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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2011**

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

**For calendar year 2011 or tax year beginning** , **and ending**

Name of foundation <b>WEST EDUCATION FOUNDATION</b>		<b>A Employer identification number</b> <b>20-4763223</b>
Number and street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b> <b>(402) 963-1200</b>
<b>11808 MIRACLE HILLS DRIVE</b>		<b>C If exemption application is pending, check here</b> <input type="checkbox"/>
City or town, state, and ZIP code <b>OMAHA NE 68154</b>		<b>D 1. Foreign organizations, check here</b> <input type="checkbox"/>
<b>G Check all that apply:</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>2. Foreign organizations meeting the 85% test, check here and attach computation</b> <input type="checkbox"/>
<b>H Check type of organization:</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> <input type="checkbox"/>
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$</b> <b>573,292</b>	<b>J Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> <input type="checkbox"/>
<i>(Part I, column (d) must be on cash basis)</i>		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	200,004			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	45	45		
4 Dividends and interest from securities	0	0		
5 a Gross rents		0		
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	0			
b Gross sales price for all assets on line 6a	0			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 <b>Total. Add lines 1 through 11.</b>	<b>200,049</b>	<b>45</b>	<b>0</b>	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	11,875	5,937	0	5,938
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see instructions)	0	0	0	0
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	2,747	2,747	0	0
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>14,622</b>	<b>8,684</b>	<b>0</b>	<b>5,938</b>
25 Contributions, gifts, grants paid	168,800			168,800
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>183,422</b>	<b>8,684</b>	<b>0</b>	<b>174,738</b>
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	16,627			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	554,092	570,969	570,969
	2	Savings and temporary cash investments			
	3	Accounts receivable	0		
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable	0		
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)	0		
		Less allowance for doubtful accounts	0	0	0
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U S and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis	0		
	Less accumulated depreciation (attach schedule)	0	0	0	
12	Investments—mortgage loans				
13	Investments—other (attach schedule)	0	0	0	
14	Land, buildings, and equipment basis	0			
	Less accumulated depreciation (attach schedule)	0	0	0	
15	Other assets (describe SECTION 195 ASSETS )	2,573	2,323	2,323	
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	556,665	573,292	573,292	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe )	0	0	
	23	<b>Total liabilities</b> (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	556,665	573,292	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	<b>Total net assets or fund balances</b> (see instructions)	556,665	573,292		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	556,665	573,292		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	556,665
2	Enter amount from Part I, line 27a	2	16,627
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	573,292
5	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	573,292

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>	0	0	0	0
<b>b</b>	0	0	0	0
<b>c</b>	0	0	0	0
<b>d</b>	0	0	0	0
<b>e</b>	0	0	0	0
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>	0	0	0	0
<b>b</b>	0	0	0	0
<b>c</b>	0	0	0	0
<b>d</b>	0	0	0	0
<b>e</b>	0	0	0	0
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			<b>2</b> 0
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			<b>3</b> 0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	158,475	502,655	0.315276
2009	132,400	436,929	0.303024
2008	113,764	358,897	0.316982
2007	91,300	400,988	0.227688
2006	48,700	225,432	0.216030
<b>2</b> Total of line 1, column (d)			<b>2</b> 1.379000
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.275800
<b>4</b> Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			<b>4</b> 469,234
<b>5</b> Multiply line 4 by line 3			<b>5</b> 129,415
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 129,415
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			<b>8</b> 174,738

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	0
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
<b>c</b> All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
<b>3</b> Add lines 1 and 2	3	0
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
<b>5</b> Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	0
<b>6</b> Credits/Payments		
<b>a</b> 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	0
<b>b</b> Exempt foreign organizations—tax withheld at source	6b	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	6c	0
<b>d</b> Backup withholding erroneously withheld	6d	
<b>7</b> Total credits and payments Add lines 6a through 6d	7	0
<b>8</b> Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
<b>11</b> Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>	11	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>c</b> Did the foundation file Form 1120-POL for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NE		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
Website address ▶				
14	The books are in care of ▶ PAUL MENDLICK Telephone no ▶ (402) 963-1200			
	Located at ▶ 11808 MIRACLE HILLS DRIVE OMAHA NE ZIP+4 ▶ 68154			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶			X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

	<b>5b</b>	N/A
	<b>6b</b>	X
	<b>7b</b>	X

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS BARKER 11808 MIRACLE HILLS DRIVE OMAHA NE 68	DIRECTOR 00	0	0	0
PAUL MENDLIK 11808 MIRACLE HILLS DRIVE OMAHA NE 68	DIRECTOR 00	0	0	0
NANCEE BERGER 11808 MIRACLE HILLS DRIVE OMAHA NE 68	DIRECTOR 00	0	0	0
	00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
<b>Total number of others receiving over \$50,000 for professional services</b>		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE ATTACHED SUMMARY OF WEST CORPORATION EDUCATION SCHOLARSHIP PROGRAM DESIGNED TO ASSIST EMPLOYEE'S CHILDREN WHO PLAN TO CONTINUE EDUCATION IN COLLEGE OR VOCATIONAL SCHOOLS	
2 NUMBER OF APPLICATIONS-96 NUMBER OF AWARDS-NEW-27 NUMBER OF AWARDS-RENEWED-49	168,800
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	0
<b>Total. Add lines 1 through 3</b>	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	
<b>b</b>	Average of monthly cash balances	<b>1b</b>	476,380
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	476,380
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	476,380
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	<b>4</b>	7,146
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	469,234
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	23,462

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	23,462
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b>	0
<b>b</b>	Income tax for 2011 (This does not include the tax from Part VI)	<b>2b</b>	0
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	23,462
<b>4</b>	Recovery of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	23,462
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	23,462

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	174,738
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	174,738
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	174,738

