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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 646150

Room/suite

City or town, state or country, and ZIP + 4 PULLMAN, WA 99164-6150

F Name and address of principal officer: MARK WILCOMB
SAME AS C ABOVE

D Employer identification number
91-1789600

E Telephone number
509-335-4028

G Gross receipts $ 6,196,995.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☒ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ALUMNI.WSU.EDU

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1898 M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REPRESENT THE COMMON INTERESTS OF THE ALUMNI OF WASHINGTON STATE UNIVERSITY		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	273
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	48,145.	808,913.
	9 Program service revenue (Part VIII, line 2g)	552,841.	549,193.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,534.	176,924.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,475,918.	556,253.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,194,438.	2,091,283.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	187,727.	174,250.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	742,409.	1,047,676.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 739,675.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,155,373.	1,137,013.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,085,509.	2,358,939.
	19 Revenue less expenses. Subtract line 18 from line 12	108,929.	-267,656.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	9,968,775.	10,702,837.
	21 Total liabilities (Part X, line 26)	468,783.	187,603.
	22 Net assets or fund balances Subtract line 21 from line 20	9,499,992.	10,515,234.

SCANNED FEB 22 2012

RECEIVED FEB 06 2012 OGDEN UT 013 SOS

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2/2/2012

▶ MARK WILCOMB, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JOHN P. BJORKMAN	JOHN P. BJORKMAN	01/31/12	☐	

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶

Firm's address ▶ 601 WEST RIVERSIDE, SUITE 700
SPOKANE, WA 99201-0622

Phone no. 509-363-6300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

13P

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

REPRESENT THE COMMON INTERESTS OF THE ALUMNI OF WASHINGTON STATE UNIVERSITY.

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 (Code) (Expenses $ 1,121,858. including grants of $ 174,250.) (Revenue $ 1,318,648.)

THE ASSOCIATION REPRESENTS THE COMMON INTERESTS OF THE ALUMNI OF WASHINGTON STATE UNIVERSITY. THE ASSOCIATION ASSISTS IN THE PROMOTION, RESPECT AND INTEREST IN WSU BY COORDINATION OF ACTIVITIES FOR MEMBERS.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code.) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,121,858.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		
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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	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.			
a	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	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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	X	
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	
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, 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, 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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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):			
a	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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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		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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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		
b	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.**				
a	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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . .		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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
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.

☐ 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. ▶

THE ORGANIZATION - 509-335-4028
PO BOX 646150, PULLMAN, WA 99164-6150

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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE ATTACHMENT FOR LIST SEE ATTACHMENT	1.00	X						0.	0.	0.
JIM ZUBA DIRECTOR	45.00	X						0.	105,000.	28,350.
TIM PAVISH EXECUTIVE DIRECTOR	45.00	X						0.	185,000.	49,950.
MARK WILCOMB ASSOCIATE DIRECTOR	45.00	X						0.	83,794.	22,624.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							▶	0.	373,794.	100,924.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	0.	373,794.	100,924.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	760,834.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,079.				
	g Noncash contributions included in lines 1a-1f $						
	h Total. Add lines 1a-1f			808,913.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES & ASSE	161171		549,193.	549,193.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			549,193.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			62,143.			62,143.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			382,888.			382,888.
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	4,215,505.					
	b Less. cost or other basis and sales expenses	4,100,724.					
	c Gain or (loss)	114781.					
	d Net gain or (loss)			114,781.			114,781.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	169732.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from fundraising events			169,732.			169,732.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a	2,342.				
	b Less. cost of goods sold	b	4,988.				
	c Net income or (loss) from sales of inventory			-2,646.			-2,646.
	Miscellaneous Revenue	Business Code					
	11a OTHER INCOME	611110		6,279.	6,279.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			6,279.			
	12 Total revenue. See instructions.			2091283.	555,472.	0.	726,898.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	174,250.	174,250.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	822,867.	313,567.	230,792.	278,508.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	224,809.	85,771.	62,856.	76,182.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	19,728.		19,728.	
c Accounting	13,682.		13,682.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	134,467.	134,467.		
g Other				
12 Advertising and promotion	161,391.	19,838.	587.	140,966.
13 Office expenses	343,323.	58,144.	73,876.	211,303.
14 Information technology				
15 Royalties				
16 Occupancy	92,439.	51,344.	40,574.	521.
17 Travel	61,322.	24,510.	34,028.	2,784.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,537.	150.	2,387.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,036.		3,036.	
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 line 24f expenses on Schedule O.)				
a RECEPTIONS AND EVENTS	272,676.	245,386.	12,186.	15,104.
b STEWARDSHIP	18,035.	14,207.	3,599.	229.
c BAD DEBTS	8,764.			8,764.
d MISC	5,045.	224.	67.	4,754.
e UNIFORMS AND CLOTHING	568.		8.	560.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,358,939.	1,121,858.	497,406.	739,675.
26 **Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,335,932.	1	1,260,277.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	400,000.	3	100,000.
	4	Accounts receivable, net	167,734.	4	105,103.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	31,968.	8	31,424.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	6,840,589.	11	7,460,448.
	12	Investments - other securities See Part IV, line 11	1,192,552.	12	1,745,585.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,968,775.	16	10,702,837.
Liabilities	17	Accounts payable and accrued expenses	68,783.	17	87,603.
	18	Grants payable		18	
	19	Deferred revenue	400,000.	19	100,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	468,783.	26	187,603.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,213,644.	27	10,196,376.
	28	Temporarily restricted net assets	286,348.	28	318,858.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,499,992.	33	10,515,234.
	34	Total liabilities and net assets/fund balances	9,968,775.	34	10,702,837.

