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Department of the Treasury Internal Revenue-Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and e	nding			
B Ci	neck if	C Name of organization		D Employer	identificat	ion number
	Address change	Washington Apple Education Foundation				
	Name change	Doing Business As		<u> </u>	<u>91-163</u>	<u> 38890                                    </u>
<u>_</u>	initial return		loom/suite	E Telephone		
	Termin- ated	2900 Euclid Avenue			<u>(509)</u>	563-7713
	Amende	City or town, state or country, and 21P + 4		G Gross receipt	s \$	1,205,788.
	Applica	wenatchee, wa 98801		H(a) Is this a	group retu	
	pending	F Name and address of principal officer Jennifer Witherbee		for affilia	tes?	Yes X No
		same as C above		H(b) Are all aff	iliates includ	ed? Yes No
1 T	ах-өхө	mpt status X 501(c)(3) 501(c) ( )	527	If "No," a	attach a list	t (see instructions)
J۷	/ebsite	www.waef.org		H(c) Group e		
		organization: X Corporation Trust Association Other	L Year	of formation: 1	994 ms	tate of legal domicile: WA
Pa		Summary	<u> </u>	3-	-1 o E	
9		Briefly describe the organization's mission or most significant activities: The W				
Activities & Governance	-	Foundation fosters educational opportunit				
err		Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of i	1 1	
Š		Number of voting members of the governing body (Part VI, line 1a)			3	23
8		Number of independent voting members of the governing body (Part VI, line 1b)			4	23
nes		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	<u>4</u> 75
Ž		Total number of volunteers (estimate if necessary)			6	
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			7a	<3,376.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		7b	<671.
			-	Prior Year	<del> </del> -	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		600,		753,146.
Revenue		Program service revenue (Part VIII, line 2g)	-		0.	0.
Re√		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ <u>.</u>	222,		219,658.
_	11 (	Other revenue (Part VIII, column (A) Tines 5 6d 86 9c, 10c, and 11e)		<u>174,</u>		169,731.
		Total revenue - add lines 8 through-14 (must equal Part VIII) Column (A), line 12)		997,		1,142,535.
		Grants and similar amounts baid (Part IX, column (A), lines (3)		493,		615,461.
		Benefits paid to or for members (Partlix), Column (A), Uline 4)		4.00	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	132,		135,484.
eus		Professional fundraising fees (Part IX) column (A): line (17)			0.	0.
Expenses		Total fundraising expenses (Part-IX-column (D); Inie 25) 67,55	<u> </u>			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			293.	84,900.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	709,		835,845.
	19	Revenue less expenses Subtract line 18 from line 12		288,	142.	306,690.
ğ			Be	ginning of Curre		End of Year
Fund Balances	20	Total assets (Part X, line 16)		4,129,		4,543,699.
9	21	Fotal liabilities (Part X, line 26)	<u> </u>	253,	,	234,242.
		Net assets or fund balances. Subtract line 21 from line 20		<u>3,876,</u>	804.	4,309,457.
	<u>irt II</u>	Signature Block				
		ties of per <sub>l</sub> ury, I declare that I have examined this return, including accompanying schedules				nowledge and belief, it is
true,	correc	t, and complete, Declaration of gregarer (other than officer) is based on all information of whi	ich preparei	r has any knowle	dge.	
				<u>نځا</u>	10.11	
Sigi	י	Signature of officer		Date		
Her	e	Jennifer Witherbee, Executive Director Type or print name and title	<b>:</b>			
				Date/	Check	] PTIN
		Print/Type preparer's name Preparer's sunature		4/2-1	u	)  ' ''''
aid	ì	Philip R. Blakney Jr., Chaf Johns		1/2/11	self-employed	<del></del>
•	arer	Firm's name Cordell, Neher & Company, P.L.L.	<u> </u>	Firm's	EIN 🛌	
Jse	Опіу	Firm's address P.O. Box 3068				00) 663 4664
		Wenatchee, WA 98807-3068		Phon	e no. (5	09) 663-1661
	_	S discuss this return with the preparer shown above? (see instructions)		<del></del>		X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.			Form <b>990</b> (2010)

orm	990 (2010) Washington Apple Education Foundation 91-1638	<u> 890</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
1	The Washington Apple Education Foundation fosters educational		
	opportunities, encourages academic excellence and promotes awar	enes	<u> </u>
	of the values of Washington's tree fruit industry.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	10 245		)
10	Farmworker Education - Scholarships for farmworkers	<u> </u>	
	I ALIMHOLINEL EAGCACION DONOLALDILIDE LOT LATIMACTICES		
			<del></del>
4b	(Code: ) (Expenses \$ 458,375. including grants of \$ 381,776.) (Revenue \$		
+0	Fruit industry scholarships		
	riuit industry scholarships		<del></del>
			<del></del>
			<del></del>
		·	<del></del>
4c	(Code: ) (Expenses \$ 203,795. including grants of \$ 193,708.) (Revenue \$		<u> </u>
	Fruit Industry Education	···	
		<del></del>	
	<del></del>		
	Other program services (Describe in Schedule O.)		
4d			
10	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 711,517.		
40	Total program service expenses ► 711,517.	Form Of	<b>90</b> (2010)
		1 01111 34	- <del>- (</del> -010)

	CTO CHOCKIST OF HOGGINGS CONGULATOR	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		, 53	140
	'if "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u>x</u> _
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
	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	<u> </u>		<del>  **</del>
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del></del>	<u> </u>
đ	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	11d		x_
e	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del>                                     </del>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a	<del> </del>	X_
þ				
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		x
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13	1	<del>  **</del>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- <u></u> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	1
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	(2015)
		Form	220	(2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	'United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	i		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			Ì
	any tax-exempt bonds?	24c	L	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	i		i
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		İ	
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ļ	
	If "Yes," complete Schedule N, Part I	31	ļ <u>.</u>	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	ĺ		ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	}	}	l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	ĺ	[	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		}	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	]		]
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u></u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Par	990 (2010) Washington Apple Education Foundation  V Statements Regarding Other IRS Filings and Tax Compliance	91-1638	070	P:	age 5
rai	Check if Schedule O contains a response to any question in this Part V				
	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b 2			l
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
_	(gambling) winnings to prize winners?		1c	X	
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 4			1
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	X	1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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		4a		X
b	If "Yes," enter the name of the foreign country:	,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	ions or gifts			
	were not tax deductible?	-	6b		l
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a	Х	}
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	·	7c		X
đ	if "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	,	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Ì		
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_ · · · <del> · · </del>	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

