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DLN: 93493309021644

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| | r the . | 2013 ca | lendar year, or tax year beginnin | ig 01 01 2015 | 2-31-2013 | | | | | | |
|--|---|---|--|---|---------------|--|--|---|--|--|--|
| B Che | eck if a | pplicable | C Name of organization COLLEGE SUCCESS FOUNDATION | | | D Employ | yer ide | entification number | | | |
| Add | lress ch | nange | Doing Business As | | | 91-20 | 3608 | 38 | | | |
| ☐ Nar | ne cha | nge | Dolling Busilless As | | | | | | | | |
| Init | ıal retu | m | | mail is not delivered to street address) Room | /suite | E Telepho | ne nun | mber | | | |
| Ter | minate | d | 1605 NW SAMMAMISH ROAD NO 20 | 00 | | (425) | 416- | 2000 | | | |
| ☐ Am | ended | return | City or town, state or province, cou ISSAQUAH, WA 98027 | intry, and ZIP or foreign postal code | | (423) | 710 | 2000 | | | |
| ☐ App | lication | n pending | 133AQOAH, WA 90027 | G Gross re | eceipts | \$ 33,025,708 | | | | | |
| | | | F Name and address of pri | | H(a) I | s this a group | returi | | | | |
| | | | YOLANDA L WATSON SPIN 1605 NW SAMMAMISH RO | | s | ubordinates? | | ┌ Yes 🗸 No | | | |
| | | | ISSAQUAH,WA 98027 | | H(b) A | re all subordu | nates | ┌ Yes ┌ No | | | |
| | | | | | | ncluded? | | (| | | |
| <u> </u> | x-exem | npt status | y 501(c)(3) 501(c)() ¬ (| (insert no) 4947(a)(1) or 527 | ' | r "No," attacn | a iist | (see instructions) | | | |
| J W | ebsite | e: ► W\ | WW COLLEGESUCCESSFOUND | ATION ORG | H(c) | Group exempti | on nu | ımber ► | | | |
| K Forr | n of org | ganızatıor | Corporation Trust Association | on | L Year | of formation 200 | | 1 State of legal domicile | | | |
| Pa | rt I | Sun | ımary | | | | V | VA | | | |
| | | | lescribe the organization's missi | on or most significant activities | | | | | | | |
| | | | _ | ME STUDENTS TO FINISH HIGH SC | HOOL | | | | | | |
| 3 | - | | | | | | | | | | |
| Œ | - | | | | | | | | | | |
| E E | 2 | Check t | his box 🛏 if the organization d | iscontinued its operations or dispose | d of more th | an 25% of its | net a | ssets | | | |
| Activities & Governance | | | | | | | | 1 | | | |
| 2 6 | l | | | ning body (Part VI, line 1a) | | | 3 | 17 | | | |
| ĕ | l | | | of the governing body (Part VI, line 1 | | | 5 | 12 | | | |
| C t IV | l | | ımber of ındıvıduals employed ın ımber of volunteers (estımate ıf r | | 6 | 205 | | | | | |
| đ | l | | | Part VIII, column (C), line 12 | | | 7a | 0 | | | |
| | l | | | from Form 990-T, line 34 | | | 7b | 0 | | | |
| | | | | | | Prior Year | 'Т | Current Year | | | |
| | 8 | Contr | ibutions and grants (Part VIII, li | | 51,799,1 | .64 | 9,495,012 | | | | |
| Rayenue | 9 | Progr | am service revenue (Part VIII, l | | 5,273,9 | 44 | 4,005,387 | | | | |
| e Aet | 10 | | | n (A), lines 3, 4, and 7d) | | 816,1 | | 358,291 | | | |
| ш. | 11 | | revenue (Part VIII, column (A), | -40,6 | 80 | -219,146 | | | | | |
| | 12 | | - | (must equal Part VIII, column (A), | line | 57,848,6 | 07 | 13,639,544 | | | |
| | 13 | | | t IX, column (A), lines 1-3) | | | | 8,375,318 | | | |