Part XI Reconciliation of Net Assets

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	2,091,283.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,358,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	-267,656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,499,992.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,282,898.
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	10,515,234.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
WASHINGTON STATE UNIVERSITY ALUMNI ASSOC	91-1789600

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar 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 include any "unusual grants.")	1,012,515.	900,801.	998,461.	1,006,760.	808,868.	4,727,405.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,012,515.	900,801.	998,461.	1,006,760.	808,868.	4,727,405.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						41,689.
6 **Public support.** Subtract line 5 from line 4						4,685,716.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,012,515.	900,801.	998,461.	1,006,760.	808,868.	4,727,405.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,198,785.	1,186,401.	476,906.	506,747.	559,812.	3,928,651.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						8,656,056.

12 Gross receipts from related activities, etc. (see instructions)	12	3,063,204.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	54.13 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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 below, please complete Part II.)

Section A. Public Support

Calendar 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number
91-1789600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	8,033,142.	7,675,243.	10,038,746.		
b	Contributions	153,995.	209,107.	274,499.		
c	Net investment earnings, gains, and losses	1,511,943.	672,901.	-2,094,861.		
d	Grants or scholarships	358,579.	381,170.	395,012.		
e	Other expenditures for facilities and programs					
f	Administrative expenses	134,468.	142,939.	148,129.		
g	End of year balance	9,206,033.	8,033,142.	7,675,243.		

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for 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 organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIP		
(B) INTERESTS	1,745,585.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,745,585.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,091,283.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,358,939.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-267,656.
4	Net unrealized gains (losses) on investments	4	1,282,898.
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	1,282,898.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,015,242.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,244,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,282,898.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-134,467.		
e	Add lines 2a through 2d			2e	1,148,431.
3	Subtract line 2e from line 1			3	2,096,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-4,988.		
c	Add lines 4a and 4b			4c	-4,988.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,091,283.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,229,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	4,988.		
e	Add lines 2a through 2d			2e	4,988.
3	Subtract line 2e from line 1			3	2,224,472.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	134,467.		
c	Add lines 4a and 4b			4c	134,467.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,358,939.

Part XIV Supplemental Information

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

PART X, LINE 2: FOR THE YEAR ENDED JUNE 30, 2009, THE ASSOCIATION WAS REQUIRED TO ADOPT CERTAIN DISCLOSURE REQUIREMENTS OF THE NEW GUIDANCE. THE ASSOCIATION ADOPTED THE NEW ASSET CLASSIFICATION REQUIREMENTS OF THIS GUIDANCE FOR THE YEAR ENDED JUNE 30, 2010. HOWEVER, THE ADOPTION OF THIS GUIDANCE DID NOT AFFECT THE ASSOCIATION AS THE ASSOCIATION DID NOT HOLD ANY DONOR RESTRICTED ENDOWMENTS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEES	-134,467.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOOD SOLD	-4,988.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD	4,988.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES	134,467.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number

91-1789600

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

Part II 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

		(a) Event #1 VARIOUS EVENTS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	169,732.			169,732.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	169,732.			169,732.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	( )
	11 Net income summary. Combine line 3, column (d), and line 10			▶	169,732.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ 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 ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ 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 ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b 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 ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number

91-1789600

Part I **General Information on Grants and Assistance**

1 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 criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	74	174,265.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL SCHOLARSHIPS ARE SELECTED BY ALUMNI ASSOCIATION VOLUNTEER COMMITTEE USING SPECIFIC WRITTEN CRITERIA. SCHOLARSHIP RECOMMENDATIONS ARE CROSS CHECKED BY STAFF BEFORE AWARD IS MADE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number

91-1789600

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIM PAVISH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	185,000.	0.	0.	0.	0.	185,000.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number: 91-1789600

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ASSOCIATION REPRESENTS THE COMMON INTERESTS OF THE ALUMNI OF WASHINGTON STATE UNIVERSITY. THE ASSOCIATION ASSISTS IN THE PROMOTION, RESPECT AND INTEREST IN WSU BY COORDINATION OF ACTIVITIES FOR MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: LINE 7A EXPLANATION - MEMBERS CAN ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. DECISIONS OF THE GOVERNING BODY ARE NOT SUBJECT TO THE APPROVAL BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - REVIEW WITH AUDIT COMMITTEE PRIOR TO SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL POLICIES ARE MONITORED AND ENFORCED BY WASHINGTON STATE UNIVERSITY AS OUR PARENT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: COMPARATIVE DATA IS USED TO DETERMINE COMPENSATION FOR CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT. ALL SALARY PROPOSALS ARE REVIEWED AND SUBJECT TO APPROVAL BY INDEPENDENT HIRING AUTHORITY. OFFICERS ARE UNPAID VOLUNTEERS. STAFF SALARIES ARE SET ACCORDING TO THE POLICIES OF WASHINGTON STATE UNIVERSITY.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization: WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number: 91-1789600

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,282,898.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
WASHINGTON STATE UNIVERSITY ALUMNI ASSOC

Employer identification number
91-1789600

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
WASHINGTON STATE UNIVERSITY - 91-6001108 PO BOX 646150 PULLMAN, WA 99164	EDUCATION	WASHINGTON	501(C)(3)	LINE 2			X

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON STATE UNIVERSITY	N	549,238.	FINANCIAL STATEMENTS
(2) WASHINGTON STATE UNIVERSITY	Q	813,126.	FINANCIAL STATEMENTS
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Washington State University Alumni Association
2011/12 Volunteer Roster

