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OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is alwww.irs.gov/form990.

| Α | For the 20 | 013 calen | dar year, or tax year beginning , 2013, and endi | ng | | • | | |
|---------------------------|------------------|------------------|---|----------------|----------------------------------|-------------------------|---|--------------|
| В | Check if app | licable | C | | D Emplo | yer Identii | fication Number | |
| | Address | s change | EDUCATIONAL ASSISTANCE, LTD. | | 36- | 31669 | 932 | |
| | Name c | hange | P. O. BOX 3021 | | E Teleph | | | |
| | Initial re | • | GLEN ELLYN, IL 60138 | | 620 | -690- | -0010 | |
| | Termina | | · | | 030 | -030- | -0010 | |
| | \mathbf{H} | | | | | | | F07 |
| | \vdash | ed return | _ | True v. C. at | G Gross | | , <u>, , i </u> | |
| | Applica | tion pending | F Name and address of principal officer | | a group return | | L | X No |
| | | | Same As C Above | H(D) Are all | l subordinate ' attach a list | s ıncluded see ınst) | 1? Yes | ∐ No |
| ı | Tax-exem | pt status | X = 501(c)(3) 501(c) () 		 (Insert no) 4947(a)(1) or 527 | | | | | |
| J | Website | e:► WW | W.INVENTORYDONATIONS.ORG | H(c) Group | exemption n | umber 🏲 | | |
| K | Form of o | rganization | X Corporation Trust Association Other L Year of forms | ition | M | State of le | egal domicile II | , |
| Pa | rt I | Summar | | | | | | |
| | | | be the organization's mission or most significant activities EAL WAS | CREATE | D TN 1 | 982 | TO FUND | |
| | | | HIPS FOR NEEDY COLLEGE STUDENTS BY CONVERTING | | | | | |
| ဦ | | | Y INTO FINANCIAL AID. WITH THE SUPPORT OF CO | | | | | |
| <u>, 1</u> | | | ES INVENTORY ON COLLEGE CAMPUSES IN RETURN FO | | | | | |
| ĕ | | ck this bo | | | | | | |
| တိ | | nber of vo | oting members of the governing body (Part VI, line 1a) | | | 3 | | 11 |
| త | 4 Nur | mber of in | dependent voting members of the governing body (Part VI, line 1b) | | | 4 | | 11 |
| <u>:</u> | 5 Tot | al number | of individuals employed in calendar year 2013 (Part V, line 2a) | | | 5 | | 6 |
| Activities & Governance | 6 Tota | al number | of volunteers (estimate if necessary) | | | 6 | | 0 |
| Ą | 7a Tota | al unrelate | ed business revenue from Part VIII, column (C), line 12 | | | 7 a | | 0. |
| | b Net | unrelated | business taxable income from Form 990-T, line 34 | | | 7 b | | 0. |
| | | | | F | rior Year | | Current Y | ear |
| d) | 1 | | and grants (Part VIII, line 1h) | | 1,240, | 079. | 2,075 | ,042. |
| Revenue | | | rice revenue (Part VIII, line 2g) | | | | | |
| eve | 10 Inve | estment ır | ncome (Part VIII, column (A), lines 3, 4, and (1) | | | 380. | | 465. |
| Œ | | | e (Part VIII, column (A), lines 5, 6d Bc. 95-106, and 11eu | | | | <u> </u> | |
| | | | e – add lines 8 through 11 must equal Part VIII, column (6) line 12) | | 1,240, | | 2,075 | |
| : | 13 Gra | ants and s | imilar amounts paid (Part IX Bolumn (A), (nes 23) | | 150, | 000. | 150 | <u>,625.</u> |
| | 14 Ber | nefits paid | to or for members (Part IX column A), line 4) | | | | | |
| ′ | 15 Sal | aries, oth | er compensation, employee penetits (Part X reglumn (A), lines 5-10) | | 318, | 406. | 323 | ,018. |
| Şe | 16a Pro | fessional | fundraising fees (Part IX, column (A) The Hand | | | | | |
| Expenses | h Tot | | sing expenses (Part IX, column (D), line 25) 86,820. | | | | - | |
| Š | 17 046 | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u>-</u> | 000 | 202 | 1 017 | 200 |
| | | - | | | 808, | | 1,217 | |
| | ł | | es Add lines 13-17 (must equal Part IX, column (A), line 25) | <u> </u> | 1,276, | | 1,690 | |
| 8 8 | | venue less | s expenses Subtract line 18 from line 12 | | -36, | | | <u>,578.</u> |
| de c | | | D | Beginni | ng of Curre | | End of Ye | |
| Net Assets Fund Baland | 20 Tot | | (Part X, line 16) | | 462, | | | <u>,903.</u> |
| t d | 21 Tot | al liabilitie | es (Part X, line 26) | <u> </u> | 8, | 626. | 26 | ,561. |
| Zű | 22 Net | t assets o | r fund balances Subtract line 21 from line 20 | | 4 <u>53,</u> | 764. | 838 | <u>,342.</u> |
| Pa | art II | Signatu | re Block | | | | | |
| Und | er penalties of | perjury, I dec | lare that I have examined this return, including accompanying schedules and statements, and to the bes arer (other than officer) is based on all information of which preparer has any knowledge | t of my knowle | edge and belie | f, it is true | , correct, and | |
| | plete Declar | ation of prepare | arer (other than officer) is based on all information of which preparer has any knowledge | | | 1-21 | 1 | |
| | | | The pre | | | 126 | // | |
| Sig | gn | Signati | ire ਹੀ officer | | ate / | , | | |
| He | re | | UDIA FREED | Exec | utive | Direc | ctor | |
| | | | r print name and title | | | | DT() | |
| | | Print/Type | preparer's name Preparer's signature CH Date | 1. | Check | □ '" | PTIN | |
| Pa | id | PAUL | W. ASHEIM PAUL W. ASHEIM 313 | 10/14 | self-emplo | yed | P01244326 | · · |
| | eparer | Firm's nam | e ▶ Paul W. Asheim, Ltd | | | | | |
| | e Only | Firm's addr | | | Firm's EIN | ▶ 36 | -4040868 | |
| | - | | Wheaton, IL 60189 | | Phone no | (630 | | 77 |
| Ma | y the IRS | discuss th | nis return with the preparer shown above? (see instructions) | | 1 | , | X Yes | No |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