| | 14 | Benef | o ana ominar amounto para (r are | efits paid to or for members (Part IX, column (A), line 4) | | | | | | | |
| ø | 15 | | | IX, column (A), line 4) | | 26,015,8 | 0 | 0 | | | |
| | 1-5 | | its paid to or for members (Part i | IX, column (A), line 4) ee benefits (Part IX, column (A), line | | | 0 | 0 | | | |
| 38 | | 5-10 | its paid to or for members (Part) es, other compensation, employ) | ee benefits (Part IX, column (A), line | s | 6,982,7 | 0 | 7,802,303 | | | |
| deuse | 16a | 5 – 10 P rofe: | its paid to or for members (Part) les, other compensation, employ) ssional fundraising fees (Part IX) | ee benefits (Part IX, column (A), line | s | | 0 | 0 | | | |
| Expenses | 16a b | 5 – 10 P rofe: Total fi | its paid to or for members (Part I les, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D | ee benefits (Part IX, column (A), line, column (A), line 11e) | s | 6,982,7 25,8 | 0 769 866 | 7,802,303 325,227 | | | |
| Expense | 16a | 5-10 Profe: Total fi Other | its paid to or for members (Part in section) that compensation, employ (and its section) is signal fundraising fees (Part IX, column (Determinent) in the section (Part IX, column (A), rexpenses (Part IX, column (A), | ee benefits (Part IX, column (A), line | | 6,982,7 | 0 769 866 | 7,802,303 | | | |
| Expense | 16a b 17 | 5-10 Profes Total for Other Total | its paid to or for members (Part in the paid to or for members (Part in the part in the pa | ee benefits (Part IX, column (A), line, column (A), line 11e) | · | 6,982,7 25,8 2,778,5 | 0 769 866 547 | 7,802,303 325,227 2,820,147 | | | |
| | 16a b 17 18 | 5-10 Profes Total for Other Total | its paid to or for members (Part in the paid to or for members (Part in the part in the pa | ee benefits (Part IX, column (A), line, column (A), line 11e) | | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer | 0 769 866 547 974 | 7,802,303 325,227 2,820,147 19,322,995 | | | |
| | 16a b 17 18 19 | 5-10 Profes Total fo O ther Total Rever | its paid to or for members (Part Interpretation) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direction)) expenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line | ee benefits (Part IX, column (A), line, column (A), line 11e) | S | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year | 0 769 866 647 974 533 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year | | | |
| | 16a b 17 18 19 | 5-10 Profes Total fo Other Total Rever | its paid to or for members (Part in the sets, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direxpenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16) | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) •2,125,215 lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25 18 from line 12 | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 | 0 769 866 547 974 533 nt | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 | | | |
| Net Assets or Expense Fund Balances | 16a b 17 18 19 | 5-10 Profes Total fi Other Total Rever | its paid to or for members (Part its paid to or for members (Part its, es, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16) | ee benefits (Part IX, column (A), line, column (A), line 11e) | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 | 0 769 866 547 974 533 nt | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 | | | |
