u> </u>	├	ļ	0.	0.	0.
CHIO FLORES .		1_								
TRUSTEE	2.00	X	╄	-		╀		0.	0.	0.
FAITH LI PETTIS		l								
TRUSTEE	2.00	X	├	-	⊢		┢	0.	0.	0.
JOHN ROSE]				0.		_
TRUSTEE	2.00	 	╀-	\vdash	⊢	┼	\vdash	ļ	0.	0.
CHRIS REYKDAL	2.00							0.	0.	0.
TRUSTEE	2.00	Х	1	<u> </u>	Щ.	ل ــــــــــــــــــــــــــــــــــــ	L	L	ı .	

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	· · · · · · · · · · · · · · · · · · ·				Reportable	Reportable		stimated			
	hours per	⊢ <u>`</u>	neck	all	tnat I	app	iy) T	compensation	compensation from related		nount of other	
	week	rector						the	organization		npensati	วก
		e or d	stee			sated		organization	(W-2/1099-MI		rom the	
	}	Fust	and tre	ļ	a) de	ombe		(W-2/1099-MISC)		, ,	ganızatıo d related	
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				anization	
		를	를	₽	\$	₹.	چَ					
CHRISTINE MCCABE									1-4			
EXECUTIVE DIRECTOR	53.00	<u> </u>	<u> </u>	X	┝	 		0.	174	,495.	7,6	06.
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		L			<u> </u>	$ldsymbol{oxed}$	<u>_</u>		177	105		
1b Total2 Total number of individuals (including but n	at limited to th		linto		hove	2) vet		0.		495.	7,6	
 Total number of individuals (including but n compensation from the organization 	ot limited to th	iose	uste	eu ai	DOV	e) wi	10 1	eceived more man \$100	,,000 in reportab	ie		0
Somponouton norman de organización						-					Yes	VO.
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	highest compensated er	nployee on	2 = 3 = 3 1 = 4 = 2	ر القراب الم المساسد الم	"是 "是
line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4 For any individual listed on line 1a, is the su									the organization			; <u>-</u> -
and related organizations greater than \$150Did any person listed on line 1a receive or a									uces rendered to	<u>4</u>	X	10. S. 10. EE
the organization? If "Yes," complete Sched	-			10111	any	, am	cia	red organization for Serv	ices rendered to	5		. ' <u>-</u> .≢≑ X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npensation	from	
the organization.							\neg	(m)		<u>.</u>		
(A) Name and business	address							(B) Description of s	services		C) ensation	
AURORA INVESTMENT MGMT LLC, 300 NORTH							\dashv					—
LASALLE, 52ND FLOOR, CHICAGO, IL 6065								INVESTMENT MANAGEM	ENT FEE		207,9	39.

Name and business address

Description of services

AURORA INVESTMENT MGMT LLC, 300 NORTH

LASALLE, 52ND FLOOR, CHICAGO, IL 60654

INVESTMENT MANAGEMENT FEE

207,939.

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

1,917,355.

Form 990 (2009)

0

1,917,355

Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2009)

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).

	All Other organizations mast comp	/A)	75)	(-),(-),	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				- <u>- </u>
	organizations in the U.S See Part IV, line 21	809,691.	809,691.		<u> </u>
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			paparing along	시 송화 원래 출
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			ingu Tq Tarin dan in	
4	Benefits paid to or for members			Σ <u>Ε</u>	report of the second
5	Compensation of current officers, directors,				
	trustees, and key employees				<u> </u>
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		इंद्रिक्ट जन्मेत्र हैं हैं .	an feet illiga	
f	Investment management fees	10,246.		10,246.	
g	Other				
12	Advertising and promotion				
13	Office expenses	810.	648.	162.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	820,747.	810,339.	10,408.	0.
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			1	

Balance Sheet Part X (A) (B) Beginning of year End of year 1 062 985. 1 Cash - non-interest-bearing 677,388 67,109. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 120 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 6,422 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 62,183 basis. Complete Part VI of Schedule D 10a 46,544 0 15,639. 10b 10c b Less: accumulated depreciation 37,813,099 46,276,468. Investments - publicly traded securities 11 53,409,661 12 67,926,015. 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 5 944. 0 15 Other assets. See Part IV, line 11 15 91,900,269 115,360,582. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 60,417. 17 17 Accounts payable and accrued expenses 18 919,024. 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 6,050 0 25 25 Other liabilities. Complete Part X of Schedule D 0 985,491, 26 Total liabilities. Add lines 17 through 25 x and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 91,900,269 114,375,091, 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 114,375,091, 91,900,269 33 33 Total net assets or fund balances 91,900,269 115,360,582. Total liabilities and net assets/fund balances

