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DLN: 93493218004423

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

| ntemal | Revenue S | Service | ► The organization may have | to use a copy of this retur | n to satisfy s | tate repoi | rting requirem | ents | Inspection | | | |
|--------------------------------|---------------------|-----------------------|---|-------------------------------------|---|---|-------------------------------|---------------|---------------------------------|--|--|--|
| \ Fo | r the 20 | 012 cal | endar year, or tax year beginnin | ng 01-01-2012 , 2012, and | d ending 12-3 | 1-2012 | | | | | | |
| _ | eck if app | • | C Name of organization COLLEGE SUCCESS FOUNDATION | | | | D Emplo | yer id | entification number | | | |
| Add | Iress cha | inge | | | | | 91-20 | 3608 | 38 | | | |
| - Nar | me chang | ge | Doing Business As | | | | | | | | | |
| – Init | ıal return | า | Number and street (or P O box if r | mail is not delivered to street add | dress) Room/su | ite | E Telepho | ne ru | mher | | | |
| – Ter | mınated | | 1605 NW SAMMAMISH ROAD NO 20 | | , | | · · | | | | | |
| – Am | ended re | eturn | City or town, state or country, and | ZIP + 4 | | | (425) | 416- | 2000 | | | |
| | | pending | ISSAQUAH, WA 98027 | | | | G Cross T | acount- | ¢ 93 360 761 | | | |
| | | , | F Name and address of pri | ncinal officer | | 11/-> - | | | \$ 93,360,761 | | | |
| | | | DEBORAH J WILDS | ncipai vilicei | | | s this a group iffiliates? | retur | n for ┌ Yes | | | |
| | | | 1605 NW SAMMAMISH RO ISSAQUAH,WA 98027 | AD NO 200 | | | | | | | | |
| | | | 133AQUAII, WA 3002/ | | | | | | uded? TYes TNo | | | |
| Ta | x-exemp | ot status | ✓ 501(c)(3) | (insert no) | T 527 | | т "No," attach | a IIst | (see instructions) | | | |
| | | | W COLLEGESUCCESSFOUND | | • | H(c) (| Group exempt | ion ni | ımber ► | | | |
| | | | | | | <u>L, </u> | | | | | | |
| Forr | n of orga | anızatıon | Corporation Trust Association | on Other 🕨 | | L Year | of formation 20 | | ¶ State of legal domicile VA | | | |
| Pa | rt I | Sum | mary | | | | | | | | | |
| | | | escribe the organization's missi | on or most significant activ | vities | | | | | | | |
| | | | UNDERSERVED, LOW-INCOM | | | 00L | | | | | | |
| 2 | | | | | | | | | | | | |
| Ē | - | | | | | | | | | | | |
| į | 2 - | heck th | nis box 🛏 if the organization di | iscontinued its operations | or disposed o | of more th | an 25% of its | net a | ssets | | | |
| ao remindinos | - ` | | Jan. j in and organization di | | poseu (| | 20 ,0 01103 | u | | | | |
| 5 | 3 N | umber | of voting members of the goverr | ning body (Part VI, line 1a) |) | | | 3 | 18 | | | |
| <u>0</u> | 4 N | umber | of independent voting members | of the governing body (Pai | t VI, line 1b) | | | 4 | 14 | | | |
| Hounday | 5 T | otal nur | nber of individuals employed in calendar year 2012 (Part V, line 2a) | | | | | | | | | |
| 3 | 6 T | otal nur | mber of volunteers (estimate if r | necessary) | | | | 6 | 882 | | | |
| • | 7a ⊤ | otal unr | related business revenue from P | art VIII, column (C), line | 12 | | | 7a | 0 | | | |
| | b N | et unre | lated business taxable income f | from Form 990-T, line 34 | <u></u> . | <u>.</u> | | 7b | 0 | | | |
| | | | | | | | Prior Year | | Current Year | | | |
| a. | 8 | Contril | butions and grants (Part VIII, I | ıne 1 h) | | | 15,877,3 | 319 | 51,799,164 | | | |
| anue H | 9 | Progra | m service revenue (Part VIII, I | ıne 2g) | | | 4,090,1 | .68 | 5,273,944 | | | |
| Revenue | 10 | | ment income (Part VIII, colum | | | <u> </u> | 1,179,662 | | 816,179 | | | |
| щ | 11 | | revenue (Part VIII, column (A), | | | <u> </u> | -65,8 | 372 | -40,680 | | | |
| | 12 | | evenue—add lines 8 through 11 | | | e | 21,081,2 | 277 | 57,848,607 | | | |
| | 13 | | and sımılar amounts paid (Part | | | + | 4,574,5 | - | 26,015,892 | | | |
| | 14 | | ts paid to or for members (Part : | | - | . 💳 | 1,0/7, | 0 | 0 | | | |
| | 15 | | es, other compensation, employ | | | | | + | | | | |
| \$ | | 5-10) | | | | | 6,784,3 | 359 | 6,982,769 | | | |
| Expenses | 16a | Profes | sional fundraising fees (Part IX | , column (A), line 11e) . | | | | 0 | 25,866 | | | |
| සි | ь | Total fu | ndraising expenses (Part IX, column (D | 0), line 25) ▶ <u>1,145,383</u> | | | | | | | | |
| _ | 17 | Other | expenses (Part IX, column (A), | lines 11a-11d, 11f-24e) | | | 2,881,6 | 18 | 2,778,547 | | | |
| | 18 | Totale | expenses Add lines 13-17 (mu | ıst equal Part IX, column (| A), line 25) | | 14,240,5 | 541 | 35,803,074 | | | |
| | 19 | Reven | ue less expenses Subtract line | 18 from line 12 | | - | 6,840,7 | _ | 22,045,533 | | | |
| 5 % | | | | | | Begir | nning of Curre | nt | End of Year | | | |
| , # # |] | Tabel - | accete (Dart V. line 4.5.) | | | - | Year | 720 | | | | |
| ₹ | | | assets (Part X, line 16) | | | \vdash | 44,189,7 19,801,5 | | 76,765,029 30,393,281 | | | |
| net Assers or Fand Balances | 21 22 | | <pre>iabilities (Part X, line 26) sets or fund balances Subtract</pre> | | | · | 24,388,1 | - | 46,371,748 | | | |
| | t II | | ature Block | . mie ZI Hom illie ZU . | | | 27,300,1 | . 70 | 70,3/1,/48 | | | |
| nde ny kr | r penali nowledg | ties of p ge and b | perjury, I declare that I have ex pelief, it is true, correct, and cor nowledge | | | | | | | | | |
| | | | | | | | | | | | | |
| | | **** | ** | | | | 2013-08-05 | | | | | |
| Sign | | | ** uture of officer | | | | 2013-08-05 Date | | | | | |
| _ | | Signa DEBO | uture of officer | | | | | | | | | |
| _ | | Signa DEBO Type | RAH J WILDS COO PRESIDENT or print name and title | | | | | | | | | |
| Sign | | Signa DEBO Type P | uture of officer | Preparer's signature | | Date 1013-08-05 | | PTIN P0018 | 33358 | | | |