| Not Assets or Fend Balances | 16a b 17 18 19 | 5-10 Profes Total fi Other Total Rever Total Total Net a | its paid to or for members (Part its paid to or for members (Part its, es, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16) | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) •2,125,215 lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25 18 from line 12 | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 | 0 769 866 547 974 533 nt | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 | | | |
| net Assets or a Fund Balances | 16a b 17 18 19 20 21 22 | 5-10 Profes Total fi Other Total Rever Total Total Net a Sign | its paid to or for members (Part its, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direxpenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16) | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) 2,125,215 lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25 18 from line 12 cline 21 from line 20 | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 46,371,7 | 0 769 866 547 974 533 nt 929 281 748 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 40,863,190 | | | |
| Met Assets or and Balances | 16a b 17 18 19 20 21 22 t III | 5-10 Profes Total fi Other Total Rever Total Total Net a Sign altres of dge and | its paid to or for members (Part its, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direxpenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line assets (Part X, line 16) | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) •2,125,215 lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25 18 from line 12 | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 46,371,7 | 0 769 866 547 974 533 nt 929 281 748 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 40,863,190 | | | |
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| Met Assets or and Balances | 16a b 17 18 19 20 21 22 t III | 5-10 Profes Total fi Other Total Rever Total Total Net a Sign altres of dge and as any k | its paid to or for members (Part its, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direxpenses (Part IX, column (A), expenses Add lines 13–17 (munue less expenses Subtract line) assets (Part X, line 16) liabilities (Part X, line 26) ssets or fund balances Subtract hature Block perjury, I declare that I have exbelief, it is true, correct, and cornowledge | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) 2,125,215 lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25 18 from line 12 cline 21 from line 20 | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 46,371,7 | 0 769 866 547 974 533 nt 929 281 748 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 40,863,190 | | | |