Updated September 6 2011

WASHINGTON STATE UNIVERSITY ALUMNI ASSOCIATION

				Address	City	State	Zip Code	Home	Work	Cell	E-Mail
26850833	President	Rhonda	Kramm	885 Ilard Drive	Pullman	WA	99163	(509) 338 3853		(509) 432 3422	wsualumni@aol.com
10051108	1st Vice President	Lisa	Steele Haberly	2655 N. Criswell Ave	Tucson	AZ	85745	(520) 743 1057	(520) 665 7005	(520) 370-4870	wsucoug1009@hotmail.com
34571803	2nd Vice President	Ken	Lacati	11350 Legacy Canyon Place	San Diego	CA	92131			(619) 743-6933	sdcougars@gmail.com
3387753	Immediate Past President	Robert	Williams	5726 Admiral Way	Seattle	WA	98116	(206) 938-4691	(206) 587 4771	(206) 276-0403	robertmwilliams981016@yahoo.com
41225773	Executive Director	Tim	Pavish	PO Box 646150	Pullman	WA	99164-6150	(509) 332-0282	(509) 335-6912	(509) 432-4440	pavish@wsu.edu
43818823	Treasurer/Secretary	Mark	Wilcomb	PO Box 646150	Pullman	WA	99164 6150	(509) 754-4432	(509) 335 4028	(509) 595 5028	wilcomb@wsu.edu
95703898	Legal Counsel	Jane	Yung Dennis	6571 150th Place SE	Bellevue	WA	98006	(425) 373 9090	(206) 543 9223		janeydennis@hotmail.com
43682773	Audit Committee Co-Chair	Karen	Olstad	1224 Kenbrook Hills Dr	Upper Arlington	OH	43220-4868		(614) 247-8377	(614) 935-4507	olstad.karen@gmail.com
10843756	Audit Committee Co-Chair	Sally	van Beheeren	1950 Union Ave NE	Renton	WA	98059		(206) 786-3933	(206) 992 5345	svanbeheeren@hollandamerica.com
98868329	Awards Committee	Leslie	Archer	20175 Meriewood Lane	Bend	OR	97702	(206) 329-9514	(206) 832 1633	(206) 356-3933	leslie@wsualumni.org
89400969	Scholarship Committee	Sarah	Brown	1033 NW Vinca Lane	Camas	WA	98607	(503) 415 1410			Sarahb1003@hotmail.com
10332775	Council of Presidents Rep	Ryan	Dewell	1834 S. Goldsmith Ave	Meridian	ID	83642	(208) 724 3192	(208) 344 7500		ryandewell@gmail.com
97384039	At-Large Member	Angela	Brown	5629 N Audubon Street Spokane WA 99205-7218	Spokane	WA	99205 7218	(509) 326-2456			AngelaB@SpokaneSchools.org
10367044	At-Large Member	Billy	Knotts	440 East 81st Street #LH	New York	NY	10028			(917) 213-0393	whnotts@gmail.com
15844083	At-Large Member	Lloyd	Copeland	517 NE 85th Circle	Vancouver	WA	98665-8164	(360) 608-7218		(206) 669-1902	lmus2004@hotmail.com
78142853	At-Large Member	Rick	Simon	13365 Los Olivos Road	Sylmar	CA	91342	(818) 362 3269	(818) 225 3920	(818) 693-0520	socalcougs@cougarmail.org
98485129	At-Large Member	Rebecca	Miles	PO Box 255	Lenwai	ID	83540	(208) 843 2220	(208) 621 1674	(208) 750-6451	rebeccam@nezperce.org
10298868	At-Large Member	Rachel	Silva-Bischoff	1135 SW Lost Trail Dr	Pullman	WA	99163	(509) 998 1731		(509) 998-1731	rsbischoff@yahoo.com
98085289	At-Large Member	Tricia	Hukee	3512 20th Ave Ct SE	Puyallup	WA	98372			(253) 227-6874	thukee@aol.com
46829773	At-Large Member	Jeff	Bruce	1719 S. Sunset Dr W	Tacoma	WA	98465	(253) 565-0979	(253) 552 2541	(253) 226-1374	JBruce@ci.tacoma.wa.us

Greater Inland Empire

10797257	Chapter President	Anthony	Frei	12721 E Shannon Ave # 176	Spokane Valley	WA	99216		(509) 838 5246	(509) 720-0555	anthonyfrei@gmail.com
98285808	Chapter President	Wade	Disamore	4315 S Olympus Ct	Spokane	WA	99223	(509) 995 7170	(509) 227 5404	(509) 995 7170	Wdisamore@bannerbank.com
98442829	Chapter VP	Heather	Byrd	3838 E 8th Ave	Spokane	WA	99202	(509) 363-0554	(509) 838 7322	(509) 638 5462	hbyrd1@live.com
10066780	Chapter VP	Pam	Emmerson	1823 N Harmony Lane	Spokane Valley	WA	99016	(509) 536-6303	(509) 536 4477	(509) 869-8630	pamemmerson@msn.com
10588234	Chapter VP	becki	Meehan	7692 Abercrombie Court	Coeur d Alene	ID	83815		(509) 358-7528	(208) 818-0268	meehan@wsu.edu