Firm's address ► 10900 NE 4TH STREET SUITE 1700

BELLEVUE, WA 98004 May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

Use Only

Phone no (425) 454-4919

√ Yes

√ No

| Form | 990 (| 2012) | Page 2 |
|-----------------|---|--|--|
| Par | IIII | Statement of Program Service Accomplishments Check If Schedule O contains a response to any question in this Part III | |
| 1 | Brief | ly describe the organization's mission | |
| | | .E UNDERSERVED, LOW-INCOME STUDENTS TO FINISH HIGH SCHOOL BY PROVIDING THE UNIQUE INTEG F SUPPORTS AND SCHOLARSHIPS THEY NEED TO GRADUATE COLLEGE AND SUCCEED IN LIFE | RATED |
| 5151 | LIN O | T SOTT ON S AND SCHOLARSHITS THEY NEED TO GRADON TE COLLEGE AND SOCCEED IN EITE | |
| | | | |
| 2 | | ne organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ? | es V N o |
| | • | s," describe these new services on Schedule O | 23 110 |
| 3 | | ne organization cease conducting, or make significant changes in how it conducts, any program | es ▼ No |
| | | ces? Y o s," describe these changes on Schedule O | es / No |
| 4 | exper | ribe the organization's program service accomplishments for each of its three largest program services, as measure uses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o otal expenses, and revenue, if any, for each program service reported | |
| 4a | (Code | e) (Expenses \$ 28,885,149 including grants of \$ 25,942,331) (Revenue \$ 1,176 | 6,206) |
| | BARR STUD APPLI CONS AGRE SCHC WASH STEM COULI DEGR 100% THEII TO DI DESIG | DIARSHIP AND COLLEGE PROGRAMSGOALS REMOVE FINANCIAL BARRIERS, INCREASE RETENTION AND GRADUATIONCSF SEEKS TO REDUCE LIERS LOW-INCOME STUDENTS FACE BY AWARDING NEED-BASED SCHOLARSHIPS BY THE END OF 2012, CSF HAD AWARDED 11,308 SCHOLAR DENTS, TOTALING NEARLY \$160 MILLION TO DATE, 3,020 GRADUATES HAVE RECEIVED BACHELOR'S DEGREES CSF DESIGNS AND MARKETS SECTION MATERIALS, DEVELOPS SELECTION PROCESSES TARGETED AT THE NON-TRADITIONAL COLLEGE APPLICANT AND CREATES SCORING INCIDENT VARIABLES REQUIRED BY THE FUNDER AND INCLUDE TRADITIONAL AND NON-TRADITIONAL SELECTION CRITERIA CSF ALSO MANAGES IMPERING WITH COLLEGE PARTNERS AND AWARDS SCHOLARSHIPS AS "LAST-IN" SCHOLARSHIP/GRANT FUNDS CSF TRACKS ITS SCHOLARSHIP DIARS THROUGH A STUDENT DATA MANAGEMENT SYSTEM, WHILE RESPONDING TO INDIVIDUAL SCHOLAR'S FINANCIAL SITUATIONS AND NEED HINGTON STATE OPPORTUNITY SCHOLARSHIP, CSF LEVERAGES ACADEMIC AND PERSONAL SUPPORTS OFFERED ON CAMPUSES TO CONNECT I-RELATED SUPPORTS SUCH AS INTERNSHIPS, UNDERGRADUATE RESEARCH EXPERIENCES AND ACADEMIC TUTORING TO HELP INCREASE DEPLETION IN HIGH-DEMAND STEM AND HEALTH CARE FIELDS ADVISING, MENTORING AND ACADEMIC SUPPORTS CONTINUE AS STUDENTS TO APPLY TO COLLEGES THAT RETAIN LOW-INCOME STUDENTS AND PROVIDE ACADEMIC PLANNING TO ATTAKE OF WHETHER THE STUDENT BEGINS AT A TWO-YEAR OR FOUR-YEAR COLLEGE IN 2011 - 2012, THERE WERE 393 MENTORS WORKING WITH COLLEGES THAT RETAIN LOW-INCOME STUDENTS AND PROVIDE ACADEMIC PLANNING TO ATTAKE OF WHOM WERE SPECIALLY TRAINED BY CSF STAFF MENTORING HAS BEEN SHOWN TO BE HIGHLY EFFECTIVE FOR RETAINING FIRST-YEAR OR SECOND AND THIRD YEARS IN COLLEGE CSF HAS ESTABLISHED PARTNERSHIPS/AGREEMENTS WITH COLLEGES AND UNIVERSITIES THROUGH SEIGNATE A FACULTY/STAFF MEMBER FROM THEIR CAMPUSES TO SERVE IN THE CAPACITY OF A COLLEGE MENTOR COORDINATOR (CMC) AND SOPHOMORE STUDENTS | RSHIPS TO 11,188 SCHOLARSHIP RUBRICS THAT SWRITTEN IP AWARDS AND DS THROUGH THE SCHOLARS TO EGREE ANSITION INTO AIN A BACHELOR'S TH STUDENTS, R STUDENTS INTO GHOUT THE STATE ND/OR A |
| 4b | (Code | e) (Expenses \$ 2,250,759 including grants of \$ 61,582) (Revenue \$ 2,046 | 6,777) |
| | (CSF) SCHO OPTIC CONF THRO DISTF THRO PART SIGN | Y COLLEGE READINESS PROGRAMSGOAL DEVELOP HIGH SCHOOL-READY AND COLLEGE-AWARE MIDDLE SCHOOL SCHOLARS COLLEGE SUCCE) PROVIDES EARLY CAREER AND COLLEGE AWARENESS BEGINNING IN 7TH GRADE THROUGH AMERICORPS COLLEGE AND CAREER COACHES DOL PROGRAM LEVEL, CSF OFFERS HIGH SCHOOL AND COLLEGE PLANNING INFORMATION, ENCOURAGES STUDENTS TO BEGIN EXPLORING PO DONS AND PUSHES THEM TOWARDS COLLEGE- AND CAREER-READY ACADEMIC ACHIEVEMENT HANDS-ON STEM ACTIVITIES HELP BUILD INTER FIDENCE IN STUDENTS TO PREPARE FOR AND PURSUE A CAREER IN THESE AREAS CSF SERVES AN AVERAGE OF 3,000 MIDDLE SCHOOL STU DOUGH THE COLLEGE AND CAREER READINESS PROGRAM CSF ALSO WORKS WITH THE WASHINGTON STUDENT ACHIEVEMENT COUNCIL (WSA) RICTS AND OTHER COLLEGE ACCESS PROVIDERS TO ENSURE LOW-INCOME 7TH AND 8TH GRADERS SIGN UP FOR EARLY SCHOLARSHIP COME DOUGH WASHINGTON STATE'S COLLEGE BOUND SCHOLARSHIP (CBS) - A FOUR-YEAR SCHOLARSHIP THAT COVERS TUITION, FEES AND BOOKS ICIPATING STUDENTS TO ATTEND A TWO-YEAR, FOUR-YEAR OR TECHNICAL COLLEGE UPON HIGH SCHOOL COMPLETION AS OF DECEMBER 2 UP OVER 123,000 STUDENTS FOR THIS LIFE CHANGING OPPORTUNITY THIS INCLUDED 79% OF ELIGIBLE EIGHTH GRADE STUDENTS (HIGH DUATING CLASS OF 2016) | GAT THE MIDDLE OSSIBLE CAREER REST AND DENTS ANNUALLY C), SCHOOL MITMENTS FOR 2012, CSF HELPED |
| 4c | (Code | e) (Expenses \$ 1,498,537 including grants of \$ 11,979) (Revenue \$ 1,665 | 3,601) |
| | SCHC HERC FOR A SEAT ACAD PROG READ PROV ARE I EXPEI MENT THRC STUD SUST. TO UI | EGE ADVISING & MENTORING PROGRAMSGOAL PRODUCE COLLEGE-READY HIGH SCHOOL GRADUATESAS STUDENTS MOVE FROM MIDDLE SC JOL, THEY ARE SUPPORTED IN THE 8TH TO 10TH GRADE TRANSITION YEARS BY CSF'S HERO (HIGHER EDUCATION READINESS OPPORTUNITY) ON ADVISORS CONTINUE CAREER AWARENESS PROGRAMMING AND ENCOURAGE STUDENTS TO STUDY HARD, GRADUATE FROM HIGH SCHOOL AND COMPLETE COLLEGE THE HERO PROGRAM ENGAGED 505 STUDENTS IN 2011 - 2012 IN FOUR HIGH SCHOOLS AND THE FEEDER MIDDLE TLE METROPOLITAN AREA, TACOMA AND YAKIMA IN THE 11TH AND 12TH GRADES CSF'S COLLEGE PREPARATORY ADVISORS (CPAS) PROVIDE ITLE METROPOLITAN AREA, TACOMA AND YAKIMA IN THE 11TH AND 12TH GRADES CSF'S COLLEGE PREPARATORY ADVISORS (CPAS) PROVIDE ITLE METROPOLITAN AREA, TACOMA AND YAKIMA IN THE 11TH AND 12TH GRADES CSF'S COLLEGE PREPARATORY ADVISORS (CPAS) PROVIDE ITLE METROPOLITAN AREA, TACOMA AND YAKIMA IN THE 11TH AND 12TH GRADES CSF'S COLLEGE PREPARATORY ADVISORS (CPAS) PROVIDES ITLE METROPOLITAN AREA, TACOMA AND YAKIMA IN THE 11TH AND 12TH GRADES CSF'S COLLEGE PREPARATORY ADVISORS AS SUPPORTIVE ADDITIONAL INTERVENTIONS FOR STUDENTS IN THE YARE SCHOOL-BASED AND WORK IN CLOSE COLLABORATION WITH TEACHERS AND GUIDANCE COUNSELORS CPAS ALSO HELP AS ARATION, TRANSCRIPT REVIEWS AND MONITORING CSF-RECRUITED MENTORS SERVE AS SUPPORTIVE ADULT ROLE MODELS AND ASSIST WE COLLEGE PLANNING CSF COLLEGE PREPARATORY ADVISORS ASSIST STUDENTS IN THE 12TH GRADE WITH THE COLLEGE APPLICATION PROCEDED FINANCIAL AID PLANNING AND COLLEGE SERVED AS SUMMER ACADEMIC READINESS PROGRAMMING THROUGH RESIDENTIAL RIENCES TO INTRODUCE STUDENTS TO COLLEGE ENVIRONMENTS AND OFFER WORKSHOPS ON THE FINANCIAL AID PROCESS, ACADEMIC PLOYED AND TABLES AND ASSIST WE SERVED BY CSF IN MIDDLE AND TABLES AND ADDITIONAL PROCESS. ACADEMIC PLOYED AND TABLES AND STATE OPPORTUNITY SCHOLARSHIP, CSF SUPPORT HELPS TO CREATE A MORE DEVERSE POOL OF QUALIFIED AND TABLES AND DATA-DRIVEN CSF COLLABORATES WITH STEM PARTNERS TO EXPAND AND STRENGTHEN STEM NETWORKS TO PROVIDE TARGET AND DATA-DRIVEN CSF COLLABORATES WITH STEM | (f) PROGRAM , AND PREPARE E SCHOOLS IN THE E PROACTIVE S IN ITS SSESS COLLEGE SIST WITH TEST ITH HIGH SCHOOL ESS CSF HOLAR SPEAKERS COLLEGE ANNING, H SCHOOL ALENTED ABLE, GETED SUPPORT |
| | (Code | e) (Expenses \$ 419,933 including grants of \$) (Revenue \$ 165 INI SERVICES GOAL TRANSITION TO CAREER AND POST-COLLEGE LIFETHE CSF ALUMNI PROGRAM AND A NEWLY-LAUNCHED CENTER FOR CA | ,408) |
| | HELP WERE LECTI AN IN COMM AND : | INI SERVICES GOAL TRANSITION TO CAREER AND POST-COLLEGE LIFETHE CSF ALUMNI PROGRAM AND A NEWLY-LAUNCHED CENTER FOR CO SCHOLARS PREPARE FOR THE TRANSITION INTO THE PROFESSIONAL WORLD AND ENCOURAGE ALUMNI TO GIVE BACK TO THE COMMUNITIE E RAISED, OFTEN BY HELPING YOUNGER STUDENTS NAVIGATE THE COLLEGE PLANNING PROCESS ALUMNI SERVICES INCLUDE ALUMNI WORK URES AND NETWORKING OPPORTUNITIES TO DEVELOP RELATIONSHIPS AND LEARN AND PREPARE FOR GRADUATE EDUCATION ADDITIONALL ICLUSIVE CULTURE FOR SCHOLARS THROUGH CAREER WORKSHOPS AND PERSONAL DEVELOPMENT PROGRAMMING, CONSISTENT AND REGU MUNICATION AND ON-CAMPUS EVENTS IN CONJUNCTION WITH COLLEGE PARTNERS CSF COLLABORATES WITH COMPANIES THAT NOT ONLY INTERNSHIP OPPORTUNITIES BUT ALSO VALUE THE DIVERSITY AND THE POTENTIAL OF STUDENTS TO INCREASE THEIR PREPARATION FOR AL YING FOR EMPLOYMENT TWENTY-SIX PERCENT OF ALUMNI ARE CURRENTLY ENROLLED IN OR HAVE COMPLETED A GRADUATE OR PROFESSI IFICATE PROGRAM | ES IN WHICH THEY (SHOPS, LY, CSF FOSTERS JLAR PROMOTE JOB ND SUCCESS IN |
| | (Code | e) (Expenses \$ 169,591 including grants of \$) (Revenue \$ 221 | ,952) |
| | POLIC KEY F ORGA THRC CURF INDIN COLLI COLLI FOUN HIGH ORGA | CY, ADVOCACY, AND COALITION BUILDINGGOALS ADVOCATE FOR POLICY CHANGE AND CREATE STATEWIDE COLLEGE ACCESS NETWORK CSICPROPONENT FOR POLICY CHANGES THAT ENABLE MORE LOW-INCOME STUDENTS TO GRADUATE FROM HIGH SCHOOL COLLEGE- AND CAREER ANIZATION IS ACTIVELY ENGAGED IN BUILDING A STATEWIDE COALITION THAT SUPPORTS COLLEGE ACCESS AND COMPLETION FOR LOW-INCOUGH ITS POLICY AGENDA, CSF SEEKS TO -SUPPORT AN INCREASED COMMITMENT TO COLLEGE READINESS, MORE RIGOROUS COLLEGE PREDICULA AND IMPROVEMENTS IN INSTRUCTION -CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT CATALYZE IMPROVED ACCESS AT THE STATE AND FEDERAL LEVELS EGE DEGREE ACCESS AT THE STATE AND FEDERAL LEVELS EGE DEGREE ACCESS AT THE STATE AND FEDERAL LEVELS EGE DEGREE ACCESS THAT AND ACCESS AND SUPPORT EMPLOYMENT OPPORTUNITIES FOR NEW GRADUATES CSF IS A FOUNDING ORGANIZATION OF ECTIVE IMPACT INITIATIVES THE FIRST IS THE WASHINGTON COLLEGE ACCESS NETWORK (WCAN) WHICH IS A PROGRAM OF THE COLLEGE IDATION WCAN COLLABORATES WITH 15 REGIONAL NETWORKS THROUGHOUT THE STATE OF WASHINGTON TO IMPROVE PREPARATION AND ER EDUCATION TO ALL STUDENTS WCAN DRIVES POSITIVE CHANGE IN EDUCATIONAL ACHIEVEMENT BY HELPING SCHOOLS, DISTRICTS, CONSTITUTIONS AND OTHER STAKEHOLDERS WITH THE KNOWLEDGE, TOOLS AND RESOURCES THEY NEED TO MAKE DATA-DRIVEN DECISIONS AND LOCALY PROGRAM OF THE COLLORS OF THE PROGRAM OF THE PROGRAM OF THE COLLORS OF THE PROGRAM | F SERVES AS A R-READY THE OME STUDENTS EPARATORY ATER TO AN -IMPROVE OF THREE MAJOR SUCCESS O ACCESS TO MMUNITY-BASED ND TAKE ACTION |