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

Section A. Governing Body and Management  1s. Enter the number of voting members of the governing body at the end of the tax year  1s. Enter the number of voting members included in line 1s, above, who are independent  2d. 1s. 23  1b. Enter the number of voting members included in line 1s, above, who are independent  2d. 1s. 23  2d. 1b. 23  2d. 1b. 23  2d. 1b. 23  2d. 1b. 23  2d. 2d. 2d. 2d. 2d. 2d. 2d. 2d. 2d. 2d.		Check if Schedule O contains a response to any question in this Part VI			X
be Enter the number of voting members of the governing body at the and of the tax year  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, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  Did the organization nakes any segnificant changes to its governing documents since the prior Form 990 was filed?  Did the organization nakes any segnificant changes to its governing documents since the prior Form 990 was filed?  Does the organization nakes members or stockholders?  Does the organization have members or stockholders, or other persons who may elect one or more members of the operation by his oflowing of the organization have members, stockholders, or other persons who may elect one or more members of the operation by the following  The governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  The power of the governing body subject to approval by members, stockholders, or other persons?  The power of the governing body subject to approval by members, stockholders, or other persons?  The power of the governing body subject to approval by members, stockholders, or other persons?  The power of the governing body?  The power of the governing body subject to approval by members, stockholders, or other persons who may elect one or more members of the power by the following  The governing body?  The governing body?  The governing body?  The governing body?  The governing body?  The governing body?  Base there any officer, director, trustee, or key amployees the following body?  The governing body?  The	Sec				
b Enter the number of voling members included in line 1a, above, who are independent    2				Yes	No
2 Did any officer, director, frustee, or key employee have a famely relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Did the organization of degree or trustees, or key employees to a management company or other person?  4 A X  5 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed?  4 A X  5 Did the organization become aware during the year of a significant diversion of the organization is assets?  5 Did the organization have members or stockholders?  6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons?  7 Did by any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  9 The governing body?  9 Is there any officer, director, trustee, or key employee is tend in Part VII. Section A, who cannot be reached at the organization in saling additises? If Yes, "provide he manes and addresses an Schedule O  8 Section B, Policies (This Section B and addresses and Schedule O  10a Does the organization have identification are consistent with those of the organization?  11b A did not proposation have a written conflict of interest policy? If 'No.' go to line 13  12a Did the organization have a written conflict of interest policy? If 'No.' go to line 13  12b A did notes, director or trustees, and key employee sequent of to disclose annually interests that could give rise to conflict?  10b Describe organization have a written whatleblower policy?  10c Does the organization have a written whatleblower policy?  10c Does the organization have a written whatleblower policy?  10c Does the or	1a	Enter the number of voting members of the governing body at the end of the tax year 23			
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12a  Noes the organization have a written conflict of interest policy? If *No,* go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this is done  12b  X  13  Does the organization have a written whistleblower policy? 14  Does the organization have a written document retention and destruction policy? 15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16  The organization's CEO, Executive Director, or top management official 16  Other officers or key employees of the organization 17  If *Yes** to line 15a or 15b, describe the process in Schedule O. (See instructions) 18  If *Yes** to line 15a or 15b, describe the process in Schedule O. (See instructions) 19  If *Yes** to line 15a or 15b, describe the process in Schedule O. (See instructions) 19  If *Yes** to line 15a or 15b, describe the process in Schedule O. (See instructions) 19  If *Yes** to line 15a or 15b, describe the process in Schedule of the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in the status with respect to such arrangements?  18  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990	_		114		
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to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12					
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  12c X  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  f "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  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  X 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: ▶  Washington Apple Education Foundation - (509) 663-7713	_		12b	х	]
In Schedule O how this is done    12c	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
14			12c	X	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dither officers or key employees of the organization  The organization in 15a or 15b, describe the process in Schedule O. (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  List the states with which a copy of this Form 990 is required to be filed ▶WA  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  Washington Apple Education Foundation - (509) 663-7713	13	Does the organization have a written whistleblower policy?	13	X	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  15 List the states with which a copy of this Form 990 is required to be filed MA  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  X Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Mashington Apple Education Foundation - (509) 663-7713	14	Does the organization have a written document retention and destruction policy?	14	X	
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  X 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: ▶ Washington Apple Education Foundation - (509) 663-7713	15	Did the process for determining compensation of the following persons include a review and approval by independent			
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  X 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: ▶  Washington Apple Education Foundation - (509) 663-7713		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X  16a X	а	The organization's CEO, Executive Director, or top management official	15a	X	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  ▼ Wa 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: ▶ Washington Apple Education Foundation - (509) 663-7713	b	Other officers or key employees of the organization	15b		X
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  X 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: Washington Apple Education Foundation - (509) 663-7713		If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16b  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  X 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: Washington Apple Education Foundation - (509) 663-7713	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
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  X 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: ▶  Washington Apple Education Foundation - (509) 663-7713		taxable entity during the year?	16a		X
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  X 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: Washington Apple Education Foundation - (509) 663-7713	b				
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  X 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: ►  Washington Apple Education Foundation - (509) 663-7713					
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►WA</li> <li>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 X Own website Another's website Upon request</li> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li> <li>Washington Apple Education Foundation - (509) 663-7713</li> </ul>			16b	<u> </u>	
<ul> <li>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</li></ul>	Sec				
public inspection. Indicate how you make these available Check all that apply  X Own website					
<ul> <li>X Own website</li></ul>	18		tor		
<ul> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li> <li>Washington Apple Education Foundation - (509) 663-7713</li> </ul>					
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:  Washington Apple Education Foundation - (509) 663-7713	40	· ·	6" -		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Washington Apple Education Foundation - (509) 663-7713	19		io tina	nciai	
Washington Apple Education Foundation - (509) 663-7713	200	·			
	<b>2</b> U		ion. 🏴		