Palouse

10298868	Chapter President	Rachel	Silva-Bischoff	1135 SW Lost Trail Dr	Pullman	WA	99163	(509) 998-1731		(509) 998-1731	rsbischoff@yahoo.com
98081568	Chapter VP	Rick	Bates	PO Box 356	Pullman	WA	99163		(509) 334-1800		rbates@pullman267.wednet.edu
98011288	Chapter VP	Sarah	Brabb	305 N West Street	Colfax	WA	99111	(509) 397-6058	(509) 335 2100		brabb@wsu.edu
10180828	Chapter VP	Abbie	DeMeerleer	1107 College St	Colton	WA	99113		(509) 335-5107		abbiedem@vetmed.wsu.edu
10124088	Chapter VP	Mark	Dinges	840 NW Palouse View Court	Pullman	WA	99163		(509) 335-2088		mdinges@wsu.edu
87818558	Chapter VP	Lynne	Haley	1031 Spencer Rd	Genesee	ID	83832	(509) 241-0491	(509) 335 5021	(509) 595 2016	kennandLynnehaley@gmail.com
10518300	Chapter VP	Melissa	Heiner	225 SW Mountain View St. #A	Pullman	WA	99163	(360) 670-6201			melsier77@yahoo.com
98586558	Chapter VP	Jodi	Humann	294 NW Clay Court	Pullman	WA	99163	(509) 332-8948			jhumann@gocougs.wsu.edu
10218380	Chapter VP	Kristin	Kamak	1135 Liberty Circle	Clarkston	WA	99403	(509) 758-3485	(509) 758 4800		
98184788	Chapter VP	Steve	Nakata	1020 SW Mayer Dr	Pullman	WA	99163	(509) 334-0303	(509) 335 1774	(509) 592 7514	
27645873	Chapter VP	Joe	Pitzer	1025 SE Kamiaken	Pullman	WA	99163	(509) 334 1534	(509) 334-0562	(509) 432-6052	joepitzer@raniax.net
27396863	Chapter VP	Kim	Mueller								kimm@wsu.edu
80662329	Chapter VP	Teri	Hansen								nsbon@vyw.edu
11082824	Chapter VP	Stacey	Aggabao								Stacey1274@hotmail.com
11038806	Chapter VP	Kelsey	Brathovde								Kelsey.brathovde@email.wsu.edu
10738230	Chapter VP	Ashley	Keesal								Ashley.keesal@email.wsu.edu