ON THE LOCAL/REGIONAL LEVEL WCAN CORRENTLY SERVES 90 SCHOOL DISTRICTS WITH A TOTAL ENROLLMENT OF 425,000 STODENTS (54% OF THESE STUDENTS RECEIVE FREE OR REDUCED LUNCH AT SCHOOL) THE SECOND IS THE ROAD MAP PROJECT, A REGION-WIDE EFFORT AIMED AT IMPROVING EDUCATION TO DRIVE IMPROVEMENT IN STUDENT ACHIEVEMENT IN SEVEN SCHOOL DISTRICTS IN SOUTH KING COUNTY AND SOUTH SEATTLE THE THIRD IS THE COLLEGE CREDENTIAL COMPLETION NETWORK IN WASHINGTON, D C , WHERE CSF - DC WORKS CLOSELY ON THE PROJECT UNDER THE DIRECTION OF THE OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION TO ADDRESS THE DISCREPANCY IN COLLEGE GRADUATION RATES BETWEEN THE NATION'S CAPITAL AND THE REST OF THE NATION THESE INITIATIVES ARE BUILDING EFFECTIVE PARTNERSHIPS AMONG SCHOOLS, DISTRICTS, COMMUNITIES, NONPROFIT ORGANIZATIONS, CORPORATIONS, FOUNDATIONS AND RESEARCHERS WITH THE GOAL TO INCREASE COLLEGE DEGREE ATTAINMENT BY LOW-INCOME AND OTHER UNDERSERVED STUDENTS

4d Other program services (Describe in Schedule O)

(Expenses \$ 589,524 including grants of \$) (Revenue \$ 387,360)

Total program service expenses 33,223,969 4e

| art TV | Check | list of | Required | Schedules |
|--------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet} | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | No |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | No |
| _ | complete Schedule D, Part III 🚭 | 8 | | "" |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$ | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | ı | | 1 |
| _ | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | Check if Schedule O contains a response to any question in this Part V | | Yes | i n |
|----|---|----------|-----|----------|
| 12 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 50 | | res | ⊢ N |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | <u> </u> |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | N |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ١ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ١ |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | _ |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| , | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | ' |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e 7f | | 1 |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | 1 |
| y | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 3 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 1 | |
| | | 8 | | <u> </u> |
|) | Sponsoring organizations maintaining donor advised funds. | _ | | |
| _ | Did the organization make any taxable distributions under section 4966? | 9a | | ١ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders |] | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | i . | |
| | ın which the organization is licensed to issue qualified health plans | 1 | | |
| C | Enter the amount of reserves on hand | Į | | [|
| a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ١ |
| _ | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | Г |

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

| | etion A. Governing body and Hanagement | | | | | |
|---|---|--|---|--|---------------------------------|------------------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | | | |
| | If there are material differences in voting rights among members of the governing | | | 1 | | |
| | body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus | siness | relationship with any | 1 | | |
| | other officer, director, trustee, or key employee? | | | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | the p | rior Form 990 was | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the or | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | • | | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the pow | · · | olactoroppoint and or | Ť | | |
| | more members of the governing body? | | | 7a | | Νo |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | members, stockholders, | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ur | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, | | | 9 | | No |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule | . 0 | | ן פן | | NO |
| | -1 11 1 /-1/ 0 2/ | | | | | $\overline{}$ |
| Se | ection B. Policies (This Section B requests information about policies not | requi | red by the Internal R | eveni | ıe Cod | e.) |
| Se | ection B. Policies (This Section B requests information about policies not | requi | red by the Internal R | eveni | <i>ye Code</i> | e.) No |
| | Did the organization have local chapters, branches, or affiliates? | | • | evenu 10a | | |
| 10a | · | ivities | of such chapters, | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | · · · | of such chapters, xempt purposes? | 10a 10b | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | ivities on's e | of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | on's es gov | of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov | of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov Form 9 | of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | on's ess gov form 9 | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c | Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? | on's ess gov form 9 ly inte the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | livities on's e s gov Form 9 ly inte the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | on's ess govers Form 9 Ity inte the p iew an | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | on's ess govers Form 9 Ity inte the p iew an | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | on's ess gov Form 9 Iy inte the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | livities on's e s gov Form 9 ly inte the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | or sim | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | Ivities on's es gov Form 9 Iy inte the p iew an ie deli or sim | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No No |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►WA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
 - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN MCDOWELL 1605 NW SAMMAMISH ROAD SUITE 200 ISSAQUAH, WA (425)416-2000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers and | than on is | one bot | not box h an or/tr | offic | ess er e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
|-------------------------------------|---|-----------------------------------|-----------------------|------------|-----------------------------|------------------------------|---------------------------------|---|--|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | (W- 2/1099- (W- 2/1099- MISC) M | | (W- 2/1099- MISC) | from the organization and related organizations | |
| (1) BOB CRAVES | 29 00 | х | | х | | | | 141,623 | 0 | 23,87! | |
| CHAIR & CEO | 21 00 | ^ | | ^ | | | | 141,623 | U | 23,673 | |
| (2) ANN RAMSAY-JENKINS | 26 00 | ,, | | , | | | | 35.000 | | | |
| VICE CHAIR | | Х | | X | | | | 25,000 | 0 | (| |
| (3) DEBORAH WILDS PHD | 43 00 | | | | | | | | | | |
| DDECIDENT 8. COO | | Х | | Х | | | | 189,736 | 0 | 25,13 | |
| PRESIDENT & COO (4) JOSEPH GAFFNEY | 7 00 | | | | | | | | | | |
| | | х | | х | | | | 0 | 0 | (| |
| SECRETARY (5) SAM SMITH PHD | 2 00 | | | | _ | | | | | | |
| (5) SAM SMITH PHD | 2 50 | x | | х | | | | 0 | 0 | (| |
| BOARD TREASURER | 1 50 | | | | | | | | | | |
| (6) FRED CAMPBELL PHD | 1 50 | × | | | | | | 0 | 0 | (| |
| BOARD MEMBER | | | | | | | | Ů | <u> </u> | | |
| (7) GERRI CRAVES | 1 50 | | | | | | | 0 | 0 | (| |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | (| |
| (8) JOE DEAR | 1 50 | | | | | | | _ | _ | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | (| |
| (9) FRANK GREER | 1 50 | | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | (| |
| (10) JERRY QUINN LEE | 1 50 | | | | | | | | | | |
| | 1 30 | x | | | | | | 0 | 0 | (| |
| BOARD MEMBER (11) ITM MURRHY | 1.50 | | | _ | \vdash | | _ | | | | |
| (11) JIM MURPHY | 1 50 | x | | | | | | 0 | 0 | (| |
| BOARD MEMBER | | | | | | | | | | | |
| (12) DOUG PICHA | 2 00 | × | | | | | | 0 | 0 | (| |
| BOARD MEMBER | 1 50 | | | | | | | ŭ | ŭ . | | |
| (13) DEBORAH ROSEN | 1 50 | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | (| |
| (14) PATRICIA RAIKES | 2 00 | | | | | | | | | | |
| BOARD CHAIR | 1 50 | X | | Х | | | | 0 | 0 | (| |
| (15) KATHLEEN ROSS PHD | 2 00 | | | | | | | | | | |
| | | х | | | | | | 0 | 0 | (| |
| BOARD MEMBER (16) LARRY WRIGHT PHD | 1 50 | | | | \vdash | | | | | | |
| | | х | | | | | | 0 | 0 | (| |
| BOARD MEMBER | 1 50 | | | | | | | | | | |
| (17) HERBERT TILLERY | 1 50 | × | | | | | | 0 | 175,328 | 18,166 | |
| BOARD MEMBER | 48 50 | 1 | 1 | l | 1 | I | 1 | 1 | <i>'</i> | ĺ | |