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				23,462
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006	37,429			
<b>b</b> From 2007	71,422			
<b>c</b> From 2008	95,991			
<b>d</b> From 2009	110,554			
<b>e</b> From 2010	133,342			
<b>f</b> Total of lines 3a through e	448,738			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 174,738				
<b>a</b> Applied to 2010, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)	0			
<b>d</b> Applied to 2011 distributable amount				23,462
<b>e</b> Remaining amount distributed out of corpus	151,276			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	600,014			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions		0		
<b>e</b> Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see instructions			0	
<b>f</b> Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	37,429			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	562,585			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2007	71,422			
<b>b</b> Excess from 2008	95,991			
<b>c</b> Excess from 2009	110,554			
<b>d</b> Excess from 2010	133,342			
<b>e</b> Excess from 2011	151,276			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0			0
<b>b</b> 85% of line 2a	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0			0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed

WEST CORP SCHOLARSHIP PROGRAM ONE SCHOLARSHIP WAY PO BOX 297 SAINT PETER MN 56082 (402) 963-1200

**b** The form in which applications should be submitted and information and materials they should include

SEE ATTACHED FORM

**c** Any submission deadlines

MARCH 15

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

DEPENDENT CHILDREN OF FULL TIME EMPLOYEE - SEE ATTACHED

**Part XV** Supplementary Information (continued)

**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> <i>Paid during the year</i>                      SEE ATTACHED SCHEDULE                      ONE SCHOLARSHIP WAY                      SAINT PETER MN 56082</p>			EDUCATION	168,800
<b>Total</b>				▶ <b>3a</b> 168,800
<p><b>b</b> <i>Approved for future payment</i></p>				
<b>Total</b>				▶ <b>3b</b> 0





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2011**

Name of the organization

Employer identification number

WEST EDUCATION FOUNDATION

20-4763223

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>WEST EDUCATION FOUNDATION</b>	Employer identification number <b>20-4763223</b>
----------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEST CORPORATION 11808 MIRACLE HILLS DRIVE OMAHA NE 68154 Foreign State or Province: _____ Foreign Country _____	\$ 200,004	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	_____ _____ Foreign State or Province: _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ Foreign State or Province: _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ Foreign State or Province: _____ Foreign Country _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>WEST EDUCATION FOUNDATION</b>	Employer identification number <b>20-4763223</b>
----------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----

Name of organization <b>WEST EDUCATION FOUNDATION</b>	Employer identification number 20-4763223
----------------------------------------------------------	----------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions ) ▶ \$ ..... 0  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
..... ..... .....		..... ..... .....	
For Prov                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
..... ..... .....		..... ..... .....	
For Prov                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
..... ..... .....		..... ..... .....	
For Prov                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
..... ..... .....		..... ..... .....	
For Prov                      Country			

**Line 16b (990-PF) - Accounting Fees**

		11,875	5,938	0	5,938
		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	SCHOLARSHIP AMERICA	11,875	5,938		5,938
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Line 23 (990-PF) - Other Expenses**

		2,747	2,747	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization. See attached statement	253	253	0	0
2	BANK SERVICE FEES	2,494	2,494		
3					
4					
5					
6					
7					
8					
9					
10					

**Line 23a (990-PF) - Amortization**

						253	253	253	0	0
	Description	Date Acquired	Amount Amortized	Amortization Period	Beginning Accumulated Amortization	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
1	START UP COSTS	3/1/2007	3,797	15.	1,267	253	253			0
2					0					
3					0					
4					0					
5					0					
6					0					
7					0					
8					0					
9					0					
10					0					

**Part II, Line 15 (990-PF) - Other Assets**

	Description	Beginning Balance	Ending Balance	Fair Market Value
1	SECTION 195 ASSETS	2,573	2,323	2,323
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours	Compensation
1	THOMAS BARKER		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR		
2	PAUL MENDLIK		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR		
3	NANCEE BERGER		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR		
4										
5										
6										
7										
8										
9										
10										

0

**Part**

	0	0	0
	Benefits	Expense Account	Explanation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Options (990-PF)**

- Check "X" if the charitable trust became a private foundation by virtue of section 1241(c) of the Pension Protection Act of 2006.
- Check "X" if Exempt foreign organization.
- Check "X" if the organization is not required to file Schedule XIV.

**Part II, Line 3 (990-PF) - Accounts Receivable**

			Accounts Receivable	Allowance for Doubtful Accounts	Fair Market Value
1	Beginning	1			
	Ending				
2	Beginning	2			
	Ending				
3	Beginning	3			
	Ending				
4	Beginning	4			
	Ending				
5	Beginning	5			
	Ending				
6	Beginning	6			
	Ending				
7	Beginning	7			
	Ending				
8	Beginning	8			
	Ending				
9	Beginning	9			
	Ending				
10	Beginning	10			
	Ending				
11	Total beginning year amounts	11	0	0	
12	Total end of year amounts	12	0	0	
13	Total fair market value	13			0

**Part II, Line 4 (990-PF) - Pledges Receivable**

			Pledges Receivable	Allowance for Doubtful Accounts	Fair Market Value
1	Beginning	1			
	Ending				
2	Beginning	2			
	Ending				
3	Beginning	3			
	Ending				
4	Beginning	4			
	Ending				
5	Beginning	5			
	Ending				
6	Beginning	6			
	Ending				
7	Beginning	7			
	Ending				
8	Beginning	8			
	Ending				
9	Beginning	9			
	Ending				
10	Beginning	10			
	Ending				
11	Total beginning year amounts	11	0	0	
12	Total end of year amounts	12	0	0	
13	Total fair market value	13			0

**Part VI, Line 6a (990-PF) - Estimated Tax Payments**

	Date	Amount
1 Credit from prior year return		0
2 First quarter estimated tax payment		0
3 Second quarter estimated tax payment		0
4 Third quarter estimated tax payment		0
5 Fourth quarter estimated tax payment		0
6 Other payments		0
7 Total		0