WSU Alumni Association
2010/11 Volunteer Roster

	Southeast WA										
10488345	Chapter President	Charleen	Neal	PO Box 127	Pomeroy	WA	99347-0127	(509) 540-7137			charleenneal@gmail.com
98185369	Chapter VP	Chalese	Calhoon	51 Mojonnier Pl	Walla Walla	WA	99362	(509) 525-0612			ccalhoon@hotmail.com
9816184	Chapter VP	Mike	Howell	1703 Circle Dr	Walla Walla	WA	99362	(509) 529-7269		(509) 386-3217	mehowell@charter.net
24714783 Susan	Chapter VPs	James & Susan	Johnson	1115 S Division	Walla Walla	WA	99362	(509) 529-5806			
10050109 James											
	Central WA										
98317798	Chapter President	Karin	Mensonides	234 Lynn Road NE	Moses Lake	WA	98837	(509) 431-3210			
	Tri Cities										
10500478	Chapter President	Tammy	Mulholland	2857 Kyle Rd	Kennewick	WA	99336	(509) 308 2376			mulhollandfamily15@gmail.com
10143750	Chapter VP	Kelly	Adamson	107 Ela Loop	Grandview	WA	98930	(509) 786 2411		(509) 302 9948	adamson@outlook.wsu.edu
10038886	Chapter VP	Clint	Adamson	107 Ela Loop	Grandview	WA	98930	(509) 786-2411		(509) 302 9948	adamson@outlook.wsu.edu
20538843	Chapter VP	Mark	Mulholland	2857 Kyle Rd	Kennewick	WA	99336	(509) 628-3029	(509) 308 3170		mulhollandfamily15@gmail.com
68781733	Chapter VP	Stewart	Padelford	152101 W Richards Road	Prosser	WA	99350 9541	(509) 786-4390	(509) 786 1224		spadelford@clearwire.net
99051829	Chapter VP	Tamara	Backlund	406 S Idaho St.	Kennewick	WA	99336	(509) 308 8474			
10516368 & 10386066	Chapter VP	Tim & Liz	Lee	7819 White Bluffs Court	Pasco	WA	99301			(509) 366-3376	boothsterry@hotmail.com
	Chapter VP	Kelsey	Quann	5413 W 14th Ave	Kennewick	WA	99337			(360) 607 4497	Kelseyquann@gmail.com
	North Central WA										
10849515	Chapter President	Alex	Di Giacomo	7785 Sunset Highway #433	Mercer Island	WA	98040	(509) 662-4528	(509) 881 2358		alex.digiacomo@gmail.com
2045009	Chapter VP	Ford	Barrett	1632 Tanda Lane	Wenatchee	WA	98801	(509) 664 4006	(509) 663 7526		ford@financial-alternatives.net
10332215	Chapter VP	Matt	Eastman	1038 Castlerock St	Wenatchee	WA	98801	(509) 679 7400	(509) 663 1112	(509) 679-7400	matt@eastmanins.com
18373809	Chapter VP	Marcia	Henkle	1940 Eastmont Ave	East Wenatchee	WA	98802	(509) 884-6930	(509) 664 2562		
97135009	Chapter VP	Jennifer	Lange	2477 Highland View Dr	East Wenatchee	WA	98802	(509) 886-2447			thelangegang@msn.com
53742743	Chapter VP	Steve	Lutz	2464 Twin Peaks View	East Wenatchee	WA	98802-8253	(509) 884 2616			steve@perishablesgroup.com
78201693	Chapter VP	John	Rundell	6620 Pinnacle View	Cashmere	WA	98815	(509) 782 0366	(509) 663 3091		
18632509	Chapter VP	Jeff	Smith	844 Willowbrook Drive	Wenatchee	WA	98801	(509) 663 7916			abjs@nwi-tech.com
21037853	Chapter VP	Kris	Vog	P.O. Box 131 Waterville	Waterville	WA	98858			(509) 264-6484	krisvog@gmail.com
27727853	Chapter VP	Debbie	Wirth	1018 Webb Place S	East Wenatchee	WA	98802	(509) 884 3835	(509) 663 8161		
	South Central WA										
10111805	Chapter President	Amy	Ancira	1930 McGonagle Road	Selah	WA	98942 9400	(509) 697 3176	(509) 901 4267		aluna82@hotmail.com
	Skagit Valley										
92821703	Chapter President	David	Welch	816 Jennings Street	Sedro Woolley	WA	98284	(360) 855 1348	(360) 855 0111		cougmanwelch@msn.com
1134809 & 10081779	Chapter VP	Bud and Jackie	Andersen	11067 Post Dr	Anacortes	WA	98221	(360) 293-5343	(360) 293 9132		bud.Landerson@isocorp.com
80061723	Chapter VP	Sue	Christianson	11710 Pulver Road	Burlington	WA	98233	(360) 757-0209	(360) 757 8996	(360) 661-6716	chaven@fidalgo.net
28221713	Chapter VP	Lindsay	Fiker	18310 S Westview Rd	Mt Vernon	WA	98274	(360) 422 7810	(360) 757 4074		lfiker@be.wednet.edu
38111733	Chapter VP	Colleen	Fisher	11703 Bayview Edison Road	Mt Vernon	WA	98273	(360) 757 4322	(509) 575 2323	(360) 770-9370	colleen.h.fisher@gmail.com
38259723 & 10001048	Chapter VP	John & Roberta	Hunter	5043 Wildlife Acres Lane	Sedro Woolley	WA	98284	(360) 724 3302	(360) 757-0027		jrhunter@wildblue.net
69371723	Chapter VP	Bruce & Debbie	Lisser	18417 Burkland Road	Mt Vernon	WA	98274	(360) 424-0408		(360) 708-0072	Bruce@lisser.com
20131709 & 11333218	Chapter VP	Dennis & Ro	Tonkin	24242 Nookachamp Hills Dr	Mt Vernon	WA	98274 9196	(360) 424 9715	(425) 775-0831	(360) 424 9300	dtonkin44@gmail.com
23481609 & 23481619	Chapter VP	Ron & Linda	Wigal	706 Shelter Bay Drive	La Conner	WA	98257-9531	(360) 856-0568		360-466-3308	ron@mcgregorbenefits.com
25017309 & 25017319	Chapter VP	Michael and Jeanne	Youngquist	16234 Kamb Rd	Mt Vernon	WA	98273	(360) 424 5015	(360) 424 7220	(360) 770-4670	mike@mikeandjeans.com
14441703 & 3449419	Chapter VP	Brian & Mary	Clark	66 Autumn Lane	Bellingham	WA	98299			(360) 336-1000	brian@skagitlaw.com
11184683	Chapter VP	Randy	Brown	14745 Dunbar Lane	Mount Vernon	WA	98273			(360) 424-4864	rbrown@mv.k12.wa.us
51891683	Chapter VP	Denny	Legro	4220 E Division St	Mount Vernon	WA	98274			(360) 424-9333	legro@fidalgo.net
10114275 & 18574819	Chapter VP	Jim & Mary Lou	Caudill	9875 Seacrest Lane	Bow	WA	98232			(360) 766-6286	mary.lou.caudill@gmail.com
56011733 & 32041723	Chapter VP	John & Colleen	McIntyre	5003 Croatian Way	Anacortes	WA	98221			(253) 862-1438	jsmcintyre@aol.com
44326823	Chapter VP	Abraham	Gonzalez	P O Box 2134	Mount Vernon	WA	98273			(360) 757-4526	agonzal20@msn.com
10705703 & 23119793	Chapter VP	Terry & Wendy	Brazas	4501 Woodside Dr	Anacortes	WA	98221			(360) 588-6120	wtbrazas@comcast.net
	Chapter VP	Nathan	Wood	3924 Primrose Ln #402	Bellingham	WA	98226			(360) 632 9509	wood.nathan.j@gmail.com