Form	990	(2010)	

#### Washington Apple Education Foundation

91-1638890

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- 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, if any 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

(A)	(B)	İ		(0	<b>&gt;</b> )			(D)	(E)	(F)	
Name and Title	Average	Position						Reportable	Reportable	Estimated	
	hours per	(cl	heck	all 1	hat	app	ly)	compensation	compensation	amount of	
	week	ě						from	from related	other	
	(describe hours for	7 dire				ted		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	Ste	ruste			25.05		(W-2/1099-MISC)	(***2/1099*****130)	organization	
	organizations	an tru	onal		playe	S 2		(** = *********************************		and related	
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former			organizations	
<del></del>	O)	=	=	٥	×	T 5	-E				
Steve Clive	4 00										
Chairman	1.00	X	<u> </u>			<b> </b>		0.	0.	0.	
Berti Stewart	1 1 1 1		ļ								
Vice-Chairman	1.00	X	<u> </u>	-				0.	0.	0.	
Stan Scheumann	1 00										
Treasurer	1.00	X	_			<del>                                     </del>		0.	0.	0.	
Ruth Pringle	1 00								•	•	
Immediate Past Chairman	1.00	X					_	0.	0.	0.	
Cory Groves	1 00					}				_	
Director	1.00	1	-	_	$\vdash$	├─	-	0.	0.	0.	
Bruce Frazier	1.00	<b>.</b>					l	0.	0.	^	
Director	1.00	^	┢	_	$\vdash$	╁				0.	
Dan Plath	1.00	v		ĺ		1		0.	0.	0.	
Director David Ramynke	1.00	^	-	-		╁					
Director	1.00	X	ĺ		1		1	0.	0.	0.	
Brian Alegria	1.00	4.5				T				<u>_</u>	
Secretary	1.00	x						0.	0.	0.	
Hans van Someren Greve							$\vdash$				
Director	1.00	x						0.	0.	0.	
Jack Toevs		-									
Director	1.00	X					}	0.	0.	0.	
La Verne Bergstrom											
Director	1.00	X						0.	0.	0.	
Mark Griggs											
Director	1.00	X		l				0.	0.	0.	
Miles Kohl		Γ									
Director	1.00	X	L					0.	0.	0.	
Peter Van Well							}				
Director	1.00	X	<u> </u>			L		0.	0.	0.	
Roger Calhoun						}				-	
Director	1.00	X	<u> </u>		<u> </u>	<u> </u>	L.	0.	0.	0.	
Roger Strand			ļ	] ,							
Director	1.00	X	<u> </u>					0.	0.	0.	

Part VII Section A. Officers, Directors, T	rustees, Key Ei	mplo	уев	s, a	nd l	High	est	Compensated Employ	ees (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
<ul> <li>Name and title</li> </ul>	Average	/_		Pos		n : app	.6.4	Reportable	Reportable		stimated
•	hours per week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	Officer		Highest compensated employee	Ë	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	mount of other npensation from the ganization nd related ganizations
Ron Gonsalves	-	$\vdash$	<del> </del>		!	<u> </u>	<del> </del>				
Director	1.00	X	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	0.	0	•	0.
Sean Gilbert			İ		ł	}			_		_
Director	1.00	X		<u> </u>	-	-		0.	0	•	0.
Sharon McDougall	1 00	,,	1		1		ł		0	1	^
Director	1.00	X	├-		╁		┝	0.	0	•	0.
Tim Mowry	1.00	x	ł	ļ	1	İ	]	0.	o		0.
Director Todd Kammers	1.00	^	┼	<del> </del>	╁╌	${\dagger}$	-			+	
Director	1.00	x		}			}	0.	o		0.
Tom Stokes		1	$\vdash$		$\top$					1	
Director	1.00	X	L				L	0.	0		0.
Jennifer Witherbee											
Executive Director	40.00	┞-		X	ļ	_		0.	76,763	4	0.
1b Sub-total	<u> </u>	<u></u>			1	┢	<u> </u>	0.	76,763		0.
c Total from continuation sheets to Part	VII. Section A					•		0.			0.
d Total (add lines 1b and 1c)						▶		0.	76,763	•	0.
2 Total number of individuals (including but	not limited to ti	nose	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable		
compensation from the organization				-							0
											Yes No
3 Did the organization list any former office	•		9, KO	y en	npic	уөө,	Of	nignest compensated er	nployee on		x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the			ome	ane	atın	n an	d ot	her compensation from	the organization	3	<del>    ^</del>
and related organizations greater than \$1									the organization	4	x
5 Did any person listed on line 1a receive of			•						idual for services		
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest	compensated in	dep	end	ent d	cont	ract	ors 1	that received more than	\$100,000 of compe	nsation	from
the organization NONE								(D)		<del></del>	
(A) Name and busine	ss address							( <b>B)</b> Description of s	services		(C) ensation
					_					<u>·</u>	
							i				
								<del>-</del>			
								<u> </u>			
2 Total number of independent contractors	(including but i	not l	mite	d to	the	ose li	stec	l d above) who received n	nore than		
\$100,000 in compensation from the orga	nization >					0					
										Corr	. <b>990</b> (2010)