**Part VII-A, Line 8a (990-PF) - States With Which a Copy of This Return Is Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

**Part VII-A, Line 14 (990-PF) - Books in care of**

Name PAUL MENDLICK				Person	<input type="checkbox"/>
				Business	<input type="checkbox"/>
Address 11808 MIRACLE HILLS DRIVE			Telephone no. (402) 963-1200		
City OMAHA	State NE	Zip code 68154	Foreign Country		

**Part VIII, Line 2 (990-PF) - Compensation of Five Highest-Paid Employees**

Name and address of each employee paid more than \$50,000		Title, and average hours per week devoted to position		Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____				
<b>1.</b>						
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____				
<b>2.</b>						
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____				
<b>3.</b>						
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____				
<b>4.</b>						
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____				
<b>5.</b>						

**Part VIII, Line 3 (990-PF) - Highest-Paid Independent Contractors for Professional Services**

Name and address of each person paid more than \$50,000		(b) Type of service	(c) Compensation
1.	Name _____	Explanation	
	Street _____		
	City _____ ST _____ ZIP _____		
	Check if Business <input type="checkbox"/> Foreign Country _____		
2.	Name _____	Explanation	
	Street _____		
	City _____ ST _____ ZIP _____		
	Check if Business <input type="checkbox"/> Foreign Country _____		
3.	Name _____	Explanation	
	Street _____		
	City _____ ST _____ ZIP _____		
	Check if Business <input type="checkbox"/> Foreign Country _____		
4.	Name _____	Explanation	
	Street _____		
	City _____ ST _____ ZIP _____		
	Check if Business <input type="checkbox"/> Foreign Country _____		
5.	Name _____	Explanation	
	Street _____		
	City _____ ST _____ ZIP _____		
	Check if Business <input type="checkbox"/> Foreign Country _____		

**Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income**

1	Distributable amounts for 2010 that remained undistributed at the beginning of the 2011 tax year	1	0
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	0

**Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years**

1	Undistributed income for the 3rd year 2009	1	0
2	Undistributed income for the 4th year 2008	2	
3	Undistributed income for the 5th year 2007	3	
4	Total	4	0

**Part XVI-A, Line 13 (990-PF) - Total Verification**

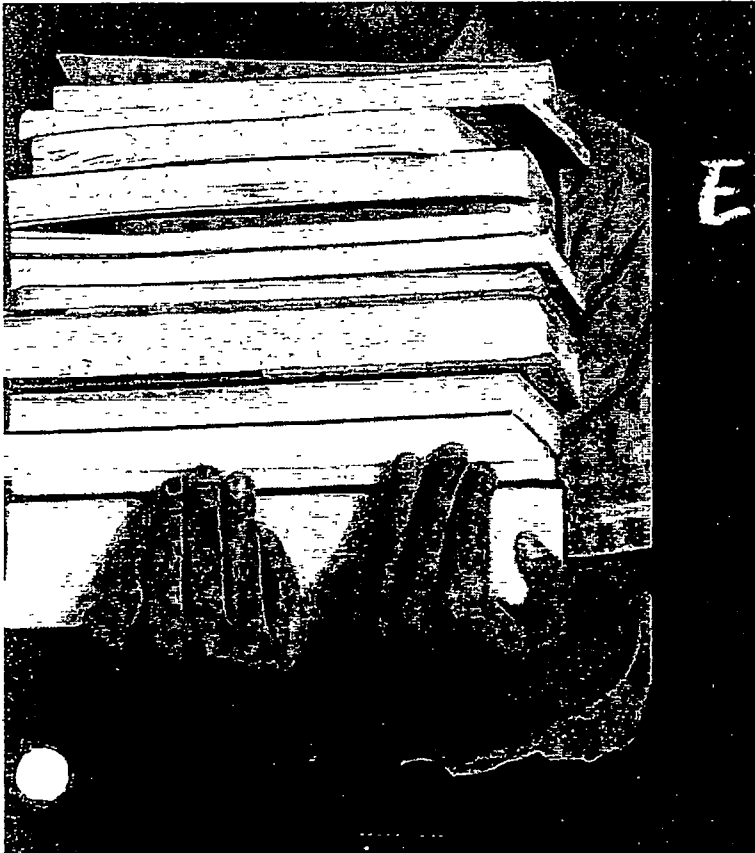
1	Amount from Part XVI-A, Line 13	1	45
2	Amount from Part I, Line 5b	2	0
3	Subtract Line 2 from Line 1	3	45
4	Amount from Part I, Line 1	4	200,004
5	Add Lines 3 and 4	5	200,049
6	Amount from Part I, Line 5a	6	0
7	Add Lines 5 and 6	7	200,049
8	Expenses of special events deducted in computing Part XVI-A, Line 9	8	
9	Add Lines 7 and 8. Must match amount on Line 12, Part I, column (a)	9	200,049

# West Corporation Scholarship Program

We are pleased to once again offer the valuable benefit of the West Corporation Scholarship Program. A college education is one of the most important things a parent can do for their child, yet for many who struggle just to meet the day-to-day expenses of raising a family, a college degree can seem out of reach.

The West Corporation Scholarship Program is designed to help our employees - with college-aged children and demonstrated financial need - make the dream of education come true.

The guidelines that follow explain how the scholarship program works and what you need to do to apply. We hope you will find this information useful and that you will take advantage of this program to assist your children in their pursuit of higher education.



Education's purpose  
is to replace an  
empty mind with  
an open one.

— MALCOM STEVENSON FORBES



west



# West Corporation Scholarship Program

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## THE PROGRAM

West Education Foundation has established a scholarship program to assist employees' children who plan to continue education in college or vocational school programs. Renewable scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

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## ELIGIBILITY

Applicants to the West Corporation Scholarship Program must be -

- Dependent\* children, age 24 and under, of full-time United States West Corporation employees who work 30+ hours per week and who have a minimum of six months of employment with the company as of the application deadline date.