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

| | (A) Name and Tıtle | (B) A verage hours per week (list any hours | more pers | than on is | one bot | note boo | check x, unle n office rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensatio from related organizations | s | (F Estim amount o compen from | ated of other sation the |
|--------|---|---|-----------------------------------|-----------------------|------------|--------------|--|-----------|---|---|----------|---|-----------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099 MISC) | | organiz and re organiz | lated |
| (18) I | BOB MOSER | 1 50 | × | | | | | | 0 | | 0 | | 0 |
| | D MEMBER | 42.50 | | | | | | | | | + | | |
| | JOHN MCDOWELL | 43 50 | | | × | | | | 129,192 | | o | | 18,552 |
| (20) 9 | GUE BYERS | 6 50 50 00 | | | | | | | | | + | | |
| ` , | RAM MANAGER | | | | | | х | | 140,386 | | 0 | | 22,524 |
| | SUSAN POLLACK | 50 00 | | | | | | | | | \dashv | | |
| PROG | RAM MANAGER | | | | | | Х | | 135,722 | | 0 | | 19,476 |
| (22) | ANN JENSEN | 50 00 | | | | | x | | 120,950 | | 0 | | 0 |
| PROG | RAM MANAGER | | | | | | <u> </u> | | 120,930 | | <u> </u> | | |
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| 1b | Sub-Total | | | • | | | | | | | | | |
| С | Total from continuation sheets to Pa | ·- | | • | • | | . <u>*</u> _ | | | | _ | | |
| d | Total (add lines 1b and 1c) | | • | | • | | • | | 882,609 | 175,328 | 8 | | 127,726 |
| 2 | Total number of individuals (including \$100,000 of reportable compensation | | | | ed a | bove | e) who | rec | eived more than | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of on line 1a? <i>If</i> "Yes," complete Schedule | | | | | nplo | yee, o | r hig | jhest compensate | d employee | | | _ |
| | | | | | | | • | | | | 3 | | No_ |
| 4 | For any individual listed on line 1a, is organization and related organizations | | | | | | | | | יווו נוופ | | | |
| | ındıvıdual | | | | • | | • | • | | | 4 | Yes | |
| 5 | Did any person listed on line 1a receive | | • | | | | | | - | idividual for | | | |
| | services rendered to the organization | ? If "Yes," comple | te Sche | dule | J for | suc | ch pers | on | | [| 5 | | No |
| | ection B. Independent Contrac | tors | | | | | | | | | | | |
| 1 | Complete this table for your five higher compensation from the organization F | st compensated | | | | | | | | | | tax vear | |
| | | (A) | | | | | , ==1 | | | (B) | Ť | (C |) |
| | Name and | business address | | | | | | | Description | on of services | + | Comper | sation |
| | | | | | | | | | | | \perp | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | \pm | | |
| 2 | Total number of independent contractor | s (including but i | not lim | ıted | to th | iose | listed | abo | ove) who received | more than | T | | |

| Form 99 | | * | | | | | | Page 9 |
|---|--------------|---|--|---------------------------------------|--------------------|--|--------------------------------|---|
| Part V | /## | Statement o | o f Revenue ule O contains a respon | nse to any question i | n this Part VIII . | | | |
| | | Check if Senede | are o contains a respon | se to any question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| တည | 1a | Federated camp | paigns 1a | | | | | |
| E gr | ь | Membership du | es 1b | | | | | |
| Grants mounts | c | Fundraising eve | ents 1c | 4,395,850 | | | | |
| ffs, FA | d | Related organiz | zations 1d | | | | | |
| | e | Government grants | | 5,000,000 | | | | |
| Sir. | | | | | | | | |
| utic er fiti | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 42,403,314 | | | | |
| 를 | g | Noncash contribution | ons included in lines | 266,988 | | ĺ | | |
| Contributions, Giffs, Grants and Other Similar Amounts | h | Total. Add lines | s 1 a - 1 f | | 51,799,164 | | | |
| | | | | Business Code | | | | |
| nue | 2a | FEES FROM GOVT | AGENCY | 900099 | 4,683,240 | 4,683,240 | | |
| 9. ex | ь | SO ADMIN SERVICE | E FEES | 900099 | 590,704 | 590,704 | | |
| е Ш | c | | | | | | | |
| 7. 2. | d | | | | | | | |
| Program Serwce Revenue | e | | | | | | | |
| 튵 | f | All other progra | am service revenue | | | | | |
| <u>Š</u> | | Tetal Addings | s 2a-2f | <u> </u> | F 272 044 | | | |
| | g 3 | | ome (including divident | | 5,273,944 | | | |
| | | and other simila | ar amounts) | ▶ [| 954,339 | | | 954,339 |
| | 4 | | stment of tax-exempt bond p | · · · · · F | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (ı) Real 4,323 | (II) Personal | | | | |
| | Ь | Less rental | 0 | | | | | |
| | _c | expenses Rental income | 4,323 | | | | | |
| | d | or (loss) | me or (loss) | | 4,323 | | | 4,323 |
| | " | Net rental incol | (i) Securities | (II) Other | 1,020 | | | .,625 |
| | 7a | Gross amount from sales of assets other than inventory | 35,189,823 | (, | | | | |
| | ь | Less cost or other basis and | 35,327,983 | | | | | |
| | | sales expenses | | | | | | |
| | d d | Gain or (loss) | -138,160 | | -138,160 | | | -138,160 |
| | 8a | Gross income fi | · . | · · · · · · · · · · · · · · · · · · · | 150,100 | | | 130,100 |
| Other Revenue | | events (not inc \$4,395 | luding | | | | | |
| Ä | | See Part IV, lin | ne 18 | | | | | |
| Ĭ. | Ь | less direct ov | penses b | 131,781 184,171 | | | | |
| ₹ | ر ا | | (loss) from fundraising (| | -52,390 | | | -52,390 |
| | | | rom gaming activities | | | | | |
| | Ь | Less direct ex | penses b | | | | | |
| | c | | (loss) from gaming activ | vities▶ | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | owances . a | | | | | |
| | ь | less costofa | oods sold b | | | | | |
| | | | (loss) from sales of inve | entory | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | FORFEITURES | : | 900099 | 6,669 | | | 6,669 |
| | ь | EMAIL HOSTII | NG FEES | 900099 | 480 | | | 480 |
| | С | COBRA ADMIN | N FEES | 900099 | 238 | | | 238 |
| | d | | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | | 7,387 | | | |
| | 12 | Total revenue. | See Instructions | | 57,848,607 | 5,273,944 | 0 | 775,499 |