		•			( <b>A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	16					
ρĒ	_	Fundraising events	16	36,255.				
E	C	514.	1d	30,233.				
9.5	d	Government grants (contribut						
Sign	e	<del>-</del> '	· —					
E E	T	All other contributions, gifts, gran similar amounts not included abo	1 1	716,891.				
불팅			<del></del>	110,031.				
55	9		s 1a-1f \$		753,146.			
<del>- 1</del>	<u>n</u>	Total, Add lines 1a-1f		D Co.do	122,140.		<del></del>	
_	_			Business Code	"			
<u> </u>	2 a		<del></del>			<del></del>		
Program Service Revenue	b		<del></del>	<u> </u>				
E SI	C			<u> </u>	·			
Re	d		<del></del>					
ě	0		<del></del>	<del></del>				
_	f	All other program service reve	enue				<del></del>	
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	_	210 CEO	210 650		1
	_	other similar amounts)			219,658.	219,658.	<del></del>	
	4	Income from investment of ta	x-exempt bond i	proceeds	<u> </u>	<del> </del>		
	5	Royalties		<u> </u>			<del></del>	
		_	(ı) Real	(ii) Personal				
	6 a			<del> </del>				
	b	•	<u> </u>					
ļ	С	, ,	L	<u> </u>				
- 1		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		ļ				
ĺ	b	Less cost or other basis						
ļ		and sales expenses	<u> </u>	<del> </del>				
J	C	Gain or (loss)		<u> </u>		j		]
ļ	d	Net gain or (loss)						
e l	8 a	Gross income from fundraisin						
Ę		including \$36,2	255. of			}		}
Other Reven		contributions reported on line	1c) See					
<u></u>		Part IV, line 18	а					
퇽		Less direct expenses	b	56,606.				
		Net income or (loss) from fund	-		155,518.			155,518.
ļ	9 a	Gross income from gaming ac	ctivities. See					
ŀ		Part IV, line 19	а					
	þ	Less, direct expenses	b	736.				
ļ		Net income or (loss) from gan	_	<b></b>	17,589.	17,589.		
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
1	b	Less: cost of goods sold	b	5,911.				}
ļ	c	Net income or (loss) from sale	s of inventory	<u> </u>	<3,376.	>	<3,376.	>
ļ		Miscellaneous Revenu	ne Te	Business Code				
	11 a	· · · · · · · · · · · · · · · · · · ·						
	b							
	С	·						
	d	All other revenue						
ŀ	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue See instructions.			1142535.	237,247.	<3,376.	>155,518.
03200	9,0							Form <b>990</b> (2010)

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

	All other organizations must comp 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 organizations in the U.S. See Part IV, line 21	193,708.	193,708.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	421,753.	421,753.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	76,763.	30,705.	19,191.	26,867.
6	Compensation not included above, to disqualified	70,703.	30,703.	10,1010	20,001.
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		į		
7	Other salaries and wages	39,516.	19,295.	2,439.	17,782.
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits	8,920.	3,835.	1,695.	3,390.
10	Payroll taxes	10,285.	4,423.	1,954.	3,908.
11	Fees for services (non-employees).			T	
а	Management				<del></del>
b	Legal				
C	Accounting	13,684.		13,684.	
d	Lobbying				· <del></del>
e	Professional fundraising services. See Part IV, line 17	7 027	7.060	065	
f	Investment management fees	7,927.	7,062.	865.	<del></del>
_	Other	9,438.	9,438.		
12 13	Advertising and promotion Office expenses	2,581.	1,110.	490.	981.
14	Information technology	2,301.	1,110.	370.	701.
15	Royalties				
16	Occupancy	21,473.	9,234.	4,079.	8,160.
17	Travel	3,518.	1,513.	669.	1,336.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_}			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,628.			
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount list has 24f expenses as Sebdulo (A)				
_	amount, list line 24f expenses on Schedule O.)  Printing	10,833.	4,659.	2,057.	4,117.
a b	Development	5,791.	4,782.	2,05,10	1,009.
c	Professional Developmen	3,934.	2,1026	3,934.	
d	Bank Fees and Charges	1,307.		1,307.	
е	Taxes and Licenses	125.		125.	
f	All other expenses	661.		661.	
25	Total functional expenses. Add lines 1 through 24f	835,845.	711,517.	53,150.	67,550.
26	Joint costs. Check here J if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		<del></del>		<del></del>	Form <b>990</b> (2010

					(A) Beginning of year		( <b>B</b> ) End of year
		•			Beginning of year		
ľ	1	Cash - non-interest-bearing		}	714,134.	2	1,065,848.
ŀ		Savings and temporary cash investments		}	/14,134.	3	1,000,040.
		Pledges and grants receivable, net			27,916.	4	8,956.
	4	Accounts receivable, net		441	41,310.	4	0,330.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es Con	ipiete Part II		5	
1	_	of Schedule L	4-4			-	
	6	Receivables from other disqualified persons (as		,			
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		(c)(9) voluntary			
S.		employees' beneficiary organizations (see instru	ctions)	}	2,192,168.	6	2,187,982.
Assets	7	Notes and loans receivable, net		}		7	7,451.
<b>∛</b>	8	Inventories for sale or use		}	10,657. 1,886.		3,151.
	9	Prepaid expenses and deferred charges	1 1		1,000.	9	3,131.
	10a	Land, buildings, and equipment cost or other	1	22 017		i	
		basis Complete Part VI of Schedule D	10a	23,017. 12,983.	11 270	40.	10 024
	_	Less. accumulated depreciation	10b	12,903.	11,279. 998,076.		10,034. 1,087,721.
	11	Investments - publicly traded securities	330,070.	11	1,001,121.		
	12	Investments other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line	<del></del>	13			
	14	Intangible assets		173,742.	14	172,556.	
	15	Other assets See Part IV, line 11	-11 0	41	4,129,858.	15	4,543,699.
	16_	Total assets. Add lines 1 through 15 (must equ	ai iine 3	4)	237,984.		225,872.
	17	Accounts payable and accrued expenses		•	431,304.	17 18	223,012.
	18	Grants payable			15,070.	19	8,370.
	19	Deferred revenue			15,070.	20	8,370.
	20	Tax-exempt bond liabilities	D-+ N/	-4 O-6 - 4 - 1 - D			
Liabilities	21	Escrow or custodial account liability. Complete				21	
iii	22	Payables to current and former officers, director				i i	
Lia		highest compensated employees, and disqualifi	ied beis	ions Complete Part II			
_		of Schedule L		rd markes		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate Other liabilities Complete Part X of Schedule D	u umu	parties		25	
	25	•			253,054.		234,242.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	oro	X and complete	233,0340	20	234,2420
,,		lines 27 through 29, and lines 33 and 34.	010 P	and complete			
če	07	Unrestricted net assets			266,157.	27	284,933.
ılan	27 28	Temporarily restricted net assets			1,323,209.		1,698,267.
ıB.	29	Permanently restricted net assets	2,287,438.		2,326,257.		
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117, c	heck h	ere  and	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
rΕ		complete lines 30 through 34.	HOOK II				
ts c	30	Capital stock or trust principal, or current funds	l.			30	
sse	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
t A	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances	.55,116,	U. UMINI INING	3,876,804.		4,309,457.
		TOTAL HOL ASSOCIA OF TAING DESCRIPTIONS					-, -, -, -, -