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| Mot Assets of Dud Assets of Dud Balances | 16a b 17 18 19 20 21 22 t III r pena nowled rer ha | 5-10 Profes Total fi Other Total Rever Total Total Net a Sign alties of dge and des any k **** Sign YOL | its paid to or for members (Part its, other compensation, employ) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (Direxpenses (Part IX, column (A), expenses Add lines 13–17 (munueless expenses Subtract lines) assets (Part X, line 16) | ee benefits (Part IX, column (A), line, column (A), line 11e) | Begir | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 46,371,7 dules and star-) is based on a | 0 769 866 547 974 533 nt 929 281 748 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 40,863,190 | | | |
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| Ver Assets of Dales and Balances | 16a b 17 18 19 20 21 22 t III r pena nowled rer ha | 5-10 Profes Total file Other Total Rever Total Total Net a Sigr altres of dge and as any k **** Sign YOL Type | its paid to or for members (Part its paid to or for members (Part its, other compensation, employ) ssional fundraising fees (Part IX, column (Direction of the color of the c | ee benefits (Part IX, column (A), line , column (A), line 11e) D), line 25) 2,125,215 lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25 18 from line 12 Illine 21 from line 20 amined this return, including accomprished Declaration of preparer (other | Begin | 6,982,7 25,8 2,778,5 35,803,0 22,045,5 nning of Currer Year 76,765,0 30,393,2 46,371,7 dules and star c) is based on a | 0 769 366 347 774 533 1t 748 PTIN P0000 | 7,802,303 325,227 2,820,147 19,322,995 -5,683,451 End of Year 65,567,193 24,704,003 40,863,190 Ints, and to the best of formation of which | | | |

BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

| Form | 990 (2013) | | | | | Page 2 |
|------|---|---|--|--|--|--|
| Par | | of Program Servi | | lishments to any line in this Part II. | I | ্ন |
| 1 | Briefly describe the | organization's mission | | | | |
| | | | | | BY PROVIDING THE UNIQU | EINTEGRATED |
| SYST | TEM OF SUPPORTS A | AND SCHOLARSHIPS | THEY NEED T | O GRADUATE COLLEG | E AND SUCCEED IN LIFE | |
| | | | | | | |
| | Did the committee | | | | de la | |
| 2 | | | | ervices during the year w | | ┌ Yes ┌ No |
| | If "Yes," describe th | iese new services on So | hedule O | | | |
| 3 | Did the organization services? | | nake significar | nt changes in how it cond | ducts, any program | ┌ Yes ┌ No |
| | | ese changes on Sched | | | | 165 * 110 |
| 4 | expenses Section 5 | |) organizations | s are required to report t | e largest program services, as he amount of grants and alloca | |
| 4a | (Code |) (Expenses \$ | 2,663,187 | ıncludıng grants of \$ | 69,117) (Revenue \$ | 1,149,821) |
| | AND COLLEGE AWAREN OFFERS HIGH SCHOOL TOWARDS COLLEGE- AI PREPARE FOR AND PUF CAREER READINESS PR ACCESS PROVIDERS TO COLLEGE BOUND SCHO YEAR, FOUR-YEAR OR | ESS BEGINNING IN 7TH GRA AND COLLEGE PLANNING INI ND CAREER-READY ACADEM RSUE A CAREER IN THESE AF OGRAM CSF ALSO WORKS V D ENSURE LOW-INCOME 7TH LARSHIP (CBS) - A FOUR-YE TECHNICAL COLLEGE UPON I | DE THROUGH AMFORMATION, ENC IC ACHIEVEMENT REAS CSF SERVE: VITH THE WASHIN AND 8TH GRADE AR SCHOLARSHIF HIGH SCHOOL CO | MERICORPS COLLEGE AND CAI OURAGES STUDENTS TO BEGI HANDS-ON