| orm 990 (2013) | EDUCATIONAL ASSISTA | NCE, LTD. | 36-3166932 | Page 2 |
|-------------------------------|--|--|--|---------------------------------|
| | ement of Program Service | • | | |
| | k if Schedule O contains a respoi | nse or note to any line in this Part III | | <u> </u> |
| See Sche | | | | |
| pee_perio | dare 0 | | | |
| | | | | |
| | | | | |
| 2 Did the orga Form 990 or | | nt program services during the year which v | | res X No |
| | cribe these new services on Sche | | _ | |
| _ | ınızatıon cease conductıng, or ma crıbe these changes on Schedule | ake significant changes in how it conducts, O | any program services? | Yes X No |
| Section 501 | (c)(3) and 501(c)(4) organizations | accomplishments for each of its three large s and section 4947(a)(1) trusts are required ny, for each program service reported | est program services, as measured d to report the amount of grants an | by expenses d allocations to |
| 4 a (Code | | 11,293. including grants of \$ | | ,075,042.) |
| | SCHOLARSHIPS MADE AV | VAILABLE THROUGH DONATIONS OF AND INVIDIUALS | OF_EXCESS_INVENTORY_AN | D SURPLUS |
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| 4 b (Code ⁻ |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4 c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
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| 4 d Other progra | am services (Describe in Schedu | ıle O.) | | |
| (Expenses | | luding grants of \$ |) (Revenue \$ | |
| | am service expenses ► | 1,441,293. | | F 688 1681 F |
| BAA | | TEEA0102L 07/02/13 | | Form 990 (2013) |

| | | | Yes | No |
|----|---|------|-----|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | - | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 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 | | X |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | 27 | | (To |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>9f 'Yes,' complete Schedule D, Part VI</i> | 11a | Х | |
| ı | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11b | | X |
| • | c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | 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 | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25?/f 'Yes,' complete Schedule D, Part X | 11 e | | X |
| 1 | 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 | 11 f | | X |
| | a Did the organization obtain separate, independent audited financial statements for the tax year ₹ 'Yes,' complete Schedule D, Parts XI, and XII' | 12a | | X |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| | is the organization a school described in section 170(b)(1)(A)(ii)?//if 'Yes,' complete Schedule E | 13 | | $\frac{X}{X}$ |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| , | b 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | _X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | X |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a3f 'Yes,' complete Schedule G, Part III | 19 | | X |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X_ |
| ١ | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Form 990 (2013) EDUCATIONAL ASSISTANCE, LTD. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|------|-------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or 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 | _ | Х |
| 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 | | Х |
| 24 a | a 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 25a | 24a | | Х |
| ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| 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 | | |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| ŀ | s 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-EZ7f 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | Х |
| 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 | | Х |
| 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) | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| I | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| 29 | 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c | Х | Х |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ł | 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 | | |
| 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 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BAA | • | Form | 990 (| (2013) |

| Pa | t`V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|--|-------|-----|----|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 | | | |
| ı | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | | |
| (| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | } |
| 2 | a 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 2 a 6 | | | |
| ı | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required tæ-file (see instructions) | | | |
| 3 8 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| l | olf 'Yes' has it filed a Form 990-T for this year ⁹ if 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| 4 : | 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)? | 4 a | | Х |
| I | olf 'Yes,' enter the name of the foreign country ► | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | _ 5 b | | X |
| • | of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 | 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? | 6 a | | Х |
| i | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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? | 7 a | | X |
| 1 | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| , | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 с | | Х |
| (| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | | | |
| • | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | _7 f | | X |
| , | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| 1 | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | a Did the organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations Enter: | | | |
| | a Gross income from members or shareholders 11a | | | |
| | o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| ١ | Enter the amount of reserves the organization is required to maintain by the states in | | | |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | ₩ |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |

Form 990 (2013) EDUCATIONAL ASSISTANCE, LTD. 36-3166932 Page 6 Part VI' Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 If there are material differences in voting rights among members of the governing 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 1 b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ See Schedule O Schedule O how this was done 12c $\overline{\mathsf{X}}$ 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a **b** Other officers of key employees of the organization See Schedule 0 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Own website Another's website Upon request 19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 60138 630-670-3321 CLAUDIA FREED P. O. BOX 3021, GLEN ELLYN, IL

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) (B) **(F)** Estimated **(E)** Name and Title Reportable Reportable Average amount of other compensation from the organization compensation from compensation from related organization (W-2/1099-MISC) Individual to Former Officer (W-2/1099-MISC) Highest compensated any hours nstitutional trustee employee (ey employee for related rganıza tions and related organizations below trustee dotted (1) KAREN BELLING 0 0 Director 0 0 0. (2) KEN EASTMAN 0 0 Director 0 0 0. (3) TERRY HATFIELD 0 0 0 0. Director 0. 5 (4) DAN MICKELSON 0 Chairman Х 0 0. 0. (5) PATRICK ARNALL 2 0 Director X 0 0. 0. 2 (6) ALBERT R. HARRIS 0 Director Χ 0 0. 0. GEORGE ARMENTA 2 0 X 0. Director 0. 0 2 (8) STEVEN TIMMERMANS 0. 0 X Director 0 0. 2 (9) RICHARD PFLEDERER 0 X 0 0. Director 0. (10) SAMUEL NELSON 2 0 Х 0 0 0. Director 2 (11) CONSUELO ESPARZA 0 X 0 0 0. Director (12) HYDE PERCE 5 0 X 0. 0 0 Treasurer (13) HEIDI DUNCAN 2 0 Χ Director 0 0 0. (14) THERESA MORABITO 2 0 X 0 0. Director 0.