| | t IX Statement of Functional Expenses | | | | Page 10 |
|----|--|-----------------------|---|---|--|
| | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All | other organizat | ions must comp | lete column (A) | |
| | Check if Schedule O contains a response to any question in this Pa | ırt IX | | | |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 3,370,777 | 3,370,777 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 22,645,115 | 22,645,115 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 22/013/113 | 22,013,223 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 553,111 | 129,197 | 186,931 | 236,983 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 5,080,338 | 4,039,312 | 613,925 | 427,101 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 422,647 | 350,435 | 42,086 | 30,126 |
| 9 | Other employee benefits | 464,334 | 369,730 | 53,605 | 40,999 |
| 10 | Payroll taxes | 462,339 | 355,872 | 57,447 | 49,020 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 27,838 | 24,011 | 3,827 | |
| c | Accounting | 62,970 | | 62,970 | |
| d | Lobbying | 38,902 | | | 38,902 |
| e | Professional fundraising services See Part IV, line 17 | 25,866 | | | 25,866 |
| f | Investment management fees | 68,097 | 62,608 | 5,124 | 365 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 231,004 | 76,066 | 50,012 | 104,926 |
| 12 | Advertising and promotion | | | | · · · · · · · · · · · · · · · · · · · |
| 13 | Office expenses | 364,785 | 293,002 | 49,464 | 22,319 |
| 14 | Information technology | 52,844 | 33,502 | 13,704 | 5,638 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 412,075 | 240,601 | 130,935 | 40,539 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 237,601 | 114,576 | 100,968 | 22,057 |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | EVENTS | 629,680 | 629,680 | | |
| b | STAFF EXPENSES | 552,588 | 406,640 | ' | 97,484 |
| c | REPAIRS AND MAINTENANCE | 87,984 | 70,724 | 14,226 | 3,034 |
| d | VOLUNTEER EXPENSES | 12,179 | 12,121 | 34 | 24 |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 35,803,074 | 33,223,969 | 1,433,722 | 1,145,383 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| Fall | τχ | Check if Schedule O contains a response to any question in this Part X | | | |
|--------------|-----|--|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 13,638,713 | 2 | 13,964,532 |
| | 3 | Pledges and grants receivable, net | 5,108,778 | 3 | 34,269,824 |
| | 4 | Accounts receivable, net | 1,031,523 | 4 | 1,655,063 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees Complete Part II of Schedule L | key | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as defined under se $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing emploand sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiorganizations (see instructions) Complete Part II of Schedule L | yers | 6 | |
| 8 | 7 | Notes and loans receivable, net | | 7 | |
| ₹ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 50,569 | 9 | 59,690 |
| | 10a | Land, buildings, and equipment cost or other basis Complete | 23,620 | | 33,333 |
| | Ь | Less accumulated depreciation 10b 1,33 | 36,488 993,241 | 10c | 887,132 |
| | 11 | Investments—publicly traded securities | 23,127,421 | 11 | 25,806,927 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | <u>·</u> |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 239,485 | 15 | 121,861 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 44,189,730 | 16 | 76,765,029 |
| | 17 | Accounts payable and accrued expenses | 829,528 | 17 | 933,159 |
| | 18 | Grants payable | 18,423,353 | | 29,460,122 |
| | 19 | Deferred revenue | 548,703 | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| lities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | 21 | |
| Liabiliti | | persons Complete Part II of Schedule L | | 22 | |
| ï | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | _ |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule | | | |
| | | D | 10.004.504 | 25 | 00.000.004 |
| | 26 | Total liabilities. Add lines 17 through 25 | 19,801,584 | 26 | 30,393,281 |
| on dh | | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete ines 27 through 29, and lines 33 and 34. | | | |
| ĕ | 27 | Unrestricted net assets | 924,768 | 27 | 1,627,477 |
| <u>छ</u> | 28 | Temporarily restricted net assets | 18,282,878 | 28 | 19,836,423 |
| <u> </u> | 29 | Permanently restricted net assets | 5,180,500 | 29 | 24,907,848 |
| Fund Balance | 29 | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and | 3,100,300 | 23 | 27,001,040 |
| | | complete lines 30 through 34. | | | |
| ō | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | _ |
| \$ S | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net / | 33 | Total net assets or fund balances | 24,388,146 | 33 | 46,371,748 |
| ž | 34 | Total liabilities and net assets/fund balances | 44,189,730 | 34 | 76,765,029 |
| | | rotar nabilities and net assets/fully balances | 44, 169,730 | J4 | 10,100,029 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ୮ |
|-----|---|----------|-----------|------|---------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 57,8 | 348,607 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 35.8 | 303,074 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 045,533 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 388,146 |
| 5 | Net unrealized gains (losses) on investments | 5 | | · | -61,931 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 46,3 | 371,748 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . \sqsubset |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | e | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equire | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493218004423

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

| COLLE | GE SUC | CCESS FOL | JNDATION | | | | | | 01 2026 | | |
|---------|----------|-----------|--|---|----------------|-----------------------------------|-------------------------|-------------|------------------|---------------|----------------------|
| Dai | τI | Peac | on for Du | blic Charity Sta | tus (All or | nanization | s must com | nloto thic | 91-20360 | | nc |
| | | | | te foundation becaus | | | | | <u> </u> | isti uctio | 115. |
| 1 | Г Г | | | on of churches, or a | | | = - | | | | |
| 2 | , | | • | in section 170(b)(1 | | | | | (=)(=)()(.). | | |
| 3 | , | | | perative hospital se | | | • | on 170(b)(1 | L)(A)(iii). | | |
| 4 | _ | • | | h organization opera | _ | | | | | 1)(A)(iii) |). Enter the |
| - | • | | | ty, and state | | | | | | | |
| 5 | Γ | Anorg | anızatıon op | erated for the benefi | t of a college | or univers | ity owned or o | perated by | a government | al unit de | escribed in |
| | | sect ior | 170(b)(1)(| (A)(iv). (Complete P | art II) | | | | | | |
| 6 | Γ | A feder | al, state, or | local government o | government | al unit des | cribed in sect i | ion 170(b)(| (1)(A)(v). | | |
| 7 | <u>~</u> | | | at normally receives | | | support from | a governm | ental unit or fi | om the g | eneral public |
| | _ | | | on 170(b)(1)(A)(vi). | | | manlata Dawt I | т \ | | | |
| 8 9 | <u> </u> | | - | described in sectior at normally receives | | | - | - | ibutions mam | harabın fa | oc and grace |
| 9 | ı | | | ities related to its e | | | | | | | |
| | | • | | oss investment inco | • | - | | | ` ' | | |
| | | | | ganization after June | | | | | | cax) II o III | Dusillesses |
| 10 | \vdash | | | ganized and operated | | | | | | | |
| 11 | <u>'</u> | _ | | ganized and operated | • | | | | | o carry o | ut the nurnoses of |
| | ' | | | ly supported organiz | | | | | | | |
| | | the box | that descri | bes the type of supp | orting organ | ızatıon and | complete line | s 11e thro | ugh 11h | | |
| | _ | | | b | | | | | | | |
| е | Г | • | _ | ox, I certify that the | _ | | | • | • | | • |
| | | | nan roundati n 509(a)(2) | on managers and ot | ner than one | or more pu | blicly support | ed organiza | ations describe | ea in sec | tion 509(a)(1) or |
| f | | | | received a written d | etermination | from the IF | RS that it is a | Type I, Ty | pe II, or Type | III suppo | orting organization, |
| | | | this box | | | | | | | | Γ |
| g | | | August 17, 2 ng persons? | 2006, has the organ | ızatıon accep | oted any gif | t or contributi | on from an | y of the | | |
| | | | | rectly or indirectly o | ontrols, eith | er alone or | together with | persons de | escribed in (ii) | | Yes No |
| | | | | governing body of th | • | | _ | • | , | | l1g(i) |
| | | | | er of a person descr | | _ | | | | | .1g(ii) |
| | | (iii) A | 35% contro | lled entity of a perso | n described | ın (ı) or (ıı) | above? | | | <u> </u> | 1g(iii) |
| h | | Provide | the followi | ng information about | the supporte | ed organiza | tion(s) | | | | |
| | | | | | | | | | | | |
| (i |) Nan | ne of | (ii) EIN | (iii) Type of | (iv) Is | the | (v) Did you | ı notıfy | (vi) Is | the | (vii) A mount of |
| | | | | organization | organizati | | the organi | | organizati | | monetary |
| organiz | | ation | (described on col (i) listed in in col (i) of your lines 1-9 above your governing support? | | | r col (i) organız ın the U.S.? | | support | | | |
| | | | | or IRC section | docume | | | - | | _ | |
| | | | | (see | | | | | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | |
| | | | | | | 1 | | 1 | 1 | | |

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 7,520,010 7,862,566 12,039,205 15,877,319 51,799,164 95,098,264 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 7,520,010 7,862,566 12,039,205 15,877,319 51,799,164 95,098,264 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 49,738,738 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 45,359,526 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 7,520,010 15,877,319 51,799,164 Amounts from line 4 7,862,566 12,039,205 95,098,264 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,533,122 2,301,215 2,012,875 1,435,260 958,662 10,241,134 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 105,339,398 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 43 060 % Public support percentage for 2011 Schedule A, Part II, line 14 15 57 910 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

| | purpose | | | | | | |
|------------|--|---------------------|--------------------|----------------------|-------------------|-----------------|-------------------------|
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | - | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, | | | | | | |
| <i>7</i> a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| _ | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| _Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | in) ► | (u) 2000 | (6) 2003 | (6) 2010 | (4) 2011 | (6) 2012 | (1) 10tai |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| Ь | Unrelated business taxable income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | | | Librari Corretto con | 6.01 | E04(-)(2) | |
| 14 | First five years. If the Form 990 is for | or the organization | on's first, second | i, thira, fourth, or | ππη tax year as a | 1 501(c)(3) org | anization, ► |
| | check this box and stop here | a Cunnaut Da | | | | | |
| | ction C. Computation of Public | | | 1.2 | | T I | |
| 15 | Public support percentage for 2012 | | | 13, column (T)) | | 15 | |
| 16 | Public support percentage from 2011 | L Schedule A, Pa | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inve | stment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for 20 | | | | nn (f)) | 17 | |
| | | | | | . , , | | |
| 18 | Investment income percentage from | | | | | 18 | |
| 19a | 33 1/3% support tests—2012. If the o | | | | | | ıd lıne 17 ıs not ▶□ |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493218004423

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** COLLEGE SUCCESS FOUNDATION 91-2036088 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

| Check ► 「 | if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, |
|-----------|---|
| | expenses, and share of excess lobbying expenditures) |

B Check ► T if the filing organization checked box A and "limited control" provisions apply

| | Limits on Lobbying E (The term "expenditures" means ar | | (a) Filing organization's totals | (b) Affiliated group totals |
|----|---|--|--|------------------------------------|
| 1a | Total lobbying expenditures to influence public o | pinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legisl | ative body (direct lobbying) | 87,850 | |
| С | Total lobbying expenditures (add lines 1a and 1i | o) | 87,850 | |
| d | Other exempt purpose expenditures | | 35,927,256 | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | 36,015,106 | |
| f | Lobbying nontaxable amount Enter the amount f | rom the following table in both | 1,000,000 | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | e 1f) | 250,000 | |
| h | Subtract line 1g from line 1a If zero or less, ent | er -0- | 0 | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | 0 | |
| j | If there is an amount other than zero on either lii | ne 1h or line 1i, did the organization file Form 472 | 0 reporting | □ Ves □ No |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 874,067 1,000,000 1,874,067 Lobbying nontaxable amount Lobbying ceiling amount 2,811,101 (150% of line 2a, column(e)) 87,850 Total lobbying expenditures 135,662 223,512 Grassroots nontaxable amount 218,517 250,000 468,517 Grassroots ceiling amount 702,776 (150% of line 2d, column (e)) Grassroots lobbying expenditures

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)). | ОТ | | | 7 0 | ge S |
|-------|---|------|---------|------|-------|-------------|
| | Week Week was a second of the | (6 | a) | | (b) | |
| activ | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity. | Yes | No | 1 | Amoun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| C | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | O ther activities? | | | | | |
| j | Total Add lines 1c through 1: | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6). | 01(c |)(5), (| or s | | |
| _ | | | _ | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 3 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | | |
| Pa | t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| C | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493218004423

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** COLLEGE SUCCESS FOUNDATION 91-2036088 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 125,000 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

| Par | Organizations Maintaining Co | <u>llections of Art</u> | :, HIS | tori | cai ir | <u>easu</u> | res, or O | tnei | r Similar As | sets | (continued) |
|------|--|-------------------------|---------------------------------------|----------|--------------|----------------|--------------------------|----------|-----------------------------|----------------|--------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other recor | ds, cl | hecka | any of t | he foll | owing that a | re a | significant use | of its | |
| а | Public exhibition | | d | \vdash | Loan | or excl | nange progr | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | llections and expla | ıın hov | w they | / furthe | r the o | rganızatıon | 's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit of | | | | | | | | ılar | _ | _ |
| | assets to be sold to raise funds rather than t | | | | | | | | | ┌ Yes | No No |
| Par | t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | i answered |) "Y | es" to Form s | 990, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | or other ass | ets r | not | ┌ Yes | Г No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | wing t | able | | _ | | | | |
| | | | | | | | | | 1A | nount | |
| С | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | | 1e | | | |
| f | Ending balance | | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, lin | e 21? | • | | | | | | ┌ Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | anatio | n has b | een pi | rovided in P | art X | (111 | | . Г |
| Pa | rt V Endowment Funds. Complete | | n ans | were | ed "Yes | s" to f | orm 990, | Par | t IV, line 10. | | |
| | | (a)Current year | (b |)Prior | | b (c) ⊤ | wo years back 201,200 | _ | Three years back 201,200 | (e) Fou | r years back |
| 1a | Beginning of year balance | 5,180,966 5,000,775 | | Е | 219,138 | | 17,938 | - | 201,200 | | 76,175 |
| b | Contributions | 3,000,773 | | 3 | ,000,000 | | 17,936 | <u>'</u> | | | 76,175 |
| С | Net investment earnings, gains, and losses | 27,061 | | | -6,140 | | | | | | |
| d | Grants or scholarships | | | | 32,032 | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 10,208,802 | | 5 | ,180,966 | | 219,138 | 3 | 201,200 | | 201,200 |
| 2 | Provide the estimated percentage of the curi | ent vear end halan | ce (lır | ne 1 a | columi | . (a)) ł | neld as | | | | |
| a | Board designated or quasi-endowment | ene year ena baran | · · · · · · · · · · · · · · · · · · · | ic rg, | corann | . (4), . | 1010 05 | | | | |
| b | Permanent endowment ► 100 000 % | | | | | | | | | | |
| | r ennament endowment F | | | | | | | | | | |
| c | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shown that the second s | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiz | ation | tnat a | ire held | and a | amınıstered | ıror | tne | Ye | es No |
| | (i) unrelated organizations | | | | | | | | 3a | - | No |
| | (ii) related organizations | | | | | | | | 3a | ii) | No |
| | If "Yes" to 3a(II), are the related organization | | | | | | | ٠ | 3 | b | |
| 4 | Describe in Part XIII the intended uses of the triangle to the triangle triangle to the triangle tria | | | | | 0 | | | | | |
| Par | t VI Land, Buildings, and Equipme Description of property | nt. See ronn 95 | 7U, Pa | | Cost or | | (b)Cost or o | ther | (c) Accumulate | ed (d) |) Book value |
| | | | | bas | is (invest | ment) | basis (othe | er) | depreciation | | |
| | Land | | | - | | | | | | | |
| | Buildings | | • | | | | | | | | |
| | Leasehold improvements | | • | - | | | | ,298 | 115, | _ | 148,520 |
| | Equipment | | • | | | | | ,225 | | | 64,904 |
| | Other | gual Form 990 Part | Y col: | Imp (| R) lina | 10(0) | 1,550 |),097 | 876,: | 389 | 673,708 |
| iota | . Aud illes ta tillough te (Column (a) must e | quai i Oilli 330, Pdft | ^, coit | anni (L | . ۱۱۱۱۷ , رد | LU(L).) | | • | - | | 887,132 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---|---|----------------|--------------------|
| (a) Description of security or category | (b)Book value | (c) Metho | d of valuation |
| (including name of security) | | Cost or end-of | -year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests Other | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | | <u> </u> 13 | |
| (a) Description of investment type | (b) Book value | | d of valuation |
| | (=, =================================== | | -year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, III | | | |
| (a) Descrip | | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | 7.) | | |
| Part X Other Liabilities. See Form 990, Part X | | | |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | | | |
| reactar meanic taxes | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | İ | | |

| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | eturn |
|------|---|-------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 62,160,507 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 4,902,604 |
| 3 | Subtract line 2e from line 1 | 3 | 57,257,903 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 590,704 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 57,848,607 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 50,399,050 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 15,435,540 |
| 3 | Subtract line 2e from line 1 | 3 | 34,963,510 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 839,564 |

Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | 1 ' | THE FOUNDATION USES THESE ENDOWMENT FUNDS FOR SCHOLARSHIPS |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | | REVENUE FROM AFFLIATES INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS 5,066,630 INDIRECT EVENT EXPENSES -248,860 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | INTERCOMPANY ELIMINATIONS 590,704 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | EXPENSES FROM AFFILIATES INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS 15,288,775 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | INTERCOMPANY ELIMINATIONS 590,704 INDIRECT EVENT EXPENSES 248,860 |

35,803,074

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Department of the Treasury

Internal Revenue Service

DLN: 93493218004423

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ)

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Inspection

| Name of the organization COLLEGE SUCCESS FOUNDATION | | | | Employer ident | tification number |
|---|--|--|---|---|--|
| JOLLEGE SUCCESS FOUNDATION | | | | 91-2036088 | |
| Part I Fundraising Activities. | Complete if the o | organızatı | ion answered "Yes" to | o Form 990, Part IV, | line 17. |
| Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or or key employees listed in Form 990, If "Yes," list the ten highest paid indivito be compensated at least \$5,000 brown | oral agreement wi Part VII) or entity Iduals or entities (| e f g th any indi | Solicitation of non-Solicitation of gove Special fundraising vidual (including officers | government grants ernment grants events s, directors, trustees endraising services? | ▼ Yes |
| (i) Name and address of individual or entity (fundraiser) | fundra cus cor | i) Did iser have tody or itrol of butions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| EVENT DASTE AND ASSOCIATES 2309 187TH AVE NE REDMOND, WA 98052 | TION & | No No | 734,481 | 10,600 | 723,881 |
| TERESA I GOODMAN & MANAG CONSULTING 2103 NE 33RD PL | | No | 411,085 | 15,266 | 395,819 |
| RENTON, WA 98056 | | | | | |
| Total | on is registered or | ▶ | 1,145,566 o solicit funds or has bee | 25,866 en notified it is exempt | 1,119,700 from registration or |
| NA | | | | | |

| _ | | G (Form 990 or 990-EZ) 2012 | | | | Page 2 |
|-------------|-------------------|--|---|--|-------------------------------------|--|
| Pa | rt II | Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g | aising event contributi | | | |
| | | <u> </u> | (a) Event #1 COSTCO BREAKFAST (event type) | (b) Event #2 CHATEAU STE MICHELLE DINNER (event type) | (c) O ther events 1 (total number) | (d) Total events (add col (a) through col (c)) |
| 置 | 1 | Gross receipts | 3,382,065 | 734,481 | 411,085 | 4,527,631 |
| Revenue | 2 | Less Contributions | 3,328,509 | 700,731 | 366,610 | 4,395,850 |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | 53,556 | 33,750 | 44,475 | 131,781 |
| | 4 | Cash prizes | | | | |
| မွာ | 5 | Noncash prizes | | | 12,998 | 12,998 |
| Expenses | 6 | Rent/facility costs | 1,045 | | 18,720 | 19,765 |
| | 7 | Food and beverages . | 54,402 | 26,636 | 12,648 | 93,686 |
| Direct | 8 | Entertainment | 30,499 | 7,186 | | 37,685 |
| 莅 | 9 | Other direct expenses . | 5,044 | 6,620 | 8,373 | 20,037 |
| Par | 10 11 t III | Direct expense summary Add lin Net income summary Combine lii Gaming. Complete if the or | ne 3, column (d), and line | 10 | | (184,171) -52,390 rted more than |
| | ı | \$15,000 on Form 990-EZ, lir | ne 6a. | · | | T |
| Revenue | | | (a) Bingo I | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| enses | 2 | Cash prizes | | | | |
| Xper | 3 | Non-cash prizes | | | | |
| Direct Exp | 4 | Rent/facility costs | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Г Yes Г No | ┌ Yes No | ☐ Yes ☐ No | |
| | 7 | Direct expense summary Add lines | s 2 through 5 ın column (d | i) | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | mn (d) | 🛌 | |
| 9 a b | Ist | ter the state(s) in which the organiza the organization licensed to operate No," explain | gaming activities in each | of these states? | | . Гyes ГNo |
| | | | | | | |
| 10a b | | re any of the organization's gaming l Yes," explain | icenses revoked, suspen | ded or terminated during | the tax year? | |

| 70ES | the organization operate gaming | activities with nonlinelinders | | · · I Yes I No |
|-----------|--------------------------------------|---|-------------------------------------|----------------------------------|
| .2 | | neficiary or trustee of a trust or a men | | |
| | formed to administer charitable of | gaming? | | · · · · Fyes F No |
| .3 | Indicate the percentage of gamir | ng activity operated in | | |
| а | The organization's facility | | | 13a |
| b | An outside facility | | | 13b |
| .4 | Enter the name and address of th | ne person who prepares the organizati | on's gaming/special events books | and records |
| | Name ► | | | |
| | Address 🟲 | | | |
| | revenue? | ntract with a third party from whom the | | |
| | amount of gaming revenue retain | ed by the third party 🟲 \$ | | |
| C | If "Yes," enter name and address | s of the third party | | |
| | Name 🟲 | | | |
| | Address 🟲 | | | |
| .6 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation I | \$ \$ | | |
| | Description of services provided | > | | |
| | ☐ Director/officer | Employee | Independent contractor | |
| .7 | Mandatory distributions | | | |
| а | Is the organization required unde | er state law to make charitable distrib | utions from the gaming proceeds to | |
| | retain the state gaming license? | | | Г _{Yes} Г _{No} |
| b | Enter the amount of distributions | required under state law distributed t | to other exempt organizations or sp | ent |
| | | activities during the tax year 🟲 💲 | | |
| Par | columns (III) and (v), a | mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi | , 15c, 16, and 17b, as applical | |
| | Identifier | Return Reference | Explana | tion |
| | | | | |

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493218004423

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COLLEGE SUCCESS FOUNDATION Employer identification number

91-2036088

| Does the organization main the selection criteria used t | to award the grants | orassistance? | | | | | √ Yes |
|---|---------------------|---|------------------------------|---|---|--|--|
| Describe in Part IV the organic | <u>*</u> | | | | | | |
| | | o Governments and recipient that received | | | | | d "Yes" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) SEATTLE UNIVERSITY 901 12TH AVE SEATTLE, WA 98122 | 91-0565006 | 501(C)(3) | 1,655,379 | | | | STUDENT COLLEGE SCHOLARSHIPS |
| (2) UNIVERSITY OF WASHINGTON PO BOX 355820 SEATTLE, WA 98195 | 94-3079432 | GOVERNMENT | 1,530,379 | | | | STUDENT COLLEGE SCHOLARSHIPS |
| (3) GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE,WA 99258 | 91-0236600 | 501(C)(3) | 100,000 | | | | COLLEGE PROGRAM SUPPORT |
| (4) COLUMBIA BASIN COLLEGE 2600 N 20TH AVE PASCO,WA 99301 | 91-1307538 | 501(C)(3) | 8,000 | | | | COLLEGE ACCESS NETWORK GRANTEE |
| (5) EDUCATIONAL SERVICE DISTRICT 105 33 S SECOND AVE YAKIMA,WA 98902 | 91-0948131 | GOVERNMENT | 6,805 | | | | COLLEGE ACCESS NETWORK GRANTEE |
| (6) COMMUNITY SCHOOLS COLLABORATION 137 SW 154TH ST BURIEN,WA 98166 | 20-0139255 | 501(C)(3) | 5,500 | | | | COLLEGE ACCESS NETWORK GRANTEE |
| (7) CENTRUM 223 BATTERY WAY PORT TOWNSEND, WA 98368 | 23-7348302 | 501(C)(3) | 5,100 | | | | DANCE THIS CAMP EVENT FEE FOR SIX ACHIEVER SCHOLARS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Enter total number of other organizations listed in the line 1 table

| | , | | |
|---------|--|-------------------------------|---------------------------|
| art III | Grants and Other Assistance to Individuals in the United States. Complete if the organ | nization answered "Yes" to Fo | rm 990, Part IV, line 22. |
| | Part III can be duplicated if additional space is needed. | | |

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|--|--|---------------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 COLLEGE SUCCESS FOUNDATION USES A COMBINATION OF EXTERNAL REVIEWERS AND SMALL WORKING GROUPS FOR SELECTION OF GRANTEES AND SCHOLARSHIP RECIPIENTS IN ADDITION, IT USES PROGRAMMATIC AND FINANCIAL REPORTING FROM GRANTEES TO ENSURE ATTAINMENT OF GRANT OBJECTIVES |
| SCHEDULE I, PART III | | RECONCILIATION OF SCHEDULE I - PART III TO FORM 990, PART IX, LINE 2 TOTAL GRANTS PER SCHEDULE I, PART III \$10,812,847 LESS ACCRUED SCHOLARSHIPS PAYABLE FOR CURRENT YEAR ACHIEVERS ACCRUED SCHOLARSHIP \$7,563,009 GOVERNORS ACCRUED SCHOLARSHIP \$59,225 L1000 ACCRUED SCHOLARSHIP \$453,822 PLUS COMMITMENT EXPENSE REALIZE THE DREAM ACCRUED SCHOLARSHIP \$255,730 WASHINGTON STATE OPPORTUNITY SCHOLARSHIP \$19,652,594 TOTAL GRANTS PAID REPORTED ON FORM 990, PART IX, LINE 2 \$22.645.115 |

Software ID: Software Version:

EIN: 91-2036088

Name: COLLEGE SUCCESS FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|----------------------------------|-------------------------------------|---|--|---------------------------------------|
| WASHINGTON STATE ACHIEVERS SCHOLARSHIP GRANT | 1323 | | 6,118,942 | FMV | SCHOLARSHIPS |
| GOVERNORS SCHOLARSHIP GRANT | 127 | | 287,255 | FMV | SCHOLARSHIPS |
| LEADERSHIP 1000 SCHOLARSHIP GRANT | 265 | | 781,632 | FM∨ | SCHOLARSHIPS |
| GETTING READY FOR SUCCESS | 67 | | 61,670 | FMV | SCHOLARSHIPS |
| REALIZE THE DREAM | 174 | | 608,885 | FM∨ | SCHOLARSHIPS |
| USA FUNDS JUMPSTART | 17 | | 24,331 | FM∨ | SCHOLARSHIPS |
| WASHINGTON STATE OPPORTUNITY SCHOLARSHIP | 2897 | | 2,912,062 | FM∨ | SCHOLARSHIPS |
| HERO STUDENT LAPTOP PROGRAM | 72 | | 18,070 | FMV | LAPTOP COMPUTERS |

DLN: 93493218004423

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name o | f the organization | |
|---------|--------------------|--|
| COLLEGE | SUCCESS FOUNDATION | |

Employer identification number

91-2036088

| Pa | Questions Regarding Compensation |) | | | | |
|------------|--|----------|--|------------|-----|----|
| | | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization prov | | | | | |
| | 990, Part VII, Section A, line 1a Complete Part III First-class or charter travel | to blos | Housing allowance or residence for personal use | | | |
| | Travel for companions | <u>'</u> | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | <u>'</u> | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | , T | Personal services (e g , maid, chauffeur, chef) | | | |
| | , , , , | , | | | | |
| Ь | If any of the boxes in line 1a are checked, did the org | ganızatı | on follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses de | scribed | above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | Did the organization require substantiation prior to re | | | | | |
| | directors, trustees, and the CEO/Executive Director | , regard | ling the items checked in line 1a? | 2 | Yes | |
| | | | | | | |
| 3 | Indicate which, if any, of the following the filing organ | | | | | |
| | organization's CEO/Executive Director Check all the used by a related organization to establish compensation | | | | | |
| | Compensation committee | - | | | | |
| | Independent compensation consultant | - | Written employment contract Compensation survey or study | | | |
| | Form 990 of other organizations | <u>.</u> | Approval by the board or compensation committee | | | |
| | , | , | , , , , , , , , , , , , , , , , , , , | | | |
| 4 | During the year, did any person listed in Form 990, P | art VII | , Section A, line 1a with respect to the filing organization | | | |
| | or a related organization | | | | | |
| а | Receive a severance payment or change-of-control p | oaymen | t? | 4a | | No |
| b | Participate in, or receive payment from, a supplemen | ital non | qualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-ba | sed co | mpensation arrangement? | 4 c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pro | vide th | e applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mus | st comp | olete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, | | | | | |
| | compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of | line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| ь | Any related organization? | | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, | line 1a | , did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," do | | | 7 | | Νo |
| 8 | Were any amounts reported in Form 990, Part VII, p | | | | | |
| | subject to the initial contract exception described in in Part III | Regula | tions section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | | | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | rebutta | able presumption procedure described in Regulations | 9 | | |
| | 3664011 33 4330 0(6). | | | י פ | 1 | l |

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and (D) Nontaxable (E) Total of columns (F) Con | | (F) Compensation | |
|--|-------------|--------------------------|---|---|--|------------|------------------|---|
| | | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported as deferred in prior Form 990 |
| (1)BOB CRAVES CHAIR & CEO | (i) (ii) | 141,623 0 | 0 0 | 0 | 15,058 0 | 8,817 0 | 165,498 0 | 0 0 |
| (2)DEBORAH WILDS PHD PRESIDENT & COO | (i) (ii) | 189,736 0 | 0 | 0 | 19,156 0 | 5,977 0 | 214,869 | 0 |
| (3)HERBERT TILLERY BOARD MEMBER | (i) (ii) | 0 175,328 | 0 0 | 0 | 0 17,605 | 0 561 | 0 193,494 | 0 0 |
| (4)SUE BYERS PROGRAM MANAGER | (i) (ii) | 140,386 0 | 0 0 | 0 | 14,479 0 | 8,045 0 | 162,910 0 | 0 |
| (5)SUSAN POLLACK PROGRAM MANAGER | (i) (ii) | 135,722 0 | 0 0 | 0 | 13,939 0 | 5,537 0 | 155,198 0 | 0 |

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | PART I, LINE 1A | FIRST CLASS TRAVEL FOR ONE BOARD MEMBER DUE TO MEDICAL NEEDS TREATED AS NONTAXABLE EXPENSE REIMBURSEMENT |

Schedule J (Form 990) 2012

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DLN: 93493218004423

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

| 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures | _ | ts |
|---|-----|----|
| 2 Art—Historical treasures | | |
| 3 Art—Fractional interests | | |
| 4 Books and publications | | |
| 5 Clothing and household goods | | |
| goods | | |
| 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded . X 3 229,578 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures | | |
| 8 Intellectual property | | |
| 9 Securities—Publicly traded . X 3 229,578 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures | | |
| Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures | | |
| Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures | | |
| or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures | | |
| Q ualified conservation contribution—Historic structures | | |
| contribution—Historic structures | | |
| | | |
| | | |
| contribution—O ther 15 Real estate—Residential . | | |
| 16 Real estate—Commercial | | |
| 17 Real estate—Other | | |
| 18 Collectibles | | |
| 19 Food inventory | | — |
| 20 Drugs and medical supplies . | | |
| 21 Taxidermy | | |
| 22 Historical artifacts | | |
| 23 Scientific specimens | | |
| 24 Archeological artifacts | | |
| AUCTION | | |
| 25 Other ► (<u>ITEMS</u>) X 8 8,507 FMV | | |
| 26 Other ► (<u>FOOD, ETC</u>) X 1,770 15,410 FMV | | |
| 27 Other ► (<u>APPAREL/EQUIP</u>) X 207 12,998 FMV | | |
| SMALL 28 Other►(AUCTION) X 1 495 FMV | | |
| Number of Forms 8283 received by the organization during the tax year for contributions | | |
| for which the organization completed Form 8283, Part IV, Donee Acknowledgement | - | |
| <u></u> | Yes | No |
| During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it | | |
| must hold for at least three years from the date of the initial contribution, and which is not required to be used | | |
| for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | Yes | |
| | 162 | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | |
| contributions? | | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| I dentifier | Return Reference | Explanation |
|--|------------------|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | , | DONATED PUBLICLY TRADED STOCK IS ON A PER CONTRIBUTOR BASIS OTHER PROPERTY IS BASED ON THE NUMBER OF ITEMS RECEIVED |

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

91-2036088

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART I, LINE 6 | CSF HAD 14 VOLUNTEER BOARD MEMBERS AND 12 ALUMNI BOARD MEMBERS IN ADDITION, 51 VOLUNTEERS PROVIDED EVENT SUPPORT AT FUNDRAISERS, 174 ASSISTED AT EVENTS TO HELP PREPARE STUDENTS FOR COLLEGE, 92 ASSISTED AT A CONFERENCE AND WORKSHOPS, 34 READ SCHOLARSHIP APPLICATIONS, AND 505 SERVED AS MENTORS TO STUDENTS |
| | FORM 990, PART VI, SECTION A, LINE 2 | GERRI CRAVES AND BOB CRAVES HAVE A FAMILY RELATIONSHIP |
| | FORM 990, PART VI, SECTION B, LINE 11 | THE REVIEW PROCESS OF THE FORM 990 INCLUDES A DETAILED REVIEW BY THE CONTROLLER AND THE CFO WITH THE PRESIDENT AFTER REVIEW AND APPROVAL BY THE PRESIDENT, THE FORM 990 IS REVIEWED WITH THE FINANCE COMMITTEE, INCLUDING THE CHAIRPERSON, WHO IS AN OUTSIDE DIRECTOR SUBSEQUENT TO THE REVIEW BY THE FINANCE COMMITTEE AND PRIOR TO THE FILING OF THE RETURN, ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 FOR REVIEW |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE POLICIES, RULES, AND REGULATIONS ADOPTED BY THE CORPORATION RELATING TO CONFLICT OF INTEREST SHALL APPLY TO ANY PERSON APPOINTED BY THE BOARD OF DIRECTORS IN ANY CAPACITY AND TO THE MEMBERS OF THE BOARD OF DIRECTORS THEMSELVES AND KEY EMPLOYEES CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUESTED OF ALL DIRECTORS ANNUALLY AND FOR NEW DIRECTORS AT THE TIME THEY JOIN THE BOARD THE STAFF ACCOUNTANT AND CFO REVIEW THE QUESTIONNAIRES, AND IF A CONFLICT ARISES, THE BOARD MEMBER RECUSES THEMSELVES FROM THE DISCUSSION AND VOTE |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE CHIEF EXECUTIVE OFFICER'S SALARY IS DETERMINED BY RECOMMENDATION FROM THE GOVERNANCE COMMITTEE TO PERSONNEL AND COMPENSATION COMMITTEE AND VOTED ON BY THE CSF BOARD OF DIRECTORS EXTERNAL MARKET SALARY REVIEWS ARE CONDUCTED FOR ALL POSITIONS, INCLUDING THE CEO'S, EVERY 3-4 YEARS A REVIEW OF THE CEO POSITION WAS COMPLETED AND PRESENTED TO THE PERSONNEL AND COMPENSATION COMMITTEE ON OCTOBER 12, 2012 THE REMAINING STAFF'S SALARY, INCLUDING MANAGEMENT'S, ARE ALSO REVIEWED BY THE PERSONNEL AND COMPENSATION COMMITTEE AND APPROVED BY THE BOARD IF INCREASES FOR ALL STAFF ARE APPROVED BY THE BOARD, EACH INDIVIDUAL IS REVIEWED IN THE ADMINISTRATION PROCESS OF INCREASES BY THE CEO AND BOARD CHAIR COMPENSATION INCREASES FOR ALL OTHER OFFICERS WERE LAST APPROVED AT THE JANUARY 2013 BOARD MEETING |
| | FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST |

DLN: 93493218004423

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

COLLEGE SUCCESS FOUNDATION

Related Organizations and Unrelated Partnerships

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

Department of the Treasury

Internal Revenue Service Name of the organization

Employer identification number

91-2036088

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one

| or more related tax-exempt organizations during | the tax year.) | . | | , | , | | | |
|---|---|---|----------------------------|--|-------------------------------------|---|----|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b) (13) controlled entity? | | |
| | | | | | | Yes | No | |
| (1) COLLEGE SUCCESS FOUNDATION - DISTRICT OF COLUMBIA | COLLEGE SCHOLARSHIPS AND PROGRAMS FOR DC HIGH | WA | 501(C)(3) | 11A - TYPE I | COLLEGE SUCCESS FOUNDATION | Yes | | |
| 1605 NW SAMMAMISH ROAD SUITE 200 | SCHOOL STUDENTS | | | | TOUNDATION | | | |
| ISSAQUAH, WA 98027 20-5561911 | | | | | | | | |
| (2) WASHINGTON STATE MENTORS | SUPPORT TO WASHINGTON | WA | 501(C)(3) | 11A - TYPE I | COLLEGE SUCCESS | Yes | | |
| 1605 NW SAMMAMISH ROAD SUITE 200 | STATE MENTORING ORGANIZATIONS | | | | FOUNDATION | | | |
| ISSAQUAH, WA 98027 20-8335617 | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
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| | | | | | | | | |
| | | | | | | - 1 | | |

| (a) Name, address, and EIN o related organization | (a) Name, address, and EIN of Pr related organization | | (c) Legal domicile (state or foreign country) | e controlling or entity | (e) Predominant income(related, unrelated, excluded from tax under | (f) Share of total income | (g) Share of end-of-yea assets | (h) Disproprtiona r allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | ownersh | |
|--|--|---|---|---|--|---------------------------------|---|--|--------|---|----------------------|------|---------|--|
| | | | | | sections 512- 514) | | | Yes | No | | Yes | No | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| V Identification of Related Or line 34 because it had one or r | ganizations Taxa nore related organi | ble as a Corpo zations treated a | ration s a cor | or Trust (poration or | Complete if t | he organı the tax ye | zatıon ar ar.) | swere | ed "Ye | s" to Form | 990, | Part | IV, | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domıcıle (state or foreign country) | | (d) Direct controlli entity | (e) Type of enti (C corp, S corp, or trust) | (f) Share of to income | total Share e of | (g) e of end- year ssets | | (h) ercentage wnership | Section (b) conti | (13) | | |
| | | ,, | | | , | | | | | | Yes | | No | |
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) | No | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1c 1d 1f 1f 1i 1i | No | | | | | | | | | |
| d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No | | | | | | | | | |
| e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No No No No No No No | | | | | | | | | |
| f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No No No No No | | | | | | | | | |
| g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No No No No | | | | | | | | | |
| g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No No No | | | | | | | | | |
| h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | No No No | | | | | | | | | |
| i Exchange of assets with related organization(s) | No No | | | | | | | | | |
| | No | | | | | | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | ; | | | | | | | | | |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | |
| o Sharing of paid employees with related organization(s) | + | | | | | | | | | |
| | + | | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | No | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | ; | | | | | | | | | |
| | + | | | | | | | | | |
| r Other transfer of cash or property to related organization(s) | No | | | | | | | | | |
| s Other transfer of cash or property from related organization(s) | No | | | | | | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | | | |
| (a) Name of other organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved type (a-s) | ed | | | | | | | | | |
| 1) WASHINGTON STATE MENTORS L 132,000 BOOK VALUE | | | | | | | | | | |
| 2) COLLEGE SUCCESS FOUNDATION - DISTRICT OF COLUMBIA L 458,704 BOOK VALUE | | | | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

| revenue) that was not a related organization See instructions re | garding exclu | sion for ce | | nent | partnerships | | | | ` | , | | _ | |
|--|--------------------------------|---|---|------|--|------------------------------------|--|--------------------------------------|----|---|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512- 514) | org | (e) all partners section 501(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 91-2036088

Name: COLLEGE SUCCESS FOUNDATION

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