Form **990** (2010)

Form	990 (2010) Washington Apple Education Foundation	91-163	8890	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	<del></del>	_		
	Check if Schedule O contains a response to any question in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,142	<u>2,5</u>	<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	83!	5,8	45.
3	Revenue less expenses Subtract line 2 from line 1	3	300	5,6	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,870	5,8	04.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12	5,9	63.
_6 .	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,309	9,4	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			_	X
				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 Schedu	ıle O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	chedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issi	ued on a	1 1		
	separate basis, consolidated basis, or both:				
	X 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	quired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

Form **990** (2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

Washington Apple Education Foundation

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 91-1638890

Part I	Heason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this par	t) See inst	tructions.				
The organ	zation is not a	private foundation	because it is (For lines 1	1 through 1	1, check o	only one b	ox)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desci	ibed in se	ction 170	(b)(1)(A)(i)	١.				
2 🗀	A school des	cribed in section 17	O(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲			tal service organization of		n section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(БУ 1УАУні	i). Enter th	e hospital	's nam	θ.
	city, and state	J							•	·		
5 🗀	•		benefit of a college or ur	niversity ov	vned or on	erated by	a governr	mental uni	described	i in		
•		(b)(1)(A)(iv). (Comple				,	u go					
•				t docombos	l in sontin	- 47(Vb)/-	WAVA					
6 L		-	ent or governmental unit					r from the	gonoral n	thin dose	nbod u	_
الما ا	•	•	eives a substantial part	or its supp	on nom a	governme	mai unit C	n nom me	general pt	JUNC UBSC	IID <del>e</del> a II	•
	-	b)(1)(A)(vi). (Comple	·	<b>(</b> 0 1-1-	D-4 (I)							
8	-		section 170(b)(1)(A)(vi).	-								
9 📖			eives. (1) more than 33									
		•	nctions - subject to certa	•	-	•				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 3	0, 197	5.
		<b>509(a)(2).</b> (Complete	•									
10	-	•	perated exclusively to te	•				•				
11	•	•	perated exclusively for the		•					•		or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	l) or sectio	n 509(a)(2	2) See <b>se</b> c	ction 509(a	a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type i	<b>b</b>	_] Type II	Тур	e III - Func	tionally in	tegrated		الساه	Type III · (	Other	
e	By checking	this box, I certify the	at the organization is not	controlled	directly of	r indirectly	by one o	r more disc	qualified pe	ersons oth	er tha	n
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	<b>9</b> 111				
	supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
g	Since August	t 17, 2006, has the d	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (i	ııı) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	•						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) (	or (ii) above	∍?					11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
		-		_								
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the c	rganization	(v) Did vo	u notify the	(vi) ls	the	(vii) An	ount o	f
	inization	(11) 2114	organization		sted in your		ion in col.	organization (i) organiz			port	•
J. 9.			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?" ""	004	<b>,</b> , , ,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
							1	<del> </del>				_
				<del>                                     </del>			<del> </del>	<del>                                     </del>	<del>                                     </del>			
							ĺ					
		<del> </del>	<del></del>	<del>                                     </del>	<del> </del>		<del>                                     </del>	<del></del>	<del> </del>			
				}			J	]	] ]			
		ļ		<del> </del>	<del></del>		<del> </del>	<del>                                     </del>	<del>  -</del>	<del></del>		
			ľ						1			
		ļ		<del>                                     </del>				<del> </del>				
	<u></u>	ļ		<u> </u>			ļ		<b> </b>			
		}	1	1	}		}		1			

Schedule A (Form 990 or 990-EZ) 2010 Washington Apple Education Foundation 91-1638890 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1	i				
	include any "unusual grants.")	439.534.	293.807.	316,533.	600,964.	753,146.	2,403,984.
2	Tax revenues levied for the organ-			•		•	
_	ization's benefit and either paid to					i	
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge					. 1	
4	Total. Add lines 1 through 3	439,534.	293,807.	316,533.	600,964.	753,146.	2,403,984
	The portion of total contributions	133/3311	233,007.	310/3331	000/301.	75071101	2,403,504,
,	by each person (other than a	<b>(</b>		:			
	governmental unit or publicly					Ì	
	supported organization) included	1					
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11.						
	column (f)					ļ	
_	``						
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					2,403,984.
	······································	(-) 000C	/L\ 0007	(-) 2008	(4) 2000	4-3 0010	(0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007 293,807.	(c) 2008 316, 533.	(d) 2009 600, 964.	(e) 2010	(f) Total
-	Amounts from line 4	439,534.	293,007.	310,333.	000,304.	753,146.	2,403,984.
8	Gross income from interest,				 	i	
	dividends, payments received on					1	
	securities loans, rents, royalties	005 005	204 445	000 040	000 444	040 650	
	and income from similar sources	225,807.	304,445.	238,340.	222,114.	219,658.	1,210,364,
9	Net income from unrelated business						
	activities, whether or not the	1		ļ			
	business is regularly carried on						
10	Other income Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						3,614,348,
12	Gross receipts from related activities,	etc (see instruction	ons)			12	943,086.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	
	organization, check this box and stor					·	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	ine 6, column (f) d	ivided by line 11, o	column (f))		14	66.51 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	78.41 %
16a	33 1/3% support test - 2010. If the o	rganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization	)			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	nd line 14 is 10% (	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	<b>3</b>	▶□
b	10% -facts-and-circumstances tes	-	="		-	7a, and line 15 is 1	0% or
_	more, and if the organization meets the	=					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization						, <b>▶</b> □
		S.C Oriocit u				edule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please com	plete Part II )	<del></del>		<del></del>	
Section A. Public Support		<del>,</del>			T	
Calendar year (or fiscal year beginning in) ► 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201 <u>0</u>	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants ")		ļ		ļ —		
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					1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			<del></del>		<del>                                     </del>	<del></del>
4 Tax revenues levied for the organ- ization'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	·	<u> </u>			ļ	
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				<u> </u>	<u> </u>	
8 Public support (Subtract line 7c from line 6)					<u> </u>	<u> </u>
Section B. Total Support	·	· - · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				ļ <u>.</u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
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 assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)		1		<u> </u>	1	
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi					11	<del></del>
15 Public support percentage for 2010 (li	.,		olumn (f))		15	<u>%</u>
16 Public support percentage from 2009				<del></del>	16	%
Section D. Computation of Inves			- 40	<del></del>	T	<del></del>
17 Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 13, column (f))		17	
18 Investment income percentage from 2				45	18	%
19a 33 1/3% support tests - 2010. If the	-					e 17 is not
more than 33 1/3%, check this box ar	•	•	•			
b 33 1/3% support tests - 2009. If the line 18 is not more than 33 1/3%, che	=					
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	
				_		