STEM ACTIVITIES S AN AVERAGE OF 4,000 MIDI NGTON STUDENT ACHIEVEMEN PRS SIGN UP FOR EARLY SCHO THAT COVERS TUTTION, FEE MPLETION AS OF NOVEMBER | ARE MIDDLE SCHOOL SCHOLARS CSF REER COACHES AT THE MIDDLE SCHO IN EXPLORING POSSIBLE CAREER OPT IS HELP BUILD INTEREST AND CONFIDI DLE SCHOOL STUDENTS ANNUALLY TH NT COUNCIL (WSAC), SCHOOL DISTRI DLARSHIP COMMITMENTS THROUGH V IS AND BOOKS FOR PARTICIPATING S' 2013, CSF HELPED SIGN UP OVER 15 GH SCHOOL GRADUATING CLASS OF 2 | OL PROGRAM LEVEL, CSF IONS AND PUSHES THEM ENCE IN STUDENTS TO ROUGH THE COLLEGE AND ICTS AND OTHER COLLEGE VASHINGTON STATE'S IUDENTS TO ATTEND A TWO- 3,000 STUDENTS FOR THIS |
| | | | | | | |
| 4b | SCHOOL, THEY ARE SUI HERO ADVISORS CONTIFOR AND COMPLETE COMPLETE COMPLETE COMPLETE SEATTLE METROPOLITA AND 8 IN WASHINGTON WORKSHOPS ON CARELENTREPRENEURSHIP I PLANNING INFORMATIC AND WORK IN CLOSE COMMUNITY COLLEGES REVIEWS AND MONITOIN CSF COLLEGE PREPARAPLANNING AND EDUCATION COMPONENTS OF THE INTRODUCE STUDENTS AND NETWORKING SKISTATE OPPORTUNITY SAND BUILD AN EFFECTI COLLABORATES WITH S | PPORTED IN THE 8TH TO 10 INUE CAREER AWARENESS POLLEGE THE HERO PROGRAM AREA AND TACOMA ANOT IN DE HERO HOSTS SATURISM AREA AND COLLEGE READINESS NOTHE 11TH AND 12TH GRAIDM, GRADE MONITORING ANIOLLEGE PERING CSF-RECRUITED MENION, INCLUDING ASSISTANCIPON, INCLUDING ASSISTANCIPON AND INCLUBING ASSISTANCIPON AND INCLUDING ASSISTANCIPON INCLUBER ENVIRONMENT IN 2012 - CHOLARSHIP, CSF SUPPORTIVE STATEWIDE INTEGRATED THEM PARTNERS TO EXPAND | PRODUCE COLL TH GRADE TRANS ROGRAMMING AN MENGAGED 473 SHER 263 STUDEN OAY HERO INSTITUTE STOPPICS, SUCH A DES CSF'S COLLEC D REFERRALS FOR HERS AND GUIDAR LACEMENT TESTIT TORS SERVE AS SHOENTS IN THE 12 DE WITH THE FAF DES SUMMER ACA S AND OFFER WO 2013, 51,840 ST HELPS TO CREAT SYSTEM OF SUP AND STRENGTHE | SITION YEARS BY CSF'S HERO ND ENCOURAGE STUDENTS TO STUDENTS IN 2012 - 2013 IN ITS WERE SERVED IN TWO HIT UTES ON COLLEGE CAMPUSES AS SCIENCE, TECHNOLOGY, EIGE PREPARATORY ADVISORS (R ADDITIONAL INTERVENTION NCE COUNSELORS CPAS ALSO SUPPORTIVE ADULT ROLE MOISTH GRADE WITH THE COLLEGE VISITATIONS AN ADEMIC READINESS PROGRAMORKSHOPS ON THE FINANCIA! TUDENTS WERE SERVED BY CSF EA MORE DIVERSE POOL OF PORTS THAT ARE COST EFFICIENTS THAT ARE COST EFFICIENTS WERE WORKS TO PROVE | 15,150) (Revenue \$ RADUATESAS STUDENTS MOVE FROM (HIGHER EDUCATION READINESS OP D STUDY HARD, GRADUATE FROM HIGH FOUR HIGH SCHOOLS AND THE FEEDER MIDD TO BRING HERO STUDENTS AND PAFINGINEERING AND MATH (STEM), BUS (CPAS) PROVIDE PROACTIVE ACADEM S FOR STUDENTS IN ITS PROGRAMS OF HELP ASSESS COLLEGE READINESS IS, AND THEY ASSIST WITH HIGH SCHOOL GE APPLICATION PROCESS CSF PROVIDE COLLEGE-LEVEL SCHOLAR SPEAKER MINING THROUGH RESIDENTIAL COLLE LAID PROCESS, ACADEMIC PLANNING FIN MIDDLE AND HIGH SCHOOL THI QUALIFIED AND TALENTED STUDENTS LIENT, SCALABLE, SUSTAINABLE AND ENTER TO INCREASE STUDENTS' CONFIDENCY | PORTUNITY) PROGRAM SH SCHOOL AND PREPARE DLE SCHOOLS IN THE LE SCHOOLS IN WARDS 7 RENTS TOGETHER FOR INESS AND IC ADVISING, COLLEGE THEY ARE SCHOOL-BASED BY WORKING WITH ARATION, TRANSCRIPT AND COLLEGE PLANNING IDES FINANCIAL AID S ARE IMPORTANT GE EXPERIENCES TO IS, MENTORING AND SOCIAL ROUGH THE WASHINGTON IS SEEKING STEM DEGREES INATA-DRIVEN CSF EPRESENTED STUDENTS |