Page 8

| Part VII Section A. Officers, Directors, Tru | (B) | T | <u> </u> | <u>()</u> | | C3, | ant | Trigitest con | ipensated Empl | oyees | (60) | itiliueu) |
|--|---|----------------|-----------------------|---------------------------|-----------------|------------------------------|--------------|--|---|---|--|-----------|
| (A) Name and title | Average hours per week | offic | unle cerar | theck ess pe nd a d | erson direct | than is both or/trus | n an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | amoi | (F) stimated unt of ot spensation | her |
| | (list any hours for related organiza - tions below dotted line) | dividua | institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W 2/1099-MISC) | (W 2/1099-MISC) | fi org an | rom the panization of related anization | on d |
| (15) CLAUDIA FREED Executive Direc | $-\frac{40}{0}$ | | | Х | | | | 132,259. | 0. | | | 0. |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | · | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | ļ | | | ; | | | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | | | | | • | 132,259. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | | | | , (| | | • | 132,259. | 0. | | | 0. |
| 2 Total number of individuals (including but not lim from the organization ► 1 | ited to th | iose I | ISTE | d ac | oove |) wn | o re | ceived more than | \$100,000 of reporta | ble cor | r | |
| 3 Did the organization list anyformer officer, direct on line 1a? If 'Yes,' complete Schedule J for such | or, or tru | stee, | key | em | ploy | ee, | or h | ighest compensat | ed employee | 3 | Yes | No X |
| For any individual listed on line 1a, is the sum of the organization and related organizations greated. | reportab | ole co | mpe 00? | ensa If 'Y | ation es' d | and | oth | er compensation | from | | | |
| such individual 5 Did any person listed on line 1a receive or accrue | e comper | nsatio | on fr | om | any | unre | elate | ed organization or | ındıvıdual | 4 | | Х |
| for services rendered to the organization? If 'Yes, Section B. Independent Contractors | | | | | - | | | | | 5 | | X |
| Complete this table for your five highest compen- compensation from the organization. Report com | sated ind pensation | lepen n for | the | t co cale | ntra enda | ctors r yea | tha ar e | nding with or with | in the organization's | | | |
| Name and business addi | ress | | | | | | | Description (| of services | Compe | C) ensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (includi | - | ot Iım | ıted | to t | thos | e list | ed a | above) who receiv | ed more than | *************************************** | | |
| \$100,000 of compensation from the organization | 0 | | | | | | | | | | | |

| | • | Check if Schedule O contains a response of | r note to any | / line in this Part VI | П | | |
|--|-----------------------|---|--------------------|-----------------------------|--|---|--|
| | | · | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | b c d e | · · · · · · · · · · · · · · · · · · · | 75,042. 68,618. | | | | |
| Se | - | Total. Add lines 1a-1f | • | 2,075,042. | | | |
| ENCE | 2 a | | ness Code | | | | |
| PROGRAM SERVICE REVI | b c d e f | | > | | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | 4 5 | other similar amounts) Income from investment of tax-exempt bond p Royalties | proceeds | 465. | | | 465. |
| | b | Cross rents Less rental expenses Rental income or (loss) |) Personal | | | | |
| | | Net rental income or (loss) Gross amount from sales of (i) Securities | (II) Other | | | | |
| | b | assets other than inventory. Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss). | . | | | | |
| OTHER REVENUE | 8 a | Gross income from fundraising events (not including . \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| 6 | | b Less direct expenses Net income or (loss) from fundraising events | > | | | | |
| | 9 a | Gross income from gaming activities See Part IV, line 19 | | - | | | |
| | | b Less direct expenses b Net income or (loss) from gaming activities | > | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | | | | | |
| | | b Less, cost of goods sold Net income or (loss) from sales of inventory | > | | · | | |
| | | Miscellaneous Revenue Busi | ness Code | | | | |
| | 11 a | | | | | | |
| | d | d All other revenue Total. Add lines 11a-11d | | | | | · · · · · · · · · · · · · · · · · · · |
| | | Total revenue. See instructions | • | 2,075,507. | 0. | 0. | 465. |
| BAA | | | TEEA | 0109L 07/08/13 | | | Form 990 (2013) |

Partixo Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX $\overline{(A)}$ (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Total expenses Program service Management and general expenses expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 150,625 150,625. Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 52,908 trustees, and key employees 132,259 46,291 33,060. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages 155,964 62,381 54,587. 38,996. Pension plan accruals and contributions (include section 401(k) and 403(b) employer 6,697 contributions) 2,679 2,344 1,674. 2,520. 1,800. Other employee benefits 7,200 2,880. 10 Payroll taxes 20,898 8,359 5,225 7,314 11 Fees for services (non-employees): a Management **b** Legal c Accounting 7,926. 7,926. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 1,631. 1,305 163. 13 Office expenses 163 13,258. 13,258. 14 Information technology 15 Royalties 16 Occupancy 15,826. 12,660. 1,583. 1,583. 8,176 17 Travel 8,176. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,534 3,534 12,760 23 12,760. Insurance 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.) 880,402 880,402 a COLLEGE SCHOLARSHIP TUITION CR 172,559 172,559 b WAREHOUSE FACILITIES <u>84,969</u> c FREIGHT 84,969 6,321 1,264 1,264 793 d TELEPHONE 9,924 9,272 526. 126 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,690,929. 1,441,293. 162,816. 86,820. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following Check here ► SOP 98-2 (ASC 958-720)