WSU Alumni Association
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	Snohomish County										
36271803	Chapter President	Diane	Kolb	65 Pine Street #208	Edmonds	WA	98020	(425) 776-2020	(425) 806 8453	(206) 245 4540	diane@childrenscountryhome org
30091803	Chapter VP	Ian	Tanner	5518 148th Place SW	Edmonds	WA	98026	(425) 743 2958	(425) 257 8281	(425) 463 7513	shonumish wsu alumni@comcast net
10033058	Chapter VP	Chandra	Barney	18930 Bothell Everett Hwy #P 103	Bothell	WA	98012	(206) 618 7659			chandrabarney@hotmail com
10254733	Chapter VP	Debby	Poris	15325 16th Place W	Lynnwood	WA	98087	(206) 618-0271			dporis@nwlink com
21018813	Chapter VP	Laura	Rehwaldt	P O Box 117341	Burlingame	CA	94011	(206) 910-7138		(206) 910 7138	laurareylk@comcast net
33793811	Chapter VP	Scott	Tanner	5518 148th Place SW	Edmonds	WA	98206	(425) 743 2958		(425) 463 8503	
	King County										
10355834	Chapter President	Jennifer	Evison	203 Roy St #230	Seattle	WA	98109	(206) 802-4003			jennifer evison@gmail com
	Chapter President	Alicia	Nielsen	5844 NE 75th St #A 201	Seattle	WA	98115	(425) 750-7301			alicia565@msn.com
10843758	Chapter President	Sally	van Boheeman	1950 Union Ave NE	Renton	WA	98059		(206) 286 3933	(206) 992 5345	svanboheeman@hollandamerica com
88968329	Chapter VP	Leslie	Archer	20175 Merriewood Lane	Bend	OR	97702	(206) 329 9514	(206) 832 1633	(206) 356-3933	leslie@wsualumni org
89833529	Chapter VP	Ken	Archer	20175 Merriewood Lane	Bend	OR	97702	(206) 329 9514	(206) 267 2683	(425) 736-3613	ken archer@gmail com
20844783	Chapter VP	Linda	Howell	558 Shoemaker Place	Pullman	WA	99163	(425) 652-6618			wesnlinda@msn com
10388890	Chapter VP	Jill	Samuelson	0015 24th St SW	Edmonds	WA	98026				jsamuelson@k-lortn.com
	Pierce County										
98085298	Chapter President	Tricia	Hukee	3512 20th Ave CT SE	Puyallup	WA	98372			(253) 227-6874	thukee@aol com
	South Puget Sound										
28038783	Chapter President	David	Logan	PO Box 164	East Olympia	WA	98540	(360) 923 5956	(360) 902 9648	(360) 259-0781	mana1106@comcast.net
28107783	Chapter VP	Liz	Brown	6301 Trille Dr NW	Olympia	WA	98502	(360) 866-1825			
10082818	Chapter VP	Brent	Courtright	1919 Evergreen Park Dr SW #60	Olympia	WA	98502	(360) 481 5454			
32511823	Chapter VP	John	Gray	4815 SE Stratford Ln	Olympia	WA	98501	(360) 456-3253			johnmarygray@comcast net
8256909	Chapter VP	Sam	Hunt	4030 San Mar Dr NE	Olympia	WA	98506	(360) 456-0886	(360) 786 7992		
11168918	Chapter VP	Diana	Kirkbride	7220 Timberlake Dr SE	Lacey	WA	98503	(360) 456 3247			kirkbride@comcast net
28471783	Chapter VP	Lory	Logan	PO Box 164	East Olympia	WA	98540	(360) 923 5956	(360) 902 9648	(360) 259-0781	manabuy@comcast net
73684693	Chapter VP	James	Reddick	723 Eastside St NE	Olympia	WA	98506	(360) 352-0980			
9215753	Chapter VP	Rich	Tamminski	2140 Summit Lake Shore Rd N	Olympia	WA	98502	(360) 438-4993			richski@gocougs wsu edu
	Kitsap County										
10136009 & 97197979	Chapter Presidents	Doug & Linda	Janachek	PO Box 157	Port Gamble	WA	98364		(360) 782-0129	(503) 705 2844	pharmacoug@comcast net
10148720	Chapter VP	Sue	Rauch	9090 NE Day Road	Bainbridge Island	WA	98110	(206) 842 1307	(360) 394 4021	(206) 713-0241	gowazzu2@hotmail com
90084058	Chapter VP	Chris	Rauch	9090 NE Day Road	Bainbridge Island	WA	98110	(206) 842-1307			
	North Olympic Peninsula										
10865897	Chapter President	Scott	Sloane	4537 S Discovery Rd	Port Townsend	WA	98368	(360) 316-0993			scott@scottsloane.com
2215809 & 2215819	Chapter VPs	Ken & Helen	Brink	1931 Redwood	Port Townsend	WA	98368	(360) 385-1327			
74031723	Chapter VP	Chris	Repass	1419 W 11th	Port Angeles	WA	98363	(360) 452 3129	(360) 457 6501		chrepass@olympus net
	Twin Harbors										
96888109	Chapter President	Don	Olsen	704 Cherry Road	Montesano	WA	98563	(360) 249-3994	(360) 249 4021		
20090853	Chapter VP	Susan	Ball	7039 Harrison Rd	Aberdeen	WA	98520	(360) 533-6877	(360) 538 2160		sball@asd5 org
20010813	Chapter VP	Kim	Carson	208 Tolomei Drive	Aberdeen	WA	98520	(360) 532 2870			kmcarson@comcast net
10828715	Chapter VP	Jennifer	Hagarty	6311 Manor Road	Aberdeen	WA	98520	(360) 532 4677			
	Lower Columbia Area										
18176509	Chapter President	Byron	Rickert	73700 Fern Hill Rd	Rainier	OR	97048		(503) 556-0684	(360) 560-2244	rickert@opusnet com
98482769	Chapter VP	Dave	Andrew	3833 Gardenia St	Longview	WA	98632	(360) 577 1439	(360) 577 7502		Dandrew@cowlitzpud org
28881673	Chapter VP	Dick	Ford	460 N Maple Hill Rd	Kelso	WA	98611	(360) 749-0658			rvfurester@msn com
7102909	Chapter VP	Kay	Green	101 Willow Pointe Loop	Longview	WA	98632	(360) 423 9259			
	Chapter VP	Lindsay	Jurvakainen	4116 Pacific Way	Longview	WA	98632	(360) 442-0956			llubaron@hotmail com
69891733	Chapter VP	JoAnn	Van Curen	1229 22nd Avenue	Longview	WA	98632	(360) 636-0006			vancuren2@comcast.net