*\*Dependent children are defined as natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee*

- High school seniors or graduates who plan to enroll or students who are already enrolled in full-time undergraduate study at an accredited two-year or four-year college, university, or vocational-technical school for the entire upcoming academic year.

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## AWARDS

If selected as a recipient, the student will receive an award ranging from \$1,000 to \$3,000. Awards may be renewed for up to three additional years or until a bachelor's degree is earned, whichever occurs first. Renewal is contingent upon satisfactory academic performance in a full-time course of study and continuation of the program by West Education Foundation. Scholarship recipients eligible to renew their award will be sent a renewal form on December 30 along with their December payment. Renewal forms must be returned to Scholarship Management Services by postmark deadline date **February 1**.

Awards are for undergraduate study only.

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## APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **March 15**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

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## **SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, an outside appraisal, and financial need. Financial need as calculated by Scholarship Management Services must be demonstrated for the student to receive an award.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of West Corporation or West Education Foundation play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in early May. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

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## **PAYMENT OF SCHOLARSHIPS**

Scholarship Management Services processes scholarship payments on behalf of West Education Foundation. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student.

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## **OBLIGATIONS**

Recipients have no obligation to West Education Foundation. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

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## **REVISIONS**

West Education Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

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## **ADDITIONAL INFORMATION**

Questions regarding the scholarship program should be addressed to:

**West Corporation Scholarship Program**  
Scholarship Management Services  
One Scholarship Way  
Saint Peter, MN 56082

Telephone: (507) 931-1682

administered by



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## INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program **and** from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. Do not include IRA, 401k, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income may include:
  - the applicant
  - the applicant's parents
  - other children living in the household
  - dependent college students living away from home
  - other people who live in the household and receive more than half of their support from the reported income
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Of the Total Number of Family Members on line 8, Number of Students Attending College** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.



# West Corporation Scholarship Program

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**  
 Completeness and neatness ensure your application will be reviewed properly.

**Application postmark deadline March 15**

**FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY**

ID #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Please indicate your status (For statistical purposes only)  Male  Female  
 American Indian/Alaska Native  Black/African American  Multi-Racial  White  
 Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

**EMPLOYEE PARENT JR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 PeopleSoft ID/Social Security Number \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Email Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_  
 Division/Subsidiary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ The applicant is a dependent of the employee  Yes  No

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ High School Graduation Date Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of postsecondary school you plan to attend (If unknown, please list in order of preference the schools to which you have applied )  
 Use official school names. Do not use abbreviations.  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 4 yr. College or University  2 yr. Community or Junior College  
 Vocational-Technical School  Other, explain \_\_\_\_\_  
 Year in school next year  1  2  3  4  5  
 Major or course of study \_\_\_\_\_ Expected college graduation date Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:  Bachelor  Associate  Certificate  Other \_\_\_\_\_  
 Student will:  live on campus  live off campus  commute from home  
 If school choice is a public institution, applicant will pay  in-state resident tuition  out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS' FINANCIAL DATA (REQUIRED)**

Instructions for this section are provided in the guidelines.

The West Corporation employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. To be considered for an award, this section must be filled out completely.

- |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. State of Residence . . . . . _____                                                                                                                                                                                               | 6. Medical and Dental Expenses not paid by insurance (exclude premiums) . . . . . \$ _____                                                                                                                                 |
| 2. Adjusted Gross Income (FORM 1040) . . . . . \$ _____                                                                                                                                                                             | 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____                                                                                                             |
| 3. Total Federal Tax Paid (FORM 1040) . . . . . \$ _____<br>(Not the amount withheld from paychecks)                                                                                                                                | 8. Total number of family members living in the household and primarily supported by the reported income . . # _____                                                                                                       |
| 4. Total Income of Father . . . . . \$ _____                                                                                                                                                                                        | 9. Marital status of employee parent or guardian<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single |
| Total Income of Mother . . . . . \$ _____                                                                                                                                                                                           | 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) . . # _____                                  |
| 5. Yearly Untaxed Income and Benefits<br>Please indicate source –<br><input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support<br><input type="checkbox"/> Other _____ \$ _____ |                                                                                                                                                                                                                            |

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award	School to which award will be applied:	Amount:	Check One
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted _____ /4.0 scale	Unweighted _____ /4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to  
**West Corporation Scholarship Program**  
 Scholarship Management Services  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline March 15**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Scholarship Management Services®

A Division of Scholarship America®

One Scholarship Way • Saint Peter, MN 56082  
507-931-1682 (phone) • 507-931-9168 (fax) • scholarshipmanagement.org

June 10, 2011

Kimm Jennings  
Director, Enterprise Employee Benefits  
West Corporation  
11808 Miracle Hills Drive  
Omaha, NE 68154

Dear Kimm:

The 2011 West Corporation Scholarship Program has concluded. Enclosed are the following materials:

Program Summary	Location Summary
Recipient Report	Statistical Report
Renewal Report	Program History

An invoice for the scholarship awards and remaining management fee is also enclosed. Payment should be sent to Scholarship America, c/o First National Bank Minnesota, P.O. Box 240, Saint Peter, MN 56082-0240. A preaddressed envelope is provided for your convenience.

You may wire payment of the invoice directly to United Bankers Bank. Please provide the following information:

ABA #091001322  
Beneficiary: The First National Bank MN  
Beneficiary Account #2501948  
For final credit: Scholarship America  
Account #030-0277

We also request that you send a fax to Scholarship America's finance department (fax # 507-931-0101) at the time the wire is sent, indicating the dollar amount and the invoice number that is being paid. If your bank charges a wire transfer fee, the amount must be added to the invoice amount due. Questions regarding the wire transfer may be directed to Nancy Johnson at Scholarship America (phone # 507-931-0476).

If you have questions regarding any of the enclosed information, please call me direct at (507)931-0412 or Pei-loh Lo, Director, at (507)931-0417.