Pa	rt 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		2a		х
b		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	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	-		
	consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Inspection ___

Name of t	ne of the organization Employer identification number											
		WASHINGTON	EDUCATION ACCESS	ASSOCIAT	ION				91-	1215725		
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation I	because it is: (For lines 1	through 1	11, check o	only one b	ox)					
1 🗀			s, or association of church									
2 🗆			0(b)(1)(A)(ii). (Attach Sc									
з 🔲			tal service organization of		n section	170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(iii). Enter th	e hospital'	s nam	ıe,
· —	city, and stat			,	•							
5 🗀			benefit of a college or ur	niversity ov	vned or on	erated by	a governi	nental ur	nt describe	d ın		
•		(b)(1)(A)(iv). (Comple				•						
6 🗀				t describer	d in section	n 170(h)(1	IXAYv).					
7 =	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											
,	-	b)(1)(A)(vi). (Comple		oi ita aapp	OIL HOIH U	9010111110	ma am c		o gonorar p	45.10 4000		••
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II \							
g X	•		eives: (1) more than 33			om contri	hutione m	amhareh	nn fees and	d arnee rea	einte	from
9 1			nctions - subject to certa									
			axable income (less sect									
				וטווטווונו	X) Italii bu	SII 162262 6	acquired b	y ine org	jai lization ai	itei Julie J	0, 137	J
40		509(a)(2). (Complete		at far publi	o nafahi S	oo coatio	n 500/a\/	11				
10			perated exclusively to te perated exclusively for the						rn, out the r	virocee e	f one	or
11 🗀			itions described in secti									OI .
							.) See sec		(a)(S). One	or the box	lial	
			organization and compl							Type III - C	\	
	a L Type I		• •	Typ:			-					_
e 🗀			t the organization is not									11
_		-	han one or more publicl)9(a)(1) or S	ection 509	(a)(2).	
f	•		ten determination from t	ine IKS tha	atitisa iy	рет, туре	ii, or Type) III				
		rganization, check th	-				- 4 4 1 4 - 11					
g			rganization accepted ar								V	
			rectly controls, either al	one or tog	etner with	persons c	iescribed	in (ii) and	(III) below,	44-(1)	Yes	No
	_		upported organization?	••					•	11g(i)		
			described in (i) above?		_					11g(ii)	-	\vdash
			person described in (i)							11g(iii)	<u> </u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		<u> </u>	(iii) Type of	la		() D d	4 . 4	[(vi)	ls the			
	of supported	(ii) EIN	organization		organization sted in your			Lorganizát	tion in col. I	(vii) Am		ıf
org	anization		(described on lines 1-9		document?			(i) organi	ized in the S.?	sup	port	
			above or IRC section (see instructions))		,	Yes	No	Yes	No			
		 -	(see manuchona))	Yes	No	res	NO	res	140			
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nedule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	-		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)	Pag
(Complete only if you check	ed the box on line 5	5, 7, or 8 of Part I.)			<u> </u>	
ction A. Public Support	T			4 11 0000		(0. T-+-1
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						_
Tax revenues levied for the organ- ization'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						
Total. Add lines 1 through 3						
The portion of total contributions		「	and the second s	\$ 5.7	- 4	****
by each person (other than a						
governmental unit or publicly				a complete and the comp	a-1	
supported organization) included						
on line 1 that exceeds 2% of the		斯·巴斯斯·巴克·	i in in in in in in in in in in in in in			
amount shown on line 11,				상유교리 지원 제공 기계는 ([기계 기계를 가는 기계는 (医学节型	
column (f)				(李墨纳·哈姆)		
Public support. Subtract line 5 from line 4	医结节性性性后位 如		1 내는 그림 교생병을 다니		150 (阿瑟斯斯高斯)	
ction B. Total Support						