### **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.

2010
Open to Public Inspection

Name of the organization

Washington Apple Education Foundation

Employer identification number 91-1638890

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	ə 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	<del></del>	storically important land area
	Protection of natural habitat	<del></del>	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	ned conservation contribution in the form	tota conservation easometric or the last
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	<del></del>
٠	listed in the National Register	and of 17700, and not on a motoric strac	2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by th	\ <del></del>
3	year	leased, extinguished, or terminated by tr	o organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements if	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	_	
•	and section 170(h)(4)(B)(ii)?	To satisfy the requirements of occition in	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	
Ŭ	include, if applicable, the text of the footnote to the organization	•	•
	conservation easements.		the organization of accounting to.
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
-	historical treasures, or other similar assets held for public ext	•	·
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed	·	
	relating to these items:		ability of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical tre-	asures or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1	·	ai gaiii, piorido
а	Revenues included in Form 990, Part VIII, line 1	To place soop relating to these items.	<b>•</b> •
	Assets included in Form 990, Part X		<b>S</b>
U	rasets moluded in Form 330, Fall A		<b>▶</b> \$

. 1

		<u>ton Apple l</u>					1638890 Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures, c	or Othe	er Similar A	ssets (continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	it are a s	ignificant use o	f its collection items
	(check all that apply)						
а	· Public exhibition	d	Loan or ex	change progra	ams		
ь	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's exe	mpt purpose in	Part XIV
5	During the year, did the organization solicit o						
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arran				"Yes" to	Form 990, Par	t IV, line 9, or
	reported an amount on Form 990, Pa	-	J				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ons or other as	sets not	included	
-	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table				
_							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	<del></del>
Ť	Ending balance					11	<del></del>
22	Did the organization include an amount on F	orm 990 Part Y line	212			L. **- L	Yes No
	If "Yes," explain the arrangement in Part XIV		211				
Par			swered "Yes" to F	orm 990. Part	IV. line	10	<del></del>
<u></u>	t t   Live to the total complete	(a) Current year	(b) Pnor year	(c) Two yea		(d) Three years I	back (e) Four years back
10	Beginning of year balance		(b) i noi year	(c) (wo )cu	13 Duck	(d) Three years	Jack (e) Four Years back
1a	Contributions	12,971.	<u> </u>	+			<del></del>
b		2,550.	_ <del></del>				
C	Net investment earnings, gains, and losses	1,702.		<del></del>			<del></del>
a	Grants or scholarships			<del>                                     </del>			
e	Other expenditures for facilities	ļ			1		
_	and programs			<del></del>			
r	Administrative expenses		-				
g	End of year balance	17,223,					
2	Provide the estimated percentage of the year	ir end balance neld a					
a	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
c		%					
3 <b>a</b>	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	ered for t	the organization	
	by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organization						3b
4 D	Describe in Part XIV the intended uses of the			<del></del>			<del></del>
Par	t VI Land, Buildings, and Equipn	<del></del>	<del></del>		r	<del></del>	<del></del>
	Description of investment	(a) Cost or o		st or other		ccumulated	(d) Book value
		basis (investr	nent) bas	s (other)	de	preciation	<del> </del>
1a	Land						<del> </del>
þ	Buildings						<del> </del>
C	Leasehold improvements					<del></del>	<del> </del>
	Equipment			23,017.		12,983.	10,034.
е	Other				<u> </u>		10 034
Takak	Add lines to through to (Column (d) must s	savel Form 000 Doct	V solvens (D) line	10/011		_	1 7 7 7 7 7 7

Schedule D (Form 990) 2010

_	dule D (Form 990) 2010 Washington Apple Education	Fou	<u>ndat i</u>	on	<del></del>	<del>)</del> 1 –	<u> 1638890</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fina	ancial S	tater	nent		505
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,142	
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2				<u>,845.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				<u>,690.</u>
4	Net unrealized gains (losses) on investments			4			125	<u>,963.</u>
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9			125	<u>,963.</u>
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10	<u> </u>			<u>,653.</u>
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Rev	enue p	er Re	əturr	n	
1	Total revenue, gains, and other support per audited financial statements					1	1,335	,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						-	
а	Net unrealized gains on investments	_2a		L25,9	63.	- 1		
b	Donated services and use of facilities	2b		3,2	50.	i	1	
С	Recoveries of prior year grants	2c						
d		2d						
е		<u></u>				2e	129	,213.
3	Subtract line 2e from line 1				ľ	3	1,205	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							7.000
a		4a	I		İ			
b		4b	<u> </u>	<63,2	53			
c		70		<u> </u>	<del></del>	4c	<b>~63</b>	,253.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				}	5	1,142	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	With Ex	penses	per			<u>, , , , ,</u>
1	Total expenses and losses per audited financial statements				, p u,	1		,348.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				ļ	'-	702	, <u>, , , , , , , , , , , , , , , , , , </u>
		2a	i	3,2	50			
a			<del>                                     </del>	<u> </u>	<del>50.</del>			
b	•	2b						
c.		2c	<del>                                     </del>				1	
ď	,	_2d	L			_		250
9					. [	2e		<u>,250.</u>
3	Subtract line 2e from line 1				}	3_	899	<u>,098.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	ı	1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>					
þ	Other (Describe in Part XIV)	4b	,	<u>&lt;63,2</u>	53.	>		
C	Add lines 4a and 4b					4c		<u>,253.</u> >
5						5	835	<u>,845.</u>
Pa	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines	1a and 4,	Part IV, I	ines 1t	and c	2b, Part V, line	4, Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete thi	s part to	provide a	ny add	litiona	ıl ınformatıon	
Pa:	rt XII, Line 4b - Other Adjustments:							<del></del>
<u>Di</u>	rect Costs of Fundraisers							
_								
<u>Co</u>	st of Goods Sold							
				<del></del>				
_								
Pa:	rt XIII, Line 4b - Other Adjustments:							
	and Control of To do to							
<u>D1</u>	rect Costs of Fundraisers							
<b>C</b> -	at of Coods Cold							
<u> </u>	st of Goods Sold							200) 0045
03205 12-20	i4				;	эспес	dule D (Form 9	<del>20</del> 0) 2010
12-20	- IU							