| | | Check if Schedule O contains a response or note to | any line in this Part X | | | | | | | |
|---------------|------|--|--|--------------------------|----------|--|--|--|--|--|
| | • | | | (A) Beginning of year | | (B) End of year | | | | |
| | 1 | Cash - non-interest-bearing | | | 1 | | | | | |
| | 2 | Savings and temporary cash investments | | 420,432. | 2 | 787,477. | | | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | | | | |
| | 4 | Accounts receivable, net | | 27,114. | 4 | 65,909. | | | | |
| | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated el Part II of Schedule L | | | 5 | | | | | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions) Complete | (c)(3)(B), and contributing 11(c)(9) voluntary employe | g ees' | 6 | | | | | |
| A S | 7 | Notes and loans receivable, net | | | 7 | <u>. </u> | | | | |
| ASSETS | 8 | Inventories for sale or use | | | 8 | | | | | |
| T S | 9 | Prepaid expenses and deferred charges | | 4,815. | 9 | 1,355. | | | | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 30,056 | | | | | | | |
| | b | Less accumulated depreciation | 10b 21,89 | | 10 c | 8,162. | | | | |
| | 11 | Investments - publicly traded securities | 21,05 | 0,023. | 11 | 0,102. | | | | |
| | 12 | Investments – other securities. See Part IV, line 11 | | | 12 | | | | | |
| İ | 13 | Investments – program-related. See Part IV, line 11 | | | 13 | | | | | |
| | 14 | Intangible assets | | 14 | | | | | | |
| | 15 | Other assets See Part IV, line 11 | | 2,000. | 15 | 2,000. | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 462,390. | 16 | 864,903. | | | | | |
| - | 17 | Accounts payable and accrued expenses | <u> </u> | 8,626. | 17 | 26,561. | | | | |
| ļ | 18 | Grants payable | | 0,020. | 18 | 20,301. | | | | |
| | 19 | Deferred revenue | | | 19 | | | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | | | |
| L L A | 21 | Escrow or custodial account liability Complete Part I | V of Schedule D | | 21 | | | | | |
| ABILITIES | 22 | Loans and other payables to current and former office key employees, highest compensated employees, and | ers, directors, trustees, d disqualified persons | | | | | | | |
| + | | Complete Part II of Schedule L | | | 22 | | | | | |
| E | 23 | Secured mortgages and notes payable to unrelated the | | | 23 | | | | | |
| S | 24 | Unsecured notes and loans payable to unrelated third | | | 24 | | | | | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com | es to related third parties, plete Part X of Schedule I | | 25 | | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 8,626. | 26 | 26,561. | | | | |
| NET. | | Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34. | ∢ here ∑ and complete | | | | | | | |
| 400ELO | 27 | Unrestricted net assets | | 453,764. | 27 | 838,342. | | | | |
| Ĕ | 28 | Temporarily restricted net assets | | | 28 | | | | | |
| | 29 | Permanently restricted net assets | | | 29 | | | | | |
| O R | | Organizations that do not follow SFAS 117 (ASC 958 and complete lines 30 through 34. |), check here | | | | | | | |
| בטשם | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipm | nent fund | | 31 | | | | | |
| Ā | 32 | Retained earnings, endowment, accumulated income, | | | 32 | | | | | |
| Ā | 33 | Total net assets or fund balances | | | | | | | | |
| 四女 上女 下 ひ 止 の | 34 | Total liabilities and net assets/fund balances | | 453,764. 462,390. | 33 | 838,342. 864,903. | | | | |
| | Ţ | . Std. Habilitios dila fist associationa balantoos | | 1 402,330. | | 004,703. | | | | |

BAA

Form 990 (2013)