If you would like to schedule a visit with a Scholarship Management Services Regional Marketing Director, please let me know.

We are pleased to provide administrative services to West Education Foundation for this important scholarship program.

Sincerely,



Casey Rubischko  
Program Manager  
Scholarship Management Services

Enclosures  
CR/dh

c: Barb Weber, Assistant Vice President, Scholarship Management Services  
Cheryl Amundson, Regional Marketing Director, Scholarship Management Services  
Pei-loh Lo, Director, Scholarship Management Services

# Scholarship Management Services®

A Division of Scholarship America®

One Scholarship Way • Saint Peter, MN 56082  
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6/10/11  
WESTCOR

## West Education Foundation

### 2011 West Corporation Scholarship Program

#### Program Summary

Number of Applications: 102

<u>Awards</u>	<u>Number</u>	<u>Amount</u>
New	27	\$ 51,200
Renewal	49	<u>\$117,600</u>

Part IX - A

TOTAL AWARDS DUE

\$168,800

#### Fees

Management fee	\$7,900
49 renewals at \$75 each	3,675
Produce/host application on Scholarship America Web site	300

TOTAL FEES

\$11,875

Less payment received 3/11/11

- 8,055

TOTAL FEES REMAINING

\$ 3,820

2011 West Corporation Scholarship Program

RECIPIENT REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Schl:	Award Amount
2011	Aiyer, Bradee S. 45 5713 Marquis Court Mobile, AL 36609 251-802-0081	Medeiros, Jennifer A. Mobile AL	Auburn University Auburn, AL Pre-Medicine Yr: C1 Grad: 05/2015		\$2,000.00
2011	Brandt, Eric A. 10 3 Racquet Club Road Asheville, NC 28803 828-687-1456	Brandt, Barry M. Longmont CO	University of North Carolina at Chapel Hill, NC Business Yr: C1 Grad: 05/2015	Chapel Schl:	\$1,200.00
2011	Burkett, Erin E. 1 11915 Timberidge Drive Papillion, NE 68133 402-291-8051	Burkett, Matthew A. Omaha NE	University of Nebraska - Omaha Omaha, NE English Yr: C2 Grad: 05/2014	Schl:	\$1,900.00
2011	Chow, Jolene 76 677 Chippewa Drive Naperville, IL 60563 630-904-9916	Chow, Ted Lisle IL	University of Illinois at Urbana-Champ Champaign, IL Business Yr: C1 Grad: 05/2015	Schl:	\$1,700.00
2011	Cirbo, Matthew I. 37 14206 N. 95th Street Longmont, CO 80504 303-772-1709	Cirbo, Lawrence T. Longmont CO	University of Colorado at Boulder Boulder, CO Aeronautical Engineering Yr: C1 Grad: 05/2015	Schl:	\$1,000.00
2011	Colby, Schylar M. 98 708 W 30th Street Loveland, CO 80538 970-203-1031	Colby, Daniel R. Longmont CO	University of Denver Denver, CO Business Yr: C1 Grad: 05/2015	Schl:	\$2,500.00
2011	Correa, Sebastian J. 99 3713 Falcon Drive Bellevue, NE 68123 402-215-9252	Correa, Richard Omaha NE	University of Nebraska - Lincoln Lincoln, NE Mathematics Yr: C1 Grad: 05/2015	Schl:	\$1,800.00
2011	Ebert, Maddisen L. 2 10561 Hansen Avenue Omaha, NE 68124 402-214-9058	Justman, Leigh A. Omaha NE	Truman State University Kirksville, MO Political Science Yr: C1 Grad: 05/2015	Schl:	\$1,500.00
2011	Gumpert, Kylie R. 18 4122 North 92nd Avenue Omaha, NE 68134 402-614-1588	Hahn, Kathleen M. Omaha NE	Arizona State University West Phoenix, AZ Journalism/Communication Yr: C1 Grad: 05/2015	Schl:	\$2,500.00

Total Recipient Report 51,200  
Total Renewal Report 117,600  
\$168,800

2011 West Corporation Scholarship Program

RECIPIENT REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Schl:	Award Amount
2011	Halas, Courtney C. 72 1374 North Bush Avenue Kankakee, IL 60901 815-701-3342	Blake, Teresa L. Tinley Park IL	Northern Illinois University DeKalb, IL Clinical Laboratory Scien Yr: C1 Grad: 05/2015	Schl: \$2,000.00	
2011	Hensley, Dylan M. 40 2307 Dunbar Court Longmont, CO 80501 303-520-7610	O'Hare, Jeannie L. Longmont CO	Fort Lewis College Durango, CO International Business Yr: C1 Grad: 05/2015	Schl: \$1,100.00	
2011	Imrie, Katharine T. 49 1709 Mathie Street Wausau, WI 54403 715-298-2628	Imrie, Debra M. Wausau WI	University of Minnesota: Twin Cities Minneapolis-St. Paul, MN Biology Yr: C1 Grad: 05/2015	Schl: \$2,500.00	
2011	Klister, Zachary J. 8 1220 Mallard Road De Pere, WI 54115 920-373-2134	Klister, Paul F. Appleton WI	University of Wisconsin-La Crosse La Crosse, WI Pre-Med Yr: C1 Grad: 06/2015	Schl: \$1,700.00	
2011	Laufenberg, Lindsey A. 19 1018 Pasadena Parkway Waunakee, WI 53597 608-849-6422	Laufenberg, Robert J. Middleton WI	University of Wisconsin-Eau Claire Eau Claire, WI Secondary Education Yr: C1 Grad: 06/2015	Schl: \$1,000.00	
2011	Lewis, Crystal L. 52 2265 Biltmore Road Spring Hope, NC 27882 252-478-2909	Pierce, Sharon Rocky Mount NC	University of North Carolina at Wilmin Wilmington, NC Chemistry Yr: C1 Grad: 06/2014	Schl: \$2,500.00	
2011	Louis, Tyler J. 86 5602 North 69th Street Omaha, NE 68104 402-498-8030	Geislar, Jennifer J. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Civil Engineering Yr: C1 Grad: 05/2015	Schl: \$1,800.00	
2011	Mason, Christalin M. 20 Apt 402 13726 Harrison Plaza Omaha, NE 68137 402-881-9247	Dunn, Wilbur W. Omaha NE	Doane College Crete, NE Education Yr: C1 Grad: 05/2015	Schl: \$2,100.00	
2011	Richardson, Lindsey T. 93 3266 Wing Street Bliss, NY 14024 585-322-9994	White, Tracy J. Warsaw NY	Genesee Community College Batavia, NY Elementary Education Yr: C1 Grad: 06/2013	Schl: \$1,400.00	