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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

OMB No 1545-0047

**ZUTU**Open To Public

Name of the organization

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Washingt	on Apple Education	n F	oun	dation	91-1638	890
	Complete if the organization answe					
Indicate whether the organization raise	e Solicitati	ion of i	non-g gover	overnment grants nment grants		
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990. Pa</li> <li>b If "Yes," list the ten highest paid indivious compensated at least \$5,000 by the compensated.</li> </ul>	rt VII) or entity in connection with priduals or entities (fundraisers) pursu	rofessi	onal f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	istody irol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>&gt;</b>			
3 List all states in which the organization or licensing.	is registered or licensed to solicit o	contrib	ution:	s or has been notified	d it is exempt from re	egistration 
			-			

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 Washington Apple Education Foundation 91-1638890 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through Golf Auction col (c)) (event type) (total number) (event type) 144,430 53,887. 50,062 248,379. Gross receipts 36,255. 2 Less. Charitable contributions 8,179 28,076 0 212,124. 3 Gross income (line 1 minus line 2) 136,251 25,811 50,062 0. 0. Cash prizes 0. 0. 0. 8,115. Noncash prizes 8,115 Direct Expenses 0. 500. 16,122. 15,622 Rent/facility costs 18,043. 10,523. 0. 7,520 Food and beverages Entertainment 459. 6,065 2,802 14,326. Other direct expenses 56,606 10 Direct expense summary Add lines 4 through 9 in column (d) 155,518. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col. (c)) 36,971. 36,971. Gross revenue 2 Cash prizes Direct Expenses 18,646. 18,646. Noncash prizes Rent/facility costs 736 736. Other direct expenses Yes Yes Yes Volunteer labor 19,382; 7 Direct expense summary Add lines 2 through 5 in column (d) 17,589. Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates garning activities: WA X Yes a is the organization licensed to operate gaming activities in each of these states? No b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2010

Yes

b If "Yes," expiain.

X No

Sch	edule G (Form 990 or 990 EZ) 2010 Washington Apple Education Foundation 91-1		0 Page 3
	Does the organization operate gaming activities with nonmembers?	X Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	│└──│Yes	X No
	indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	<u>%</u>
	An outside facility	135 JI U	0.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ Jennifer Witherbee		<del></del>
	Address ► 2900 Euclid Avenue - Wenatchee, WA 98801	<del></del>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name >		
	Address ►	<del>.</del>	<del></del>
16	Gaming manager information		
	Name	<del>-</del>	
	Gaming manager compensation > \$		
	Gaining manager compensation - 5		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	X No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	1 (see instr	uctions).
			<del></del>
	<del></del>		
		- <del>-</del>	
	· · · · · · · · · · · · · · · · · · ·		
0320	83 01-13-11 Schedule G (Forn	n 990 or 99	0-EZ) 2010

SCHEDULE			(					OMB No 1545-0047
(Form 990)			Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	in the United Sta	s, tes		2010
Department of the Treasury Internal Revenue Service		Сощр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" to Fo  ▶ Attach to Form 990.	" to Form 990, Par m 990.	rt IV, line 21 or 22.		Open to Public Inspection
Name of the organization	tion Washington	Apple	Education Fo	Foundation				Employer identification number 91-1638890
Part I General Ir	General Information on Grants and Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	
	criteria used to award the grants or assistance?	tance?	•	•	į			X Yes
Part II Crants and	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Country and Other Assistance to Form 990 Part IV line 21 for any	cedures for mont	toring the use of grant	funds in the United	d States	V" perewered "V	es" to Form 990 Part	V line 21 for any
٦	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Check this	s box if no one recipier	t received more th	an \$5,000 Part II	can be duplicated if a	dditional space is nee	ded
1 (a) Name and are or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington State University 1300 5th Street, Suite 1060	University Suite 1060 801	91-1075542	501(c)(3)	77 483		, Bo OOK		For scholarships and research
Wenatchee Walley Co 1300 5th Street Wenatchee WA 98801	College 801	23-7319272	501(c)(3)	116 225.	0	Book		For scholarships and research
2 Enter total numb	Enter, total number of section 501(c)(3) and government organizations	nd government or	ganizations					<b>A A</b>
۔ ا	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed ì£ Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Each report back to the grant committee identifying how funds were spent and the organization achieved the goals for which the grants were received Idaho and Oregon. Schedule I, Part I, Line 2: Grant recipients are required to provide scholarship is allocated equally amongst the scholastic terms of the are used by students room & board. Book (d) Amount of non-cash assistance Ö 421,753. (c) Amount of cash grant raised in tree fruit growing regions of Washington, Scholarships may be used for books, tuition & food, (a) Type of Grant or Assistance: Scholarships 114 (b) Number of recipients tuition & food room & board, Each scholarship is Scholarships are used by students raised in tree fruit growing regions of Washington, Idaho and Scholarships may be used for books, (a) Type of grant or assistance Column (a): Part III, 032102 01-13-11 Oregon.