| | (Code |) (Expenses \$ | 10,902,165 | ıncludıng grants of \$ | 8,291,051) (Revenue \$ | 1,840,684) |
| -π. | SCHOLARSHIP AND COL BARRIERS LOW-INCOM STUDENTS, TOTALING I APPLICATION MATERIAL CONSIDER VARIABLES I AGREEMENTS WITH CO SCHOLARS THROUGH A WASHINGTON STATE OI STEM-RELATED SUPPOR COMPLETION IN HIGH-I COLLEGE CSF COUNSE DEGREE, WHETHER TH 100% OF WHOM WERE THEIR SECOND AND TH TO DESIGNATE A FACUI | LEGE PROGRAMSGOAL REMESTUDENTS FACE BY AWAR SEARLY \$180 MILLION TO DOWN OF THE FUNDER AND AWAR SEARCH BY THE FUNDER AND AWAR STUDENT DATA MANAGEME PORTUNITY SCHOLARSHIP, DEMAND STEM AND HEALTH LS STUDENTS TO APPLY TO SE STUDENTS TO APPLY TO SE STUDENT BEGINS AT A TWEST SECIALLY TRAINED BY CSF SPECIALLY TRAINED BY CSF LITY/STAFF MEMBER FROM TO STAFF (DSS) UPPER DIVISI | IOVE FINANCIAL EDING NEED-BASE ATE, 3,818 GRADI OCESSES TARGET AND INCLUDE TRA RDS SCHOLARSHI NT SYSTEM, WHI CSF LEVERAGES UNDERGRADUAT CARE FIELDS ADV COLLEGES THAT F O-YEAR OR FOUF STAFF MENTOR F HAS ESTABLISH HEIR CAMPUSES | BARRIERS, INCREASE RETENT ID SCHOLARSHIPS BY THE EN UATES HAVE RECEIVED BACHIFED AT THE NON-TRADITIONAL AND NON-TRADITIONAL AND NON-TRADITIONAL AND PERSONAL SLIE RESPONDING TO INDIVIDU ACADEMIC AND PERSONAL SLIE RESEARCH EXPERIENCES AVISING, MENTORING AND ACARETAIN LOW-INCOME STUDEN R-YEAR COLLEGE IN 2012 - 2 LING HAS BEEN SHOWN TO BE ED PARTNERSHIPS/AGREEMET TO SERVE IN THE CAPACITY OF THE CAPA | ION AND GRADUATIONCSF SEEKS TO DOF 2013, CSF HAD AWARDED 12,43 ELOR'S DEGREES CSF DESIGNS AND ALCOLLEGE APPLICANT AND CREATES ONAL SELECTION CRITERIA CSF ALSO IP/GRANT FUNDS CSF TRACKS ITS SO ALSO SCHOLAR'S FINANCIAL SITUATIONS ALSCHOLAR'S FINANCIAL SITUATIONS UPPORTS OFFERED ON CAMPUSES TO ND ACADEMIC TUTORING TO HELP IN ADEMIC SUPPORTS CONTINUE AS STUITS AND PROVIDE ACADEMIC PLANNING 1013, THERE WERE 505 MENTORS WO HIGHLY EFFECTIVE FOR RETAINING NTS WITH COLLEGES AND UNIVERSITIOF A COLLEGE MENTOR COORDINATO ALSO CSF SCHOLARS, OFTEN SERVE | REDUCE FINANCIAL 27 SCHOLARSHIPS TO 11,617 MARKETS SCHOLARSHIP SCORING RUBRICS THAT D MANAGES WRITTEN CHOLARSHIP AWARDS AND 6 AND NEEDS THROUGH THE CONNECT SCHOLARS TO CREASE DEGREE DENTS TRANSITION INTO IG TO ATTAIN A BACHELOR'S PRKING WITH STUDENTS, FIRST-YEAR STUDENTS INTO ES THROUGHOUT THE STATE R (CMC) AND/OR A |
| | (Code |) (Expenses \$ | 381,354 | including grants of \$ |) (Revenue \$ | 60,241) |

ALUMNI SERVICESGOAL TRANSITION TO CAREER AND POST-COLLEGE LIFETHE CSF ALUMNI PROGRAM AND THE CENTER FOR CAREER SUCCESS HELP SCHOLARS PREPARE FOR THE TRANSITION INTO THE PROFESSIONAL WORLD AND ENCOURAGE ALUMNI TO GIVE BACK TO THE COMMUNITIES IN WHICH THEY WERE RAISED, OFTEN BY HELPING YOUNGER STUDENTS NAVIGATE THE COLLEGE PLANNING PROCESS ALUMNI SERVICES INCLUDE ALUMNI WORKSHOPS, LECTURES AND NETWORKING OPPORTUNITIES TO DEVELOP RELATIONSHIPS AND LEARN AND PREPARE FOR GRADUATE EDUCATION ADDITIONALLY, CSF FOSTERS AN INCLUSIVE CULTURE FOR SCHOLARS THROUGH CAREER WORKSHOPS