2011 West Corporation Scholarship Program

RECIPIENT REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2011	Robertson, Natasha L. 68 Apt. 6 3608 South 50th Street Omaha, NE 68106 402-393-7364	Robertson, Emily R. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Graphic Design Yr: C1 Grad: 05/2013	Schl: \$2,200.00
2011	Schmidt, Morgan R. 35 9555 N. Yukon Street Westminster, CO 80021 303-403-4538	Schmidt, Peter R. Longmont CO	Moody Bible Institute Spokane, WA Intercultural Ministries Yr: C1 Grad: 05/2015	Schl: \$1,000.00
2011	Tranmer, Ariel M. 23 7723 Parkview Boulevard La Vista, NE 68128 402-592-4053	Tranmer, Randy E. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Nursing Yr: C1 Grad: 05/2015	Schl: \$2,100.00
2011	Wallace, Kanesia K. 30 PO Box 76 Lanett, AL 36863 706-773-5441	Huguley, Aredale J. West Point GA	Auburn University at Montgomery Montgomery, AL Organizational Leadership Yr: C2 Grad: 12/2013	Schl: \$2,600.00
2011	Wattenbarger, Jenny A. 69 1809 Ashwood Avenue Papillion, NE 68133 402-214-4473	Wattenbarger, Gary A. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Elementary Education Yr: C3 Grad: 05/2013	Schl: \$1,000.00
2011	Wessing, Nicholas J. 60 1701 S. Ravinia Place Appleton, WI 54915 920-209-3134	Wessing, Yvonne L. Appleton WI	University of Wisconsin-Milwaukee Milwaukee, WI Computer Engineering Yr: C3 Grad: 05/2013	Schl: \$2,600.00
2011	Wessing, Steven M. 61 1701 S. Ravinia Place Appleton, WI 54915 920-209-7716	Wessing, Yvonne L. Appleton WI	Conservatory of Recording Arts & Scien Tempe, AZ Recording Arts Yr: C1 Grad: 07/2012	Schl: \$2,600.00
2011	Winokan, Brian A. 44 Apt. 205 10603 e. 66th Street Tulsa, OK 74133 918-806-8595	Rantian, Fnu Tulsa OK	Tulane University New Orleans, LA Biomedical Engineering Yr: C1 Grad: 06/2015	Schl: \$2,600.00
2011	Wood, Katelyn N. 22 2003 32nd Street Valley, AL 36854 706-773-2258	Wood, James R. Valley AL	Southern Union State Community College Wadley, AL Science/Dental Yr: C1 Grad: 05/2015	Schl: \$2,300.00

2011 West Corporation Scholarship Program

RECIPIENT REPORT

----- ID# Name/Address/Phone ----- Employee/Location ----- College/Major/Year ----- Award Amount -----

Number of Applicants: 102  
Number of Recipients: 27

Total Scholarships: 27 Awards      \$51,200.00 Awarded

## 2011 West Corporation Scholarship Program

## RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2010	Borchardt, Benjamin R. 67 8472 Kings Road Greenleaf, WI 54126 920-864-7163	Borchardt, Cynthia M. Appleton WI	University of Wisconsin-Platteville Platteville, WI Mechanical Engineering Yr: C2 Grad: 05/2014	Schl: \$2,800.00
2010	Ensor, Chelsea A. 58 4636 N 136th Street Omaha, NE 68164 402-498-0082	Ensor, Keith R. Omaha NE	Creighton University Omaha, NE Psychology Yr: C2 Grad: 05/2014	Schl: \$1,400.00
2010	Fazio, Joanna D. 52 2475 Tribble Gates Drive Loganville, GA 30052 678-480-5309	Fazio, David L. Longmont CO	University of Georgia Athens, GA Recreation & Leisure Yr: C3 Grad: 05/2013	Schl: \$1,000.00
2010	Frensz, Casey C. 5 5170 N Bay Ridge Avenue Whitefish Bay, WI 53217 414-961-8849	Frensz, Steven C. Whitefish Bay WI	Lawrence University Appleton, WI Music Education Yr: C2 Grad: 06/2014	Schl: \$2,100.00
2010	Galler, Samuel M. 3 4050 Savannah Place Boulder, CO 80301 303-517-2712	Galler, Bruce I. Longmont CO	Harvard College Cambridge, MA East Asian Studies Yr: C4 Grad: 05/2012	Schl: \$1,100.00
2010	Helsel, Lydia M. 29 15034 Old Creek Street San Antonio, TX 78217 210-655-4672	Helsel, Richard S. San Antonio TX	San Antonio College San Antonio, TX Animation Yr: C2 Grad: 05/2014	Schl: \$1,500.00
2010	Jorgenson, Megan C. 21 4283 S 149th Street Omaha, NE 68137 402-339-4215	Jorgenson, Cara A. Omaha NE	University of Nebraska - Omaha Omaha, NE Education Yr: C3 Grad: 12/2013	Schl: \$1,500.00
2010	Ketchel, Janezia J. 74 PO Box 201 Stockbridge, WI 53088 920-439-1825	Ketchel, Janine J. Appleton WI	Carroll University Waukesha, WI Journalism/Graphic Comm Yr: C2 Grad: 06/2014	Schl: \$2,800.00
2010	Ketchel, Natezia F. 17 PO Box 201 Stockbridge, WI 53088 920-439-1825	Ketchel, Janine J. Appleton WI	Carroll University Waukesha, WI Elementary Education Yr: C2 Grad: 05/2014	Schl: \$2,800.00