Southwest WA

WSU Alumni Association
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88400063	Chapter President	Sarah	Brown	1003 NW Vinca Lane	Camas	WA	98607	(503) 415 1410			Sarahb1003@hotmail.com
98032929	Chapter VP	Kevin	Brown	1003 NW Vinca Lane	Camas	WA	98607	(360) 834 1690		(360) 606-5684	kevinvbrown@Frontier com
98428929	Chapter VP	Kerri	Clary	2135 S 29th Court	Ridgefield	WA	98642	(360) 887 3620			jk clary@comcast net
10188047	Chapter VP	Paris	Powell	2907 NE 166th Way	Ridgefield	WA	98642	(360) 607 5430			paris_powell@wsu edu
87911789	Chapter VP	Karen	Rankine	2914 H Street	Vancouver	WA	98663	(360) 695-6056	(360) 604 3714		
	Southern Idaho										
10332775	Chapter President	Ryan	Dowell	1834 S Goldsmith Ave	Meridian	ID	83642	(208) 724-3192	(208) 344 7500		ryankdowell@gmail.com
14581743	Chapter VP	Max	Clark	919 N 18th Street	Boise	ID	83702	(208) 422-0561	(208) 319-1209		mclark@interpipe net
10208149	Chapter VP	Cory	Nelson	6333 W Butte St	Boise	ID	83704	(208) 867 1065			cnelson@jumodus com
98670839 & 10835049	Chapter VP	Pete & Kimberly	Sorensen	1809 W Idaho	Boise	ID	83702	(208) 850-7104	(208) 867 1249		kimberlynelson@hotmail com
98698389	Chapter VP	Grant	Walden	3310 Mtn View Drive	Boise	ID	83704	(208) 327-0303	(208) 384 7345		grantwalden@hotmail com
	Oregon										
6188753	Chapter President	Joanie	Ries	2646 SE 73rd Ave	Portland	OR	97206	(503) 771-8134			oregonwsualums@hotmail.com
28080853	Chapter VP	Eric	Strom	5840 SW 192nd Avenue	Beaverton	OR	97007	(503) 649-7204	(503) 452-6066	(503) 332 1287	
10245724	Chapter VP	Brandy	Coffman	1801 NW 140th Circle	Vancouver	WA	98685	(360) 574-0638			oc
98140119	Chapter VP	Allison	Duncan	2931 NW 128th St	Vancouver	WA	98685	(360) 693-7235		(360) 281 1500	allison@wsucougars com
46413823	Chapter VP	Greg	Henion	2334 N Schofield	Portland	OR	97217	(503) 525 1064	(360) 817 4455	(509) 432 7630	greganddwhit@hotmail com
10186107	Chapter VP	Kenley	Jones	1211 S 41st Place	Springfield	OR	97478	(480) 747-4968			kenley@uoregon edu
97287649	Chapter VP	Tammy	Kiger	8409 NE 39th Av	Vancouver	WA	98665	(503) 658-4598	(503) 260-1128		
12166309	Chapter VP	I	Lofberg	PO Box 1	Stevenson	WA	98648	(509) 427 5090		(360) 904 1774	doctorruck10@embarqmail.com
90051859	Chapter VP	Ross	Nelson	14825 NW Gillihan Rd	Portland	OR	97231	(503) 285 7529			rcnelson@gocougs wsu edu
90033089	Chapter VP	Miles	Penner	2038 SE 12th Ave	Portland	OR	97214	(503) 317 9957	(503) 264 4969		miles.j penner@intel com
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40613871	Chapter VP	Sheryl	Friesz	103 1/2 Wilder Avenue	Los Gatos	CA	95030	(650) 883-2154		(323) 382-6200	sheryfriesz@gmail com
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45757823 & 46557823	Chapter VP	Peter & Priscilla	Rodgers	1918 Berkeley Rd	Hughson	CA	95326	(209) 883-0891			
61212723	Chapter VP	Wayne	Steffen	4523 Deer Ridge Way	Antioch	CA	94531	(925) 779-9718	(925) 226 9809	(925) 890-0119	sterwd@aol com
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28310793 & 14833793	Chapter VP	Kathy & Rick	Blomquist	3150 Bonn Dr	Laguna Beach	CA	92651	(949) 494-1962			
29303743 & 8668783	Chapter VPs	Clive & Stan	Freidenrich	19048 Chandon Lane	Huntington Beach	CA	92648	(714) 374-8680			calcoug@aol com
22165843	Chapter VP	Will	Gassman	16692 Lovell Lane	Huntington Beach	CA	92647	(509) 220-0828			waqjr64@yahoo com
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87501743	Chapter VP	Bill	Ukropina	10323 Woodbine St #304	Los Angeles	CA	90024	(310) 204-2793			bkirsch@ucla edu
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45813823	Chapter VP	Elmo	Mervis	1605-B Alaoloa	Lahaina	HI	96761	(808) 661 7671			rmervis001@hawaiirr.com
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28824873	Chapter VP	Everett	Schneider	745 M Waukee St.	Denver	CO	80206 3901	(303) 981 2172			
34727803	Chapter VP	Darci	Wert	6041 N Eldorado Ct	Parker	CO	80134 5512	(303) 734 0933			
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88408458	Chapter VP	Bill	Cahill	33652 Emerald Creek Court	Temecula	CA	92592	(907) 929 9509	(907) 562 2000	(907) 830-8170	akpdf@wsucougarmail.org
43281883	Chapter VP	Mario	Dragnich	6246 Trappers Trail Road	Anchorage	AK	99516	(907) 345-7571	(907) 365 5246		
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88882878	Chapter VP	Ted	Hamilton	723 8th Ave Apt. 2H	Brooklyn	NY	11215	(917) 783 5309			fletchdot@yahoo.com
10075808	Chapter VP	Yvonne	Rodriguez	3 Benachah Av #1	Nyack	NY	10960-4201		(914) 425-6773	(206) 683-6231	Yvonne.Rodriguez@mail.com
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10736270	Chapter President	Jessica	Canfield	3608 NE 288th Ave	Camas	WA	98607				