| r orm | 390 (2013) EDUCATIONAL ASSISTANCE, LID. | 30-3100932 | | га | ye 12 |
|------------|--|------------------|------|-------|--------|
| Part' | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 • 7 | otal revenue (must equal Part VIII, column (A), line 12) | 1 | 2,0 | 75,5 | 07. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,6 | 90,9 | 29. |
| 3 F | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3 | 84,5 | 78. |
| 4 1 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4 | 53,7 | 64. |
| 5 1 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 (| Donated services and use of facilities | 6 | | | |
| | nvestment expenses. | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8 | 38,3 | 42. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 , | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| 1 | f the organization changed its method of accounting from a prior year or checked 'Other,' explain n Schedule O | | | | |
| | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| : | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re- separate basis, consolidated basis, or both: | viewed on a | | **** | } |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b' | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | L |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both | eparate | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant? | t of the audit, | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133? | n the Single | 3 a | | Х |
| | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits | e required audit | 3 b | | |
| BAA | | | Form | 990 (| (2013) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| | | <u>IONAL ASS</u> | | | | | | | | | | 166932 | | | |
|------------|--------------|---|---------------------------------|--|--------------------------------|---|---------------------------------|--|---|----------------------------|------------------------------|-------------------------------------|-----------------------------|--------------------|-------------|
| Part | 18 | Reason for l | <u>Public C</u> | harity Status | (All organ | izations m | nust co | mplete | this p | art.) S | ee ins | truction | ns. | | |
| The o | _ | | | oundation becau | • | | · . | | , | , | | | | | |
| 1 | | A church, conv | ention of a | churches or ass | ociation of c | hurches des | cribed in | section | 170(b)(| 1)(A)(i). | | | | | |
| 2 | $\prod \ell$ | A school descr | ibed in se c | ction 170(b)(1)(A | \)(ıi). (Attach | Schedule E | .) | | | | | | | | |
| 3 | | | | ve hospital serv | | | | tion 170 | (bX1XA | Xiii). | | | | | |
| 4 | _ | | | nızatıon operate | - | | | | | | (b)(1)(A) | Kiii) Ente | er the hosp | ıtal's | |
| | | name, city, and | | • | , | | | | | | (-/(-/// | | | | |
| 5 | $\prod A$ | | n operated | for the benefit te Part II.) | of a college | or universit | y owned | or oper | ated by | a gover | nmenta | I unit de: | scribed ise | ction | |
| 6 | _ | | | government or | governmenta | al unit descr | ibed inse | ction 1 | 70(b)(1)(| Άχν). | | | | | |
| 7 | X | An organization n section 170(| n that norr bX1XAX vi | mally receives a). (Complete Pa | substantial rt II) | part of its si | upport fr | om a go | vernme | ntal uni | t or from | n the ger | neral public | descr | ibed |
| 8 | | A community tr | rust descri | bed in section 1 | 70(b)(1)(A)(\ | /i). (Complet | e Part II |) | | | | | | | |
| 9 | † اا | rom activities i nvestment inco | related to ome and ι | maily receives [.] (its exempt func unrelated busine on 509(a)(2). (Co | tions– subje ss taxable ir | ct to certain ncome (less | excepti | ons, and | d (2) no | more th | nan 33-1 | /3% of it | ts support 1 | rom a | ross |
| 10 | []/ | An organızatıor | n organize | d and operated | exclusively | to test for pu | ublic safe | ety. See | section | 509(a)(4 | 4). | | | | |
| 11 | Ш r | nore publicly s | supported : | d and operated organizations deporting organizations | escribed in s | ection 509(a | a)(1) or a | section 5 | 509(a)(2 | ctions o) Se se | of, or ca ection 50 | rry out th 1 9(a)(3). (| ne purpose: Check the b | s of on oox tha | ie or it |
| | a | Type I | b | Type II | c Type I | II – Functioi | nally inte | egrated | (| d 🗍 . | Гуре III | – Non-fu | unctionally | ıntegra | ated |
| е | - | By checking thing the other than four section 509(a)(| ndation ma | ertify that the or anagers and oth | ganization is er than one | s not control or more pub | led direction | tly or in ported o | idirectly organiza | by one itions de | or more escribed | disquali in sectio | ified persor on 509(a)(1 | is) or | |
| f | I | , , , | | ed a written det | ermination f | rom the IRS | that is a | a Type I | , Type II | or Typ | e III sup | porting (| organization | ٦, | |
| g | 5 | Since August 1 | 7, 2006, h | as the organiza | tion accepte | d any gift o | r contrib | ution fr | om any | of the fo | ollowing | persons | ? | | |
| | | | | | | | | | | | | | | Yes | No |
| | (| i) A person below, the | who direc e governir | tly or indirectly ng body of the si | controls, eith upported org | ner alone or janization? | togethe | r with pe | ersons c | lescribe | d in (ii) | and (III) | 11 g (ı) | | |
| | (| iı) A famılyı | member o | f a person descr | ribed in (i) a | bove? | | | | | | | 11 g (ii) | | |
| | (| iu) A 35% cc | ntrolled e | ntity of a persor | described i | n (i) or (ii) a | above? | | | | | | 11 g (iii) | | |
| h | F | Provide the foll | lowing info | ormation about t | he supporte | d organizatio | on(s). | | | | | | , | | |
| | (| (i) Name of support organization | ed | (ii) EIN | (described above or | of organization I on lines 1-9 IRC section structions) | organiz column (i your go | s the ation in i) listed in overning ment? | (v) Did yo the organ column (supp | ızatıon in ı) of your | organiz colur organize | s the ation in in (i) ed in the S 2 | (vii) Amount sup | of mone | tary |
| | | | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | | | |
| <u>(A)</u> | | | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | | | |
| 40: | | | | | | | | | | | | | | | |
| (C) | | | | | | . | <u> </u> | ļ | | | | | | | |
| (D) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| <u>(E)</u> | | | 250000 | | | | | | علواسه | يقويون | | | | | |
| Total | | | | | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | | |
|----------------|---|--|---|---|---|--|------------------|--|
| Cale: begi: | ndar year (or fiscal year nning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 1,335,532. | 1,249,153. | 1,276,991. | 1,240,532. | 2,075,042. | 7,177,250. | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | |
| 4 | Total. Add lines 1 through 3 | 1,335,532. | 1,249,153. | 1,276,991. | 1,240,532. | 2,075,042. | 7,177,250. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. | |
| 6 | Public support. Subtract line 5 from line 4 | | <u></u> | | | | 7,177,250. | |
| Sec | tion B. Total Support | | | 1 | T | | | |
| Cale begi | endar year (or fiscal year jinning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) T | | | | | | | |
| 7 | Amounts from line 4 | 1,335,532. | 1,249,153. | 1,276,991. | 1,240,532. | 2,075,042. | 7,177,250. | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,448. | 3,403. | 534. | 380. | 465. | 12,230. | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. | |
| 11 | Total support. Add lines 7 through 10 | | | | | : | 7,189,480. | |
| 12 | Gross receipts from related activ | vities, etc (see ins | tructions) | | | 12 | 0. | |
| 13 | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, o | or fifth tax year as | a section 501(c)(| 3) ▶ □ | |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | | |
| 14 | Public support percentage for 20 | 013 (line 6, colum | n (f) dıvıded by lı | ne 11, column (f)) |) | 14 | 99.83% | |
| 15 | Public support percentage from | | • | | | 15 | 99.65% | |
| 16 a | 33-1/3% support test— 2013. If and stop here. The organization | the organization of qualifies as a pub | did not check the olicly supported o | box on line 13, ar rganization | nd the line 14 is 3 | 3-1/3% or more, o | check this box | |
| t | 33-1/3% support test – 2012. If t and stop here. The organization | he organization d qualifies as a pu | id not check a bo blicly supported o | x on line 13 or 16 organization | a, and line 15 is 3 | 33-1/3% or more, | check this box | |
| 17 a | n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact | meets the 'facts- | and-circumstance | s' test, check this | box andstop here | e. Explain in Part I | V how | |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar | meets the 'facts- nd-circumstances' | and-circumstance test. The organiz | s' test, check this ation qualifies as | s box an cstop here a publicly suppor | e. Explain in Part I ted organization | IV how the ► | |
| 18 | Private foundation.If the organi | zation did not che | ck a box on line | 13, 16а, 16b, 17а | , or 17b, check th | is box and see ins | structions | |

Part'III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|---|---------------------------|---------------------------------------|-----------------------|---------------------|------------------------|
| | dar year (or fiscal yr beginning in)► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') | | | | | | |
| 2 | Gross receipts from admis- | | | · · · · · · · · · · · · · · · · · · · | | | |
| | sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's | | | | | | |
| 3 | tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or | | | | | | |
| J | facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from disqualified persons | | | | | , | |
| b | and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | : Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| | dar year (or fiscal yr beginning in)► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | 1 | | , , | , , | ,,, | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | : Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total Support. (Add Ins 9,10c, 11 and 12) | | | | | | |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secon | nd, third, fourth, o | r fifth tax year as | a section 501(c)(3) |) ▶ □ |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| 15 | Public support percentage for 20 | 013 (line 8, columi | n (f) divided by lii | ne 13, column (f).) |) | 15 | % |
| | Public support percentage from | | | | | 16 | % |
| | tion D. Computation of Inv | | | | · | | |
| | Investment income percentage f | | | | mn (f)) | 17 | % |
| | Investment income percentage f | | | | | 18 | % |
| | a 33-1/3% support tests— 2013. If is not more than 33-1/3%, check | k this box and stop | here. The organ | ization qualifies a | s a publicly suppo | rted organization | ▶ |
| | 33-1/3% support tests— 2012. If line 18 is not more than 33-1/3% | %, check this box a | and stop here. The | organization qua | alifies as a publicly | , supported organi: | -1/3%, and zation ► |
| 20 | Private foundation. If the organi | ization did not che | eck a box on line | 14, 19a, or 19b, o | check this box and | d see instructions | ▶ 🗍 |
| RΔΔ | | | TEF 404031 | 06/09/13 | 9 | shedule A (Form 90 | 20 or 000 E7) 2013 |