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ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2010	Klister, Bryan F. 8 1220 Mallard Road De Pere, WI 54115 920-373-7234	Klister, Paul F. Appleton WI	University of Wisconsin-Madison Madison, WI Biology/Physical Therapy Yr: C2 Grad: 05/2014	Schl: \$1,500.00
2010	Navis, Kelsey L. 73 1219 Lynrose Lane Neeenah, WI 54956 920-722-6907	Navis, Diana E. Appleton WI	University of Minnesota: Twin Cities Minneapolis-St. Paul, MN Biology/Pre-Med Yr: C2 Grad: 05/2014	Schl: \$1,000.00
2010	Neuberger, Call J. 69 12903 Camden Avenue Omaha, NE 68164 402-498-9724	Neuberger, Paul J. Omaha NE	Doane College Crete, NE History/English Yr: C2 Grad: 05/2014	Schl: \$1,000.00
2010	Rogers, Kimberly N. 53 9734 Cady Avenue Omaha, NE 68134 402-397-4627	Rogers, Lori B. Omaha NE	Simpson College Indianola, IA Business Admin Yr: C2 Grad: 05/2014	Schl: \$1,000.00
2010	Sanchez, Stefanie M. 82 6620 W 80th Circle Arvada, CO 80003 303-422-6484	Sanchez, Patricia M. Longmont CO	Colorado State University Fort Collins, CO English Yr: C3 Grad: 05/2013	Schl: \$2,800.00
2010	Smith, Dillion B. 20 4013 Bridle Path Yukon, OK 73099 405-324-6504	Smith, Sandra L. Oklahoma City OK	Oklahoma State University Stillwater, OK Accounting Yr: C2 Grad: 05/2014	Schl: \$1,800.00
2010	Spencer, Brooke A. 35 1629 Pinewood Court SW Altoona, IA 50009 515-210-8182	Spencer, William A. Des Moines IA	University of Iowa Iowa City, IA Physical Therapy Yr: C2 Grad: 05/2014	Schl: \$3,000.00
2010	Teleha, Matthew C. 75 50 Indianola Road Youngstown, OH 44512 330-782-7841	Teleha, Charles M. Niles OH	Mercyhurst College Erie, PA Communications Yr: C3 Grad: 06/2014	Schl: \$3,000.00
2010	VanZandt, Danielle J. 39 7414 Silent Spring San Antonio, TX 78250 210-647-4665	VanZandt, John A. San Antonio TX	Southwestern University Georgetown, TX Business/English Yr: C2 Grad: 06/2014	Schl: \$1,300.00

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ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2010	Wegrzyn, Lynn M. 41 461 Bryn Mawr Drive Brick, NJ 08723 402-332-8715	Wegrzyn, Annette C. Omaha NE	Rutgers, The State University of New J Schl: \$3,000.00 New Brunswick, NJ Pharmacy Yr: C2 Grad: 05/2016	
2010	Weinhoef, Monica M. 22 811 W Mulberry Street Louisville, CO 80027 303-666-6668	Weinhoef, Laura L. Louisville CO	Colorado State University Schl: \$2,900.00 Fort Collins, CO Business/Marketing Yr: C2 Grad: 05/2014	
2010	Wigley, Kristen M. 94 304 Jeffrey Laird Place Moore, OK 73160 405-794-0663	Wigley, Dennis H. Oklahoma City OK	University of Oklahoma Schl: \$3,000.00 Norman, OK Pre-Med, Radiology Yr: C2 Grad: 05/2014	
2010	Wigley, Lauren M. 61 122 NE 12th Moore, OK 73160 405-794-0663	Wigley, Dennis H. Oklahoma City OK	University of Oklahoma Schl: \$3,000.00 Norman, OK Meteorology Yr: C2 Grad: 05/2014	
2010	Williams, Jasmin K. 78 1919 Montezuma Street Stockton, CA 95205 209-323-8573	Palmer-Williams, Kimberly A. Stockton CA	University of California: Los Angeles Schl: \$3,000.00 Los Angeles, CA English Yr: C2 Grad: 06/2014	
2010	Winsett, Samantha J. 91 500 Allen Drive Longmont, CO 80503 720-496-9249	Winsett, Jane T. Longmont CO	University of Denver Schl: \$1,700.00 Denver, CO Environmental Science Yr: C2 Grad: 05/2014	
2009	Duberow, Eilene A. 67 8300 Lake Pleasant Road Erie, PA 16509 814-825-1374	Duberow, Donald H. Erie PA	Penn State Erie, The Behrend College Schl: \$3,000.00 Erie, PA Biology Yr: C4 Grad: 05/2012	
2009	Ferguson, Jasmine R. 32 705 Drexel Road Rocky Mount, NC 27803 252-451-9427	Ferguson, Alonza C. Rocky Mount NC	Winston-Salem State University Schl: \$3,000.00 Winston-Salem, NC Computer Science Yr: C4 Grad: 05/2012	
2009	Hartenberger, Kylie E. 21 518 Dawson Avenue Rockford, IL 61107 815-520-0818	Byers, Mark E. Rockford IL	Bradley University Schl: \$3,000.00 Peoria, IL Nursing Yr: C3 Grad: 05/2013	