endar 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,					1	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business	اذ					
activities, whether or not the						
business is regularly carried on					 	
Other income Do not include gain				1		
or loss from the sale of capital		,			1	
assets (Explain in Part IV.)	루드 기상에 본 이 그 사람	46.75 757 . 16.11	55 5 5 85 5 +103 3	連手式をできませ	主ごったもかご 44 (4.7)	
Total support. Add lines 7 through 10	•		1977年李建设4	事情をおりて	 	
Gross receipts from related activitie	•	•			12	
Fire A.C	or the organization	s iirst, second, tiiii	a, louren, or men a	ax year as a section	JIT 50 T(C)(3)	
•						
organization, check this box and ste	op here	rcentage				
organization, check this box and state ction C. Computation of Pub	op here olic Support Pe		column (fl)		14	
organization, check this box and station C. Computation of Pub Public support percentage for 2009	op here olic Support Pe (line 6, column (f) d	livided by line 11, o	column (f))	-	14	
organization, check this box and stoction C. Computation of Public support percentage for 2009 Public support percentage from 200	op here olic Support Pe (line 6, column (f) d 08 Schedule A, Part	livided by line 11, o	-	- 14 is 33 1/3% or n	15	and
organization, check this box and stoction C. Computation of Public support percentage for 2009 Public support percentage from 200 a 33 1/3% support test - 2009. If the	op here blic Support Pe (line 6, column (f) d 8 Schedule A, Part organization did no	livided by line 11, o t II, line 14 of check the box or	n line 13, and line ^r	14 is 33 1/3% or n	15	and
organization, check this box and state ction C. Computation of Puk Public support percentage for 2009 Public support percentage from 200 a 33 1/3% support test - 2009. If the stop here. The organization qualifie	op here plic Support Pe (line 6, column (f) d 8 Schedule A, Part organization did no s as a publicly supp	livided by line 11, of till, line 14 of check the box or ported organization	n line 13, and line ⁻		nore, check this box	
organization, check this box and stoction C. Computation of Pulse Public support percentage for 2009 Public support percentage from 200 a 33 1/3% support test - 2009. If the stop here. The organization qualifies 3 33 1/3% support test - 2008. If the	op here blic Support Pe (line 6, column (f) d 8 Schedule A, Part organization did no s as a publicly supp organization did no	Invided by line 11, of till, line 14 of check the box or ported organization of check a box on l	n line 13, and line [.] n ne 13 or 16a, and		nore, check this box	▶l
organization, check this box and station C. Computation of Public support percentage for 2009 Public support percentage from 200 33 1/3% support test - 2009. If the stop here. The organization qualifier and stop here. The organization qualifier and stop here. The organization qualifier and stop here.	op here blic Support Pe (line 6, column (f) d 8 Schedule A, Part organization did no s as a publicly supp organization did no alifies as a publicly	Invided by line 11, of till, line 14 of check the box of ported organization of check a box on li supported organiz	n line 13, and line ⁻ n ine 13 or 16a, and ation	line 15 is 33 1/3%	nore, check this box	box
Public support percentage for 2009 Public support percentage from 2009 Public support percentage from 200 a 33 1/3% support test - 2009. If the stop here. The organization qualifie b 33 1/3% support test - 2008. If the	op here plic Support Pe (line 6, column (f) d 8 Schedule A, Part organization did no s as a publicly supp organization did no alifies as a publicly est - 2009. If the org	Invided by line 11, of the line 14 of the line 14 of the line 14 of the line 14 of the line 14 of the line 15 o	n line 13, and line ^a n ine 13 or 16a, and ation heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a	nore, check this box or more, check this and line 14 is 10% or	box More,