| Schedule A | (Form 990 or 990-EZ) 2013 | EDUCATIONAL | ASSISTANCE, | LTD. | 36-3166932 | Page 4 |
|-------------------|---|--|-------------------------------------|---|--------------------------|--------|
| Part IV · | Supplemental Information 17b; and Part III, line (See Instructions) | tion. Provide the e 12. Also compl | e explanations ete this part for | required by Part II, line 1 any additional informati | 0; Part II, line 17a on. | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is awww.irs.gov/form990.

OMB No 1545-0047

Employer identification number

| EDI | JCATIONAL ASSISTANCE, LTD. | | | | 36-3166932 | |
|------|--|--|--|------------------------|---|-------------------------------|
| Par | Organizations Maintaining Dono | or Advised Funds or Of | her Similar Funds | or Acc | | |
| r,aı | Complete if the organization ans | swered 'Yes' to Form 99 | 0, Part IV, line 6. | | | |
| | | (a) Donor advise | d funds | (b) F | unds and other acc | ounts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | · - ··· |
| 3 | Aggregate grants from (during year) | | | | _ | |
| 4 | Aggregate value at end of year | · · -· <u>-</u> | | | | |
| 5 | Did the organization inform all donors and do are the organization's property, subject to the | | | advised | I funds Yes | No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | ors, and donor advisors in wr it of the donor or donor advis | iting that grant funds ca or, or for any other purp | in be us oose co | sed only nferring Yes | — □ No |
| Day | tilis Conservation Easements. | | | | <u> </u> | |
| rar | Complete if the organization ans | swered 'Yes' to Form 99 | 0. Part IV. line 7. | | | |
| 1 | Purpose(s) of conservation easements held b | | | | | |
| • | Preservation of land for public use (e.g., | • | | historio | ally important land | area |
| | Protection of natural habitat | , | Preservation of a d | ertified | historic structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organizat | on held a qualified conserva | tion contribution in the | form of | a conservation ease | ement on the |
| | last day of the tax year. | · | | | | |
| | | | <u> 4</u> | AND BUT OF THE PERSON. | Held at the End of t | he Tax Year |
| | a Total number of conservation easements | | _ | 2 a | | |
| | Total acreage restricted by conservation ease | | | 2 b | | <u> </u> |
| | Number of conservation easements on a cert | | - | 2 c | | |
| (| Number of conservation easements included structure listed in the National Register | | <u>L</u> | 2 d | | |
| 3 | Number of conservation easements modified, tax year ▶ | , transferred, released, extinç | guished, or terminated b | y the or | rganization during th | ne |
| 4 | Number of states where property subject to c | conservation easement is loca | ated• | | | |
| 5 | Does the organization have a written policy read enforcement of the conservation easeme | | ring, inspection, handlin | g of vio | lations, Yes | No No |
| 6 | Staff and volunteer hours devoted to monitor • | ing, inspecting, and enforcing | g conservation easemer | its durir | ng the year | |
| 7 | Amount of expenses incurred in monitoring, i ►\$ | inspecting, and enforcing cor | nservation easements du | uring the | e year | |
| 8 | Does each conservation easement reported cand section 170(h)(4)(B)(ii)? | on line 2(d) above satisfy the | requirements of section | 170(h) | (4)(B)(ı) Yes | No |
| 9 | In Part XIII, describe how the organization re include, if applicable, the text of the footnote | ports conservation easement to the organization's financia | s in its revenue and exp al statements that descr | pense s libes the | tatement, and balar e organization's acco | nce sheet, and ounting for |
| Da | conservation easements. Time Organizations Maintaining Collection | tions of Art Historical T | reasures or Other | Similar | Assets | |
| rai | Complete if the organization and | swered 'Yes' to Form 99 | 0, Part IV, line 8. | J | A33013. | |
| | a If the organization elected, as permitted under | | · · · · · · · · · · · · · · · · · · · | ctateme | ant and halance che | et works of |
| 1 | art, historical treasures, or other similar asse in Part XIII, the text of the footnote to its fina | ts held for public exhibition, | education, or research i | n furthe | rance of public serv | rice, provide, |
| 1 | b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items | er SFAS 116 (ASC 958), to reeld for public exhibition, educ | eport in its revenue state cation, or research in fui | ement a therand | and balance sheet we ce of public service, | orks of art, provide the |
| | (i) Revenues included in Form 990, Part VII | l, line 1 | | | ► \$ | |
| | (II) Assets included in Form 990, Part X | | | | ► \$ | |
| 2 | If the organization received or held works of amounts required to be reported under SFAS | art, historical treasures, or of 3 116 (ASC 958) relating to th | ther similar assets for fil nese items: | nancial | | llowing |
| | a Revenues included in Form 990, Part VIII, lin | ne 1 | | | ► \$ | |
| | b Assets included in Form 990. Part X | | | | ▶\$ | |