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ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2009	Huang, Joyce 36 730 Potters Bar Lane Suwanee, GA 30024 770-623-4376	Huang, Chun-Ming Atlanta GA	University of Georgia Athens, GA Wildlife Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2009	Klepper, Kayla M. 24 13031 Arlington Street Omaha, NE 68164 402-320-2983	Klepper, Timothy J. Omaha NE	University of Iowa Iowa City, IA Pre Medicine Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2009	Peters, Jessica B. 2 2094 Parkville Road Schaumburg, IL 60194 847-882-3627	Peters, Brian W. Chicago IL	Calvin College Grand Rapids, MI Political Science Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2009	Posik, Azaria F. 26 10237 West Sunset Avenue Wauwatosa, WI 53222 414-763-9616	Franco, Gail E. Chicago IL	University of Wisconsin-Madison Madison, WI Political Science Yr: C4 Grad: 05/2012	Schl: \$3,000.00
2009	Reyes, Anna C. 14 904 Brighton Bend Lane Cedar Park, TX 78613 512-250-2947	Reyes, Antonio C. Austin TX	University of Texas at Arlington Arlington, TX Nursing Yr: C3 Grad: 12/2012	Schl: \$3,000.00
2009	Schneider, Christopher M. 44 2609 South 3rd Street Plz Omaha, NE 68108 402-346-6619	Schneider, Stephen A. Omaha NE	Concordia University Seward, NE Political Science Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2009	Vera, Alfredo F. 55 8002 South 48th Avenue Omaha, NE 68157 402-733-3748	Vera Reyes, Alfredo J. Omaha NE	University of Kansas Lawrence, KS Aerospace Engineering Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2009	Wilcox, Sydney 56 PO Box 267 Fogelsville, PA 18051 402-399-8986	Wilcox, Donna L. Omaha NE	University of Nebraska - Omaha Omaha, NE Architectural Engineering Yr: C3 Grad: 05/2013	Schl: \$3,000.00
2008	Brown, Morgaine G. 41 79 Lamb Road North Salem, AL 36874 706-402-2993	Brown, Joy J. Valley AL	University of Alabama at Birmingham Birmingham, AL Elementary Education Yr: C4 Grad: 12/2012	Schl: \$2,500.00

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RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2008	Castillo, Derrick W. 63 5403 S 53rd Street Omaha, NE 68117 402-714-9385	Castillo, Tammy D. Omaha NE	Doane College Crete, NE Vocal & Theatre Perform. Yr: C4 Grad: 05/2012	Schl: \$3,000.00
2008	Dunn, Anthony R. 20 #9 105 W Gold Coast RD Papillion, NE 68046 402-706-8105	Dunn, Jackie M. Omaha NE	Doane College Crete, NE Secondary Education Yr: C4 Grad: 04/2012	Schl: \$2,600.00
2008	Epley, Cameron C. 56 Apt 206 11550 N May Avenue Oklahoma City, OK 73120 405-301-4838	Epley, Rodna M. Oklahoma City OK	University of Oklahoma Norman, OK Aerospace Engineering Yr: C4 Grad: 05/2013	Schl: \$2,800.00
2008	Evenson, Erin A. 38 3554 Nyland Way Lafayette, CO 80026 303-499-8528	Evenson, Laurie H. Longmont CO	Brigham Young University Provo, UT Pre-Med Yr: C5 Grad: 12/2012	Schl: \$1,000.00
2008	Frederick, Andrea M. 61 3200 Huckleberry Lane Appleton, WI 54915 920-830-9533	Frederick, David A. Appleton WI	University of Wisconsin-Green Bay Green Bay, WI Art/Photography Yr: C5 Grad: 05/2012	Schl: \$2,400.00
2008	Gueths, Julie-Anne N. 47 2331 Lockhill-Selma Road San Antonio, TX 78230 210-348-8025	Gueths, Maria C. San Antonio TX	University of Texas at San Antonio San Antonio, TX Psychology/Spanish Yr: C4 Grad: 05/2012	Schl: \$2,500.00
2008	Nachun, Daniel C. 60 1634 N 75th Street Omaha, NE 68114 402-397-9389	Nachun, Claude D. Omaha NE	Williams College Williamstown, MA Biology Yr: C4 Grad: 05/2012	Schl: \$2,500.00
2008	Nash, Scott J. 26 525 Apollo Way Madison, WI 53718 920-915-8366	Nash, Alyssa N. Appleton WI	Brigham Young University Provo, UT Communications Yr: C4 Grad: 04/2012	Schl: \$2,000.00
2008	Nielsen, Dylan J. 4 1463 W Linden Avenue Fremont, NE 68025 402-721-7523	Nielsen, Mark R. Omaha NE	University of Nebraska - Omaha Omaha, NE Bioinformatics Yr: C4 Grad: 05/2012	Schl: \$2,300.00

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ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2008	Ramos, Adam 58 7106 Shady Grove Drive San Antonio, TX 78227 210-675-1619	Ramos, Robert San Antonio TX	Texas A&M University College Station, TX Chemistry Yr: C4 Grad: 05/2012	Schl: \$2,700.00
2008	Solis, Corina R. 45 5811 Silent Meadow San Antonio, TX 78250 210-647-5689	Solis, Janie C. San Antonio TX	St. Edward's University Austin, TX Environmental Sci/Policy Yr: C4 Grad: 05/2012	Schl: \$2,600.00
2008	Wells, Heather N. 53 1959 Celestial Drive NE Warren, OH 44484 330-856-6297	Wells, Andrea D. Niles OH	Kent State University Kent, OH Communications Yr: C5 Grad: 06/2012	Schl: \$3,000.00
2008	Whittle, Nathan A. 3 105 South 51 Avenue Omaha, NE 68132 402-558-6008	Whittle, Kenneth W. Omaha NE	George Washington University Washington, DC Engineering Yr: C4 Grad: 06/2012	Schl: \$2,700.00

Number of Renewals: 49

2010 24 \$50,000.00  
2009 11 \$33,000.00  
2008 14 \$34,600.00

Total Scholarships: 49 Awards \$117,600.00 Awarded