23531873	Chapter VP	Chawn	White	428 Gilbert Avenue	Waukegan	IL	60085	(773) 405-6791	(847) 935-3072	(773) 405 6791	chawn.white@abbott.com
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88345368	Chapter VP	Mike	Hassler	1600 Halsted St #3F	Chicago	IL	60614	(312) 339-4586	(312) 784-6065		jmaria655@gmail.com
	Greater San Diego										
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95838299	Chapter VP	Kellie	Lewis	3032 S 45th St Apt A	Tacoma	WA	98409-5568	(253) 531-4094			
10682781	Chapter VP	Rodney	McAuley	3501 S Whipple Road	Spokane Valley	WA	99206-6333	(509) 927 7349	(509) 455 9049	(509) 953-8003	rmcauley@northwestleadership.org
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	Asian Pacific American										
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28471763	Chapter VP	Lory	Legan	PO Box 164	East Olympia	WA	98540	(360) 923-5956	(360) 902 9648	(360) 259-0781	mariaboy@comcast.net
	Ku Au Mahi										
98465129	Chapter President	Rebecca	Miles	PO Box 255	Lapwai	ID	83540	(208) 843 2220	(208) 621 3074	(208) 750-6451	rebeccam@nezperce.org
10385414	Chapter VP	Amy	Alward	683 5th St	Hermosa Beach	CA	**90254**			(424) 803-6378	aalward@lmu.edu
98773549	Chapter VP	Barbara	Aslan	303 Pintail Lane	Moscow	ID	**83843**			(208) 883-4433	aslan@wsu.edu
32818811	Chapter VP	Colleen	Cawston	P O Box 1044	Olympia	WA	**98507**			(505) 879-9268	colleen@cawston@comcast.net
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33871683	Chapter VP	Ronald	Halfmoon	215 Lolo St P O Box 221	Lapwai	ID	**83540**			(208) 843-5402	halfmoon51@nisu.com
98709078	Chapter VP	Vicki	Hanna	9038 44th Ave SW	Seattle	WA	**98116**				
55513723	Chapter VP	Ann	McCormack	NE 1225 Stadium Way	Pullman	WA	**99163**			(509) 332-4038	annm@nezperce.org
10500088	Chapter VP	Annette	Pierre	523 S Altamont St	Spokane	WA	**99202**			(509) 768-3838	apierre3@u.washington.edu
60301813	Chapter VP	Susan	Schroeder	605 NW Fisk St #52	Pullman	WA	**99163**			(509) 338-8390	sschroeder@mail.spokane.edu
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10290868	Chapter VP	Rachel	Silva-Bischoff	1135 SW Lost Trail Dr	Pullman	WA	99163	(509) 998 1731		(509) 998 1731	rsbischoff@yahoo.com
	Club Representative										
10278654	Florida Club	Jordan	Alhadeff	350 SE 2nd Street #930	Fort Lauderdale	FL	**33301**	**(954) 422 2333**			jordan.alhadeff@gmail.com
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31192733	Carolines Club Coordinator	David	Cox	372 Northwood Street	Columbia	SC	29201	(509)952 3143			drcox2734@yahoo.com
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10770388	Oklahoma Club	Grant	Ekstedt	1886 12th Ave. SE APT B	Norman	OK	73071	(509) 220-2210			
98868329	Bend Oregon Club	Leslie	Archer	20175 Merriewood Lane	Bend	OR	97702	(206) 329-9514	(206) 832 1633	(206) 356-3933	leslie@wsualumni.org
98774879	Atlanta Georgia Club	Melissa	Ducey	4625 Plainsman Circle	Cumming	GA	30028				melissa_ducey@yahoo.com
10205155	Pittsburg PA Club	Ryan	Nottingham	1659 Beechwood BLVD	Pittsburgh	PA	15217	(412) 224 2214			rmnottingham@gmail.com
	Constituent Representative										
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98480088	College-Liberal Arts Rep	Travis	Pratt	6213 W Biada Road	Phoenix	AZ	85083	(623) 234 4833			tpratt@email.wsu.edu
74538088	College-EUS/DNP Rep	Ann	Shipley	922 SW Plymouth Street	Olympia	WA	98502	(360) 791-6086			avshipley@comcast.net
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71531683	2007-2008	Al	Powell	1204 Lindenwood Dr	Fort Collins	CO	80524	(970) 407 9609	(970) 491-6226	(970) 215 1560	apowell@jdcoups.wsu.edu
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25340873	2004 2005	Erik	Fattar	1822 Remington Lane	Park City	UT	84098	(435) 658-4898			utahcougs@yahoo.com
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6038808	1987 1988	William	Fitch	5327 Fraser Avenue SW	Seattle	WA	98116	(206) 937 3431			fitch3278@comcast.net
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16120708	1977 1978	Stan	Pratt	5307 Bitterroot Way	Yakima	WA	98908	(509) 966-6639	(509) 453 9135		
3151308	1973 1974	Tom	Copeland	20815 N Grand Staircase Drive	Surprise	AZ	85387	(623) 752-8311			tom@tomcopeland.us
13244108	1971 1972	Bob	Morgan	5299 S Woodfield Ln	Spokane	WA	99223	(509) 448-3000			murphbob6@aol.com
10070108	1968 1969	Barry	Jones	1914 E 25th Avenue	Spokane	WA	99203	(509) 535 5774	(509) 462 7837		bkcguncr@msn.com
13237708	1965 1966	Donald	Mees	225 19th Street NE #23	East Wenatchee	WA	98802	(509) 884-3447			
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