| Schedule D (Form 990) 2013 EDUCA Part'III Organizations Maintain | ATIONAL ASSIS | TANCE, LTD. | al Treasures, or Otl | 36-316 her Similar Assets (| 6932 Continued) | Page 2 |
|--|-------------------------|---------------------------|--|--------------------------------|-----------------------|----------------|
| 3 Using the organization's acquisiti | | | | | | ection |
| items (check all that apply): a Public exhibition | | d \square Loan o | or exchange programs | | | |
| b Scholarly research | | e Other | or excitatinge programs | | | |
| c Preservation for future gener | ations | | | _ . | | |
| 4 Provide a description of the organ | | s and explain hov | v they further the organ | uzation's exempt purpo | se in | |
| 5 During the year, did the organiza to be sold to raise funds rather the | tion solicit or receive | e donations of art | t, historical treasures, c rganization's collection | or other similar assets | Yes | No |
| Part IV Escrow and Custodia | | | | | rm 990, Pa | irt IV, |
| line 9, or reported an | amount on Form | 990, Part X, | lıne 21. | | | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodian, or o | ther intermediary | for contributions or oth | ner assets not included | Yes | □No |
| b If 'Yes,' explain the arrangement | in Part XIII and con | nplete the follows | ng table: | | | Ш |
| • • | | | - | | Amount | |
| c Beginning balance | | | | 1 c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | 1 e | - | |
| f Ending balance | | | | 1f | | |
| 2 a Did the organization include an a | | | | | Yes | ∐ No |
| b If 'Yes,' explain the arrangement | ın Part XIII. Check | here if the explar | ntion has been provided | ı ın Part XIII | | |
| In the second of | | | was di Waal da Fassa | - 000 David IV Ivaa | 10 | |
| Part V Endowment Funds. Co | | 1 | | | (e) Four yea | are back |
| 1 a Beginning of year balance | (a) Current year | (b) Prior year | (c) Two years back | (u) Three years back | (e) Four yea | 112 Dack |
| b Contributions | | - | | | + | |
| | | - | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentag | e of the current yea | r end balance (lin | e 1g, column (a)) held | as: | | |
| a Board designated or quasi-endov | | % | | | | |
| b Permanent endowment ► | 8 | • | | | | |
| c Temporarily restricted endowmer | | <u> </u> | | | | |
| The percentages in lines 2a, 2b, | and 2c should equa | 1 100% | | | | |
| 3 a Are there endowment funds not | ın the possession of | the organization | that are held and admi | inistered for the | Yes | No |
| organization by (i) unrelated organizations | | | | | 3a(i) | 110 |
| (ii) related organizations | | | | | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related | organizations listed | as required on So | chedule R? | | 3b | - |
| 4 Describe in Part XIII the intender | • | , | | | | |
| Part VI Land, Buildings, and | | | | | | |
| Complete if the organi | | 'Yes' to Form | 990, Part IV, line | 11a. See Form 990 | , Part X, Iır | ne 10. |
| Description of property | (a) Co | st or other basis | (b) Cost or other | (c) Accumulated | (d) Book | |
| | (| nvestment) | basis (other) | depreciation | | |
| 1 a Land | | | | | | |
| b Buildings | <u> </u> | | | | | |
| c Leasehold improvements | | | 20.056 | 21 004 | | 0 160 |
| d Equipment | <u> </u> | | 30,056. | 21,894. | | 8 <u>,162.</u> |
| e Other Total. Add lines 1a through 1e (Column | on (d) must says! Fa | rm 990 Part V | column (B) Inc. 10(c) | <u> </u> | | 0 160 |
| Total. Add lines to through te (Colum | iii (u) iiiusi equai F0 | iiii 220, I all A, C | (U), IIIG (U(C)) | School | dule D (Form 9 | 8 <u>,162.</u> |

| | · | | | | | _ |
|------------|-------------------------------------|--|-----------------------------------|---------------------------------|--------------------------------|---------------|
| Schedule [| (Form 990) 2013 | EDUCATIONAL ASSIS | TANCE, LTD. | | 36-3166932 | Page 3 |
| Part,VII | | Other Securities. organization answered | l 'Yes' to Form 990 | N/A Part IV line 11h See | Form 990 Part X | line 12 |
| (a) Desc | _ | tegory(including name of security) | (b) Book value | · | Cost or end-of-year market v | |
| | ial derivatives | asgory (mondaing manie or security) | (B) BOOK VOIGO | (C) Michiga di Validation | - oost or one-or-your market v | |
| | /-held equity intere | sts | | | | |
| (3) Other | | | - | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) (L) | | | | | | |
| (H) | | | ·- | | | |
| (1) | nn (h) must saust Form | 990, Part X, column (B) line 12) | ļ | | | |
| Part VIII | | - Program Related. | | N/A | | |
| rait VIII | Complete if th | ie organization answered | l 'Yes' to Form 990 | , Part IV, line 11c. See | | |
| | (a) Description o | f investment type | (b) Book value | (c) Method of valuation. | Cost or end-of-year mar | ket value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | - |
| (5) | | | | | | |
| (6) (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| | | 990, Part X, column (B) line 13) | | | | |
| Part IX | Other Assets. | e organization answered '` | N/A | \ ort IV/ June 11d Con For | no 000 Dart V line 1 | E |
| | Complete ii the | | res (o ronn 990, ra escription | artiv, iine iiu. See ron | (b) Book | |
| (1) | | (4) | 23011711011 | | (5) 5001 | · vaido |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) (6) | - | | | | | |
| (7) | | | - | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | <u> </u> | | |
| | | al Form 990, Part X, column (| (B), line 15 ₋) | | <u> </u> | |
| Part X | Other Liabiliti Complete if the ord | ies. ganization answered 'Yes' to Form | n 990, Part IV. line 11e or | 11f. See Form 990, Part X, line | 25 | |
| | (a) Descrip | ption of liability | (b) Book value | | | |
| | eral income taxes | | | | | |
| (2) | | | | | | |
| (3) (4) | | _ | | | | |
| (5) | | | | - | | |
| (6) | - | | | | | |
| (7) | | | | <u> </u> | | |

(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Schedule D (Form 990) 2013 EDUCATIONAL ASSISTANCE, LTD. | 3€ | 5-3166932 | Page 4 |
|---|---|--------------------------------|----------|
| Part XI. Reconciliation of Revenue per Audited Financial Statements | With Revenue per Return | n. N/A | |
| Complete if the organization answered 'Yes' to Form 990, F | | | |
| 1 · Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains on investments. | 2 a | | |
| b Donated services and use of facilities | 2 b | 1 | |
| c Recoveries of prior year grants | 2 c | 1 | |
| d Other (Describe in Part XIII) | 2 d |] | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b |] | |
| c Add lines 4a and 4b | • | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements | With Expenses per Retu | ırn. N/A | |
| Complete if the organization answered 'Yes' to Form 990, F | ² art IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2 a | | |
| b Prior year adjustments | 2 b | 1 | |
| c Other losses | 2 c | 1 | |
| d Other (Describe in Part XIII.) | 2 d | 1 | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII.) | 4 b | | |
| c Add lines 4a and 4b | | 4 c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |
| Part XIII Supplemental Information. | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also cor | Part IV, lines 1b and 2b, Par nplete this part to provide any | t V, , additional informati | on. |
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| BAA | | Schedule D (Form 99 | 90) 2013 |

TEEA3304L 10/02/13

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yeson Form 990, Part IV, lines 29 or 30.