1,1

Page 2

91-1638890

Washington Apple Education Foundation

Schedule I (Form 990) (2010)

Part III

Schedule I	(Form 990) 2010	Washington	Apple	Education	<u>Foundation</u>	91-1638890 Page 2
Part IV	Supplemental Inform	nation			<del></del>	<u>-</u>
award	year.					
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## SCHEDULE M (Form 990)

Department of the Treasury

## **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	<u>Washington A</u>	<u>pple F</u>	<u>ducation</u>	<u>roundation</u>	<u> </u>	1 - 1638	<u>890</u>	
Par	t I Types of Property				,			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a		s 
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods				]			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							_
14	Qualified conservation contribution - Other							
15	Real estate Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles				I			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (Golf Event Au)	X	55	0.	Fair Mar	ket Va	lue	
26	Other (Silent Auctio)	X	102	<del></del>	Fair Mar			
27	Other ( )		<u> </u>					
28	Other (		<u> </u>					
<u></u> 29	Number of Forms 8283 received by the organi	zation durin	on the tax year for o	contributions	·			
	for which the organization completed Form 82							
	to whom the organization completed to the or	.00,1 0.11,11,		go			Yes	No
30a	During the year, did the organization receive b	v contributi	on any property re	ported in Part I lines 1-28 th	at it must hold fo	or	1.00	
	at least three years from the date of the initial	-	• • • • •			i i	1	
	the entire holding period?	0011111111101101	i, and which is not	roquired to be deed for exer	p. parpoocs to	30a	1	x
h	If "Yes," describe the arrangement in Part II.					004	†	
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standard contrib	utions?	31	x	
	Does the organization have a girt acceptance	•	•	•		3!	<del>  ^</del>	
YEO	contributions?	OI IBIAIBU U	rganizations to soil	ion, process, or sen noncast	•	32a		X
ь	If "Yes," describe in Part II					<u> </u>		
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II		2. , , , , ,				]	
LHA	For Paperwork Reduction Act Notice, see	the Instru	ctions for Form 99	0.	Sched	lule M (Form	990)	(201

Schedule M	(Form 9	990) (2010)	Washi	ngton	. Appl	e Edu	catio	n Foi	<u>indatic</u>	n	91-163	<u> 88890                                  </u>	Page 2
Part II	Supp	lemental omplete this	Informa	i <b>tion.</b> Co	mplete this	part to p	provide the	ınformatı	ion required	by Part I, lin	es 30b, 32b	, and 33.	
Schedu	le M	I, Line	33:	The i	tems :	repor	ted o	n Sch	nedule	M were	e donat	ed	
items	for	fundra	ising	even	ts, w	hich	inclu	ded a	a raffl	e and	auctio	ons.	
The it	ems	donate	d wer	e raf	fled	and a	uctio	ned o	off and	the	proceed	is were	
report	ed_i	n reve	nues.						· <del></del>				
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Schedule M (Form 990) (2010)

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032142 12-23-10

### **SCHEDULE 0**

(Form 990 or 990-EZ)
Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Washington Apple Education Foundation

Employer identification number 91-1638890

washington Appre Education Toundation   71 1030070
Form 990, Part I, Line 1, Description of Organization Mission:
excellence and promotes awareness of the value of Washington's tree
fruit industry.
Form 990, Part VI, Section B, line 11: A copy of the Form 990 was provided
to the board of directors during its meeting occurring in August of 2010.
Form 990, Part VI, Section B, Line 12c: The Foundation has a policy that
all conflicts of interest are to be brought to the attention of the Board
of Directors whenever they occur.
Form 990, Part VI, Section B, Line 15a: The Executive Committee of the
Washington Apple Education Foundation, each independent, performs an annual
review of the executive director including: a discussion of goals from the
prior year, establishment of goals for the coming year, and a review of
salaries from comparable organizations. The Executive Committee determines
annually a recommendation to present to the board of directors of any
salary adjustments.
Form 990, Part VI, Section C, Line 19: The Foundation makes its governing
documents available on it's website and their conflict of interest policy
is available upon request.
Form 990, Part XI, line 5, Changes in Net Assets:
Net unrealized gains on investments: 125,963.

Schedule O (Form 990 or 990 EZ) (20	)10)		<del> </del>	Page 2
Name of the organization Wash	ington Apple	Education F	oundation	Employer identification number 91-1638890
Form 990, Part XI,	Line 2c	<u> </u>		
The Foundation has	an audit cor	mmittee that	meets with th	e accountants
annually to review	their findi	ngs. The au	dit committee	is charged with
recommending an inc	dependent fir	rm to perfor	m the annual a	udit but the
board of directors	is responsil	ble for sele	ecting the acco	untant.
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Schedule O (Form 990 or 990-EZ) (2010)

032212 01-24-11

# 4562 Form

Department of the Treasury Internal Revenue Service (99) Depreciation and Amortization (Including Information on Listed Property)

➤ Attach to your tax return.

Business or activity to which this form relates

990

9

17

2010

Attachment Sequence No 67

Washington Apple Education Foundation Form 990 Page 10

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)

2 Total cost of section 179 property placed in service (see instructions)

3 2,000,000.

4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions

6 (a) Description of property (b) Cost (business use only)

7 Listed property Enter the amount from line 29

7 Listed property Enter the amount from line 29

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7

9 Tentative deduction Enter the smaller of line 5 or line 8

10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5

12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11

13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12

14 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12

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

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

➤ See separate instructions.

14 Special depreciation allowance for qualified property (other than listed property) placed in service during
the tax year

15 Property subject to section 168(f)(1) election

16 Other depreciation (including ACRS)

16 Other depreciation (including ACRS)

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property

(b) Month and year placed in service

(c) Basis for depreciation (business/investment use only - see instructions)

(d) Recovery period

(e) Convention

(f) Method

(g) Depreciation deduction

5-year property

7-year property C 10-year property d 15-year property 20-year property f 25 yrs. S/L 25-year property g 27 5 yrs. MM S/L Residential rental property h 27 5 yrs ММ S/L MM S/L 39 yrs. i Nonresidential real property

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

 20a
 Class life
 S/L

 b
 12-year
 12 yrs
 S/L

 c
 40-year
 /
 40 yrs
 MM
 S/L

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

22 3,628.

23

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)