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 WASHINGTON EDUCATION ACCESS ASSOCIATION 91-1215725 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 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 Tilley Calley 程·可能的一种概念是 4.500 (美国产品表 连锁被毒和吃品 0. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,759,347, 1,835,645 11,829,138. 4,285,215 1,968,609 1,980,322. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,968,609 1,759,347. 1,835,645 11,829,138. 4,285,215 1,980,322 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital 61,344 61,344. assets (Explain in Part IV.) 1,968,609. 1,759,347. 1 835 645 890,482, 4 346 559. 1,980,322. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 .00 % 68.56 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 99.48 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

 \mathbf{x}

Part IV Supplemental Informand Part III, line 12. Provide		part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; formation. See instructions.
SCHEDULE A, PART III, SECTION	B, LINE 12: OTHER	: INCOME
· · · · · · · · · · · · · · · · · · ·		
	2005	
REVERSAL OF PENSION ACCRUAL:	61,344	
-		
		
	·	
		
		
<u> </u>		
		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public:

Name of the organization

Employer identification number

WASHINGTON EDUCATION ACCESS ASSOCIATION 91-1215725 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) 3 Aggregate grants from (during year) 4 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? 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? Part II 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 Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d 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 3 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? 6 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 > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Part III 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 b 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 2 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

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical T	reasures, or	Other	Similar	Asse	ts (cont	nued)	
3	Using the organization's acquisition, accessi										s
	(check all that apply):										
а	Public exhibition	d	ı 🗀 !	_oan or exc	change program	s					
b	Scholarly research	е	. 🔲 (Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	the organization	's exemp	t purpose	ın Par	t XIV.		
5	During the year, did the organization solicit o										
J	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran					to Form 9	90, Part I	V, line	9, or		
	reported an amount on Form 990, Par						·	·	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other asse	ts not inc	cluded		_		
	on Form 990, Part X?	_							Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing 1	able.							
		·	_						Amoun	:	
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e		•		
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?	•					Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pai			swered	"Yes" to Fo	orm 990, Part IV	, line 10.					
<u> </u>	•	(a) Current year		rior year	(c) Two years t		Three year	s back	(e) Four	years t	back
1a	Beginning of year balance	(=/ === / ===		, , , , , , , , , , , , , , , , , , , ,	1.5- 25-12-1	1.7-		٢,	;-,-		55. + [34.45]
b	Contributions				# 55 LHL 1,\$€;	, , 1	<u> </u>		a ar. 🖓		
	Net investment earnings, gains, and losses					ish a mag-	* 1-\$1-\$1-\$-4-\$	ا دارات وها	17 25 4 1		<u> </u>
c C	Grants or scholarships				그리 그를	- ALF		1.E	1 1-1 1	, y [;	F1
d	Other expenditures for facilities				。 元 : : : : : : : : : : : : : : : : : : :	= = = = = = = = = = = = = = = = = = = =	· 14	5	1 Jv., 15		- AF
е	` i				[파일캠핑]	· - ?		4.5	10.1		
	and programs				F= - 51-			·	71 - 1A	<u></u>	
T -	Administrative expenses						to the second	. AFL:		Tu 14.	
g	End of year balance	r and balance hold i	L		1 4 116 1	' · -					
	2 Provide the estimated percentage of the year end balance held as.										
a	Board designated or quasi-endowment	%	_%								
þ	Permanent endowment	[%]									
c			-4 46-	t are beld .	and administra	d for the	organizati	00			
за	Are there endowment funds not in the posse	ession of the organiz	auon ma	at are neid	and administere	u ioi trie	organizati	OII	1	Vac	No.
	by:								20/3	Yes	No
	(i) unrelated organizations								3a(i)	\dashv	
	(ii) related organizations		n Cabaa	tulo D2					3a(ii) 3b	\dashv	
_	If "Yes" to 3a(ii), are the related organizations					•		-	30		
Box	Describe in Part XIV the intended uses of the				D Part Y June 10					-	
Fai								Т-	(d) Doo	المديدة ا	
	Description of investment	(a) Cost or of basis (investr			t or other (other)		ımulated cıatıon	- 1	(d) Boo	k value	,
		Dasis (IIIVESU	.10,119	מוכשע	, (50,101)	Gopie	JIGNOT	+	-		-
	Land .			-							
b	Buildings .				8,382.		6,20	, 			182.
С	Leasehold improvements				53,801.			 -		<u>_</u>	
d	Equipment	<u> </u>			33,801.		40,34	" 		13,	457.
	Other		V	(O) to	10(-))			+		1 5	630
Tota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	X, colur	nn (B), line	1U(C).)			<u> </u>			639.
	•						Sch	redule	D (Forn	1 990)	2009

Part VII Investments - Other Securities. See	Form 990, Part X, line 12		(c) Method of volum	ation:
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value t or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
ABSOLUTE RETURN	24,884,250.	END-OF-YEAR N		
PRIVATE EQUITY	2,576,973.			
LARGE CAP DOMESTIC EQUITY	17,441,039.			
SMALL CAP DOMESTIC EQUITY	6,825,939.			
INTERNATIONAL EQUITY	7,528,260.			
REAL ESTATE	8,669,554.	END-OF-YEAR N	MARKET VALUE	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	67,926,015.		ı . · .	· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of value t or end-of-year ma	
			<u> </u>	
-	······································	,		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		PERMIT		· 机双基件 特勒達
Part IX Other Assets. See Form 990, Part X, line				T AND almost a
(a) t	Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
		· ·	-	-
		<u> </u>		
				
				
	·			
		<u></u>		
			_ .	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		>	
Part X Other Liabilities. See Form 990, Part X, I	ine 25			
1. (a) Description of liability		(b) Amount		-
Federal income taxes			-	
CAPITAL LEASE PAYABLE		6,050.		
				• -
	I			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	6,050.		

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. 932053 02-01-10

	dule D	(Form 990) 2009 WASHINGTON EDUCATION ACCESS ASSOCIATION					1215725	Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	o Audi	ted Fina	ncial S	stateme	nts	
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1	_		
2	Total e	expenses (Form 990, Part IX, column (A), line 25)			2			
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net ur	nrealized gains (losses) on investments		•	4			
5	Donat	ed services and use of facilities			5			
6	Invest	ment expenses			6	_	·	-
7	Prior p	period adjustments .			7			
8	Other	(Describe in Part XIV.)		-	8			
9		adjustments (net). Add lines 4 through 8			9			
10	Exces	s or (deficit) for the year per audited financial statements. Combine lines 3 at	nd 9	Cale Danie	10			
Par		Reconciliation of Revenue per Audited Financial Statement	ents w	ith Rev	enue p		ırn	
1	Total	evenue, gains, and other support per audited financial statements				1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:	1	1		\$**	- 1	
а	Net u	nrealized gains on investments	2a				.	
b	Donat	ed services and use of facilities .	_2b			± -		
С	Recov	reries of prior year grants	2c				-	
d	Other	(Describe in Part XIV.)	_2d				-	
е		nes 2a through 2d						
3	Subtra	act line 2e from line 1				3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.	1	1		1		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	ļ			fræ	
b	Other	(Describe in Part XIV.)	4b	<u> </u>	 	11.19	f-	
C		nes 4a and 4b				40		
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	oonte l	Mith Evr	oncoc	5	turn	
		Reconciliation of Expenses per Audited Financial Statem	ients v	MILLI EXP	enses		lurii	
1		expenses and losses per audited financial statements				1		
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ء ا	ı		[당독함] 교육의	-	
a		ed services and use of facilities	2a	-		====== ===============================	'	
b	-	vear adjustments	2b					
C		losses	2c	}			-, I	
ď		(Describe in Part XIV.)	2d	<u> </u>			-	
		nes 2a through 2d				2e		
3		act line 2e from line 1				- 3 		
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 40	1		÷ 17	ai l	
_		tment expenses not included on Form 990, Part VIII, line 7b	4a	 			-T)	
b		(Describe in Part XIV.)	_4b	1			ž.	
_		nes 4a and 4b				5		
5 Par	+ YIV	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information	-			1 3		
Com	plete th	nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com						
								•
			·		<u>.</u>			
						<u>-</u>		

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

WASHINGTON EDUCATION AC				91-1215725	
		ctivities Out	side the United States. Comp	ete if the organization answered '	'Yes"
to Form 990, Par					·=
			ds to substantiate the amount of the g selection criteria used to award the gra		Yes No
2 For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United St	ates.
3 Activities per Region. (U	se Schedule F-1	(Form 990) if ad	ditional space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT	N/A	0.
					<u> </u>
10 Mar - 10 Mar - 10					
			, ,	-	
T-4-1-	1	۱ ،		•	1

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

Schedule F (Form 990) 2009

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 91-1215725 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 WASHINGTON EDUCATION ACCESS ASSOCIATION Schedule F (Form 990) 2009 Part II

Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-								
-								
	-							
	- पूर्व े							
	Burn's							
					٠			
2 Enter total number of the IRS or for which t	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	, recognized as tax-e	xempt by		

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

WASHINGTON EDUCATION ACCESS ASSOCIATION

Schedule F (Form 990) 2009

Part III ' Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Page 3

91-1215725

Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2009	Sched						
		: <u></u> .					
(h) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(f) Amount of non-cash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	(a) Type of grant or assistance

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection OMB No 1545-0047

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

Schedule I (Form 990) 2009				for Form 990.	, see the Instructions	ction Act Notice,	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
0						S	3 Enter total number of other organizations
ACHIEVING THE DREAM	N/A	0.N/A	. >	72,190.	GOVERNMENT	91-6073780	TACOMA, WA 98466
							6501 SOUTH 19TH STREET
							TACOMA COMMUNITY COLLEGE
ACHIEVING THE DREAM	N/A	0.N/A	0.	78,385.	GOVERNMENT	91-0826741	MOSES LAKE, WA 98837
							7662 CHANUTE STREET NORTHEAST
							BIG BEND COMMINITY COLLEGE
ACHIEVING THE DREAM	N/A	0.N/A	0.	41,931.	GOVERNMENT	74-6000203	AUSTIN, TX 78712
							UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION
ACHIEVING THE DREAM	N/A	N/A	0	102,500.	GOVERNMENT	91-0826872	1701 BROADWAY SEATTLE, WA 98122
						_	SEATTLE CENTRAL COMMUNITY COLLEGE
ACHIEVING THE DREAM	N/A	N/A	0.	197,850.	GOVERNMENT	91-0752489	DES MOINES, WA 98198
							2400 S. 240 ST.
							HIGHLINE COMMUNITY COLLEGE
ACHIEVING THE DREAM	N/A	0.N/A	0.	138,239.	501(C)(3)	06-1164568	BOSTON, MA 02110
							88 BROAD ST., 8TH FLOOR
							JOBS FOR THE FUTURE
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(I) ivietifod of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section If applicable	(p) EIN	1 (a) Name and address of organization or government
al space is needed	(Form 990) if addition	art IV and Schedule I-	an \$5,000. Use Pa	it received more th	s box if no one recipier	55,000. Check this	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed
IV, line 21, for any	'es" to Form 990, Part	anization answered "\	omplete if the orga	United States, C	d Organizations in the	Governments and	ᆵ
			States.	funds in the United	toring the use of grant	stance r ocedures for moni	 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
lion *	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	y for the grants or ass	grantees' eligibilit	or assistance, the		to substantiate the	Does the organization maintain records to substantiate the amount of
						nd Assistance	Part I General Information on Grants and Assistance
91-1215725					S ASSOCIATION	CATION ACCESS	WASHINGTON EDUCATION ACCESS
Employer identification number							Name of the organization

Page 2

91-1215725

WASHINGTON EDUCATION ACCESS ASSOCIATION

Schedule I (Form 990) 2009

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

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

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number 91-1215725

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) WASHINGTON EDUCATION ACCESS ASSOCIATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (government range (book, FMV, assistance appraisal, other)	(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
YAKIMA VALLEY COMMUNITY COLLEGE PO BOX 22520 YAKIMA, WA 98907	91-0671107	GOVERNMENT	78,596.	0.	0.N/A	N/A	ACHIEVING THE DREAM
RENTON TECHNICAL COLLEGE 3000 NE FOURTH STREET RENTON, WA 98056	91-1522175	GOVERNMENT	100,000.	0.0	0.N/A	N/A	ACHIEVING THE DREAM
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	uction Act Notice	, see the Instructions	uctions for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

See separate instructions. Attach to Form 990.

Employer identification number

	WASHINGTON EDUCATION ACCESS ASSOCIATION	91-1215725		
Pa	nrt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	990,		4"
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	nal use	標	译
	First-class or charter travel Housing allowance or residence for perso	nal use] -	華
	Travel for companions Payments for business use of personal re	sidence	. 7	. T. E.
	Tax indemnification and gross-up payments Health or social club dues or initiation fee	· ·		- 15d
	Discretionary spending account Personal services (e.g., maid, chauffeur, c	'		14.7 L
	blooks, and y sponding associate	اء ء ا	1.5	Tright
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	`., ' 	- 15	5.7
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	17 1 - m i	7
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	├		
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tidstees, and the OLO/Executive Director, regarding the items checked in line 72:	<u></u> 2-1-		83
2	Indicate which if any of the following the experiention upon to establish the compensation of the organization's	Marie .	1,5	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	· [編]	· [1]	
	CEO/Executive Director. Check all that apply X Compensation committee X Written employment contract	ر مند.	4,75	Har.
	The compensation committee	10.75 J	#35	1 설립 기구
				無達
	Form 990 of other organizations Approval by the board or compensation of	Onimitee	12	
				基準
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling	[2-호]		3,850 Execution
	organization or a related organization:		,7 2 3,,	X
	Receive a severance payment or change-of-control payment?	4a_	 	x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	├	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_	4 25 6	A 1° ***
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		TE.	
		2 3 July 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n E	42	
	contingent on the revenues of:	<u></u>	. 连季 [~]	- E
	The organization?	5a		X
b	Any related organization?	_5b_	-	X
	If "Yes" to line 5a or 5b, describe in Part III.		3a	7 建
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n	-	
	contingent on the net earnings of:	- 7 -	العندا	
а	The organization?	6a		X
b	Any related organization?	6b_	 	X
	If "Yes" to line 6a or 6b, describe in Part III.		7 -	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	s	1	
	not described in lines 5 and 6? If "Yes," describe in Part III	7	1	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	he		
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	İ		

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

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(a)	(E)	(F)	
(A) Name		(i) Base	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior	
			compensation	compensation	compensation			Form 990-EZ	
	Ξ	0	0	0	0	0.	0	0	
CHRISTINE MCCABE	Ξ	174,495.	0	0.	0.	7,606.	182,101.	0.	
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							Schedul	Schedule J (Form 990) 2009	

Schedule J (Form 990) 2009 WASHINGTON EDUCATION ACCESS ASSOCIATION	91-1215725	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	art for any additional information.	
SCHEDULE J, PART I, LINE 3: THE TOP MANAGEMENT OFFICIAL IS		
UNCOMPENSATED BY THE REPORTING ORGANIZATION. THE REPORTING ORGANIZATION		
RELIES ON COLLEGE SPARK WASHINGTON, A RELATED ORGANIZATION, TO ESTABLISH		
COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL. AS OF SEPTEMBER 10, 2010,		
THE TWO ORGANIZATIONS HAVE MERGED, THE SURVIVING ENTITY, WASHINGTON		
EDUCATIONAL ACCESS ASSOCIATION, WILL ESTABLISH AND PAY ALL COMPENSATION		
GOING FORWARD.		
		:
		:
	Schedule J (Form 990) 2009	90) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009
Open to Public --Inspection

Employer identification number Name of the organization WASHINGTON EDUCATION ACCESS ASSOCIATION 91-1215725 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPORT ACCESS TO POSTSECONDARY EDUCATION. FORM 990, PART VI, SECTION A, LINE 2: TRUSTEE BENZEL AND TRUSTEE RUTKOWSKI BOTH SERVE ON THE BOARD OF ANOTHER CORPORATION FORM 990, PART VI, SECTION A, LINE 4: IN JULY 2010, THE ORGANIZATION'S GOVERNING BOARD, BY UNANIMOUS DECISION PASSED A RESOLUTION TO MERGE COLLEGE SPARK WASHINGTON INTO WASHINGTON EDUCATION ACCESS ASSOCIATION AND THE SURVIVING ENTITY HAS ADOPTED THE "COLLEGE SPARK WASHINGTON" NAME. AS A RESULT OF THIS MERGER WITH ITS SOLE VOTING MEMBER, WASHINGTON EDUCATION ACCESS ASSOCIATION BECAME A NON-MEMBER ORGANIZATION. THIS WAS EFFECTIVE ON SEPTEMBER 10, 2010, AFTER THE FILING OF MERGER WITH THE WASHINGTON STATE SECRETARY OF STATE AND CONSENT OF THE OFFICE OF THE ATTORNEY GENERAL. ARTICLES OF INCORPORATION AND BYLAWS FOR WASHINGTON EDUCATION ACCESS ASSOCIATION HAVE BEEN AMENDED DURING THE YEAR TO REFLECT THE MERGER ADDITIONALLY, AS OF OCTOBER 1, 2010, THE SURVIVING ENTITY HAS CHANGED ITS STATUS FROM A PUBLIC CHARITY TO A PRIVATE FOUNDATION, FORM 990 PART VI SECTION B. LINE 11: THE FORM 990 IS MADE AVAILABLE TO THE BOARD FOR REVIEW PRIOR TO FILING. AND THE AUDIT COMMITTEE MEETS WITH THE COMPANY'S EXTERNAL TAX PREPARER PRIOR TO FILING, FORM 990, PART VI, SECTION B, LINE 12C: ALL TRUSTEES, OFFICERS AND EMPLOYEES COMPLETE AN ANNUAL STATEMENT OF POTENTIAL CONFLICTS OF INTEREST. A SUMMARY OF ALL DISCLOSURES IS REVIEWED BY THE BOARD AT ITS ANNUAL

SCHEDULE 0

(Form 990)

OMB No 1545-0047 Open to Public

Department of the Treasury

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

Supplemental Information to Form 990

Internal Revenue Service	Attach to Form 990.		inspection
Name of the organization	washington education access association	Employer 91-121	ridentification number .5725
MEETING, WHOSE DIS	SINTERESTED MEMBERS DETERMINE IF A DISCLOSED SITUATION		
PRESENTS AN ACTUAL	CONFLICT UNDER THE POLICY. PERSONS WITH AN ACTUAL		
CONFLICT ARE THEN	RECUSED DURING DISCUSSION AND ABSTAIN FROM VOTING.		
INTERIM DISCLOSURE	UPDATES ARE PROVIDED DURING THE YEAR TO THE EXECUTIVE	<u>. </u>	
DIRECTOR OR BOARD	AS NECESSARY.		
FORM 990, PART VI,	, SECTION B, LINE		
15: THE ORGANIZAT	TION'S EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION		
IS EVALUATED BY TH	HE ORGANIZATION'S FORMER SOLE VOTING MEMBER, COLLEGE SPARK		
WASHINGTON, AS OF	SEPTEMBER 10, 2010, COLLEGE SPARK MERGED WITH WASHINGTON		
EDUCATION ACCESS A	ASSOCIATION. GOING FORWARD, THE COMPENSATION FOR THE		
EXECUTIVE DIRECTOR	R WILL BE EVALUATED BY THE SINGLE ENTITY.		
FORM 990 PART VI	, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT		
	Y AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE		
PUBLIC UPON REQUES	ST.		
FORM 990, PART I,	LINE 6		
THERE ARE 17 VOLUM	NTEERS WHO SERVED AS BOARD MEMBERS DURING THE YEAR.		
,			

SCHEDULE R (Form 990) Propertient of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships anization answered "Yes" to Form 990, Part IV, line 33, 3 tach to Form 990.	13, 34, 35, 36, or 37 ons.		OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization washington education access association	ACCESS ASSOCIATION			Ē	Employer identification number 91-1215725
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes" t	o Form 990, Part IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				, -	
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization ar	nswered "Yes" to Form 990, Pa	rt IV, line 34 becaus	e it had one or more	related tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COLLEGE SPARK WASHINGTON - 91-1343981 190 QUEEN ANNE AVE N, SUITE 260 SEATTLE, WA 98109	FUNDS EDUCATIONAL PROGRAMS IN WA STATE.	WASHINGTON	501(C)(3)	118	N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 99	90.			Schedule R (Form 990) 2009

91-1215725

Schedule R (Form 990) 2009 WASHINGTON EDUCATION ACCESS ASSOCIATION

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.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	1	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No
p _{art IV} Identification of Related Or	Identification of Related Organizations Taxable as a Corporation		or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	he organizatio	n answered "Ye	s" to Form 990, I	Part IV, line 3	4 because it	had one or more	related
	orporation or trust during the tay		(b) Primary activity	(C) Legal domicile (State or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
		<u> </u>								
							···			
		1 1								
932162 07-21-10								Sc	Schedule R (Form 990) 2009	990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	2
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?			
a Receipt of (i) interest (ii) annutues (iii) royalties or (iv) rent from a controlled entity	•	1a	×
b Gift, grant, or capital contribution to other organization(s)		1 p	×
e. Gift crant. or capital contribution from other organization(s)		1	×
		77	×
			,
e Loans or loan guarantees by other organization(s)		19	<
f Sale of assets to other organization(s)		=	×
g Purchase of assets from other organization(s)		1g	×
		4	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
j Lease of facilities, equipment, or other assets from other organization(s)		1,	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		+	×
m Sharing of facilities, equipment, mailing lists, or other assets		\dashv	
n Sharing of paid employees		Tn ×	
 Reimbursement paid to other organization for expenses 		10	×
p Reimbursement paid by other organization for expenses		1 0	×
			,
 Qther transfer of cash or property to other organization(s) 		+	4
r Other transfer of cash or property from other organization(s)		4. ×	
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.	saction thresholds.		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	ي ا
(1) COLLEGE SPARK WASHINGTON	R	14,768,	,607.
(3)			
(4)		,	1
(9)			
932163 02-04-10	Sched	Schedule R (Form 990) 2009	2009

91-1215725

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

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

(h) General or managing partner? Yes No				
(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
Disproportionate tionate allocations?				
(e) Share of end-of- year assets				
(d) Are all partners section 50 (c)(3) organizations? Yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				