► Attach to Form 990. Department of the Treasury Internal Revenue Service

► Information about Schedule M (Form 990) and its instructions is atww.irs.gov/form990.

OMB No 1545-0047 2013

Open To Public Inspection

Name of the organization

EDUCATIONAL ASSISTANCE, LTD.

Employer identification number

36-3166932

| Par | t I | Types of Property | | | | | | | |
|-----|---------|--|----------------------------------|--|---|--|-------------|--------------------------------|-----------------|
| • | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Monca | ethod o | (d) f determi ribution a | ning amounts |
| 1 | Art | – Works of art | | | | | | | _ |
| 2 | Art | – Historical treasures | | | | | | | |
| 3 | Art | – Fractional interests | | | | 1 | | | |
| 4 | | ks and publications | | | | | | | |
| 5 | | hing and household goods | | | | 1 | | | |
| 5 | | s and other vehicles | | . | | | | | |
| 7 | | ts and planes | | | | | | | |
| - | | · | | | | | | | |
| 8 | | llectual property | <u> </u> | | | <u> </u> | | | |
| 9 | | urities – Publicly traded | | | | <u> </u> | | | |
| 10 | | urities – Closely held stock | | | | _ | | | |
| 11 | | urities – Partnership, LLC, or trust interests | | | | <u> </u> | | | |
| 12 | Sec | urities – Miscellaneous | | | | ļ | | | |
| 13 | | llified conservation contribution— oric structures | | | | | | | |
| 14 | Qua | llified conservation contribution - Other | | | | | | | |
| 15 | Rea | l estate – Residential | | | | | | | |
| 16 | Rea | l estate – Commercial | | | | | | | |
| 17 | Rea | I estate – Other | | | | | | | |
| 18 | Coll | ectibles | | | | | | | |
| 19 | Foo | d inventory | | | | | | | |
| 20 | | gs and medical supplies | | | | | | | |
| 21 | | dermy | | | | | | | |
| 22 | | orical artifacts. | | | | <u> </u> | | | |
| 23 | Scie | entific specimens | | | | | | | |
| 24 | | neological artifacts | | | | | - | | |
| 25 | | er► (INVENTORY) | | | 2,068,618. | SALE | '< | | |
| 26 | Oth | | | | 2,000,010. | DILL | | | |
| 27 | Oth | | | | | | | | |
| 28 | Oth | | | | | | | | |
| | | | | | town for which the | \vdash | | | |
| 29 | ora | nber of Forms 8283 received by the organizati anization completed Form 8283, Part IV, Done | on auring ini se Acknowled | e lax year for contribu Idement | uons for which the | 29 | | | |
| | or g | anization completed form szas, factiv, bone | C ACKIOWICC | agement | | 23 | | Yes | No |
| | | | • | | | | | 165 | NO |
| 30a | hold | ing the year, did the organization receive by c I for at least three years from the date of the i | ontribution a initial contrib | ny property reported in oution, and which is no | n Part I, lines 1-28, that it required to be used fo | t it mus or exem | it ipt | | |
| | pur | poses for the entire holding period? | | | | | 30 | a | X |
| t |) If 'Y | es,' describe the arrangement in Part II. | | | | | | | |
| 31 | Doe | s the organization have a gift acceptance poli | icy that requi | res the review of any | non-standard contribution | ons? | 31 | | Х |
| 32a | | s the organization hire or use third parties or cash contributions? | related orga | nizations to solicit, pro | ocess, or sell | | 32 | a | X_ |
| | | 'es,' describe in Part II. | | | | | | _ | |
| 33 | | ie organization did not report an amount in co cribe in Part II | lumn (c) for | a type of property for | which column (a) is che | cked, | | | |

| Schedule | M (Form 990) 2013 | EDUCATIONAL | ASSISTA | NCE, LI | D. | | 36-3 | 3166 <u>9</u> 32 | Page 2 |
|----------|--|---|--|----------------------------------|---|--|--|----------------------|---------------------|
| Patu, | Supplemental I the organization received, or a c | nformation. Prons is reporting in combination of be | vide the in Part I, colu oth. Also c | nformatio umn (b), omplete | n required t the number this part for | by Part I, lines 3 of contributions any additional | 30b, 32b, s, the nui information | and 33, mber of i | and whether tems |
| | | | | | <u> </u> | | | | |
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SCHEDULE O (Form-990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Employer identification number

| EDUCATIONAL ASSISTANCE, LTD. 36-3166932 |
|---|
| Form 990, Part III, Line 1 - Organization Mission |
| EAL_WAS_CREATED_IN_1982_TO_FUND_SCHOLARSHIPS_FOR_NEEDY_COLLEGE_STUDENTS_BY |
| CONVERTING DONATIONS OF EXCESS INVENTORY INTO FINANCIAL AID. WITH THE SUPPORT OF |
| CORPORATE DONORS AND SCHOOLS, EAL PLACES INVENTORY ON COLLEGE CAMPUSES IN RETURN FOR |
| GRANTING SCHOLARSHIPS. |
| Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. |
| BOARD MEMBER MARRIED TO KEY EMPLOYEE. |
| Form 990, Part VI, Line 11b - Form 990 Review Process |
| REVIEWED WITH TREASURER AND EXECUTIVE DIRECTOR |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts |
| REQUIRED COMPLETION OF ANNUAL DISCLOSURE STATEMENT |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management |
| APPROVED BY THE BOARD OF DIRECTORS |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees |
| APPROVED BY THE BOARD OF DIRECTORS |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available |
| UPON REQUEST |
| Form 990, Part XII, Line 2 - Change of Oversight or Selection Process |
| EXECUTIVE DIRECTOR AND TREASURER APPROVED CPA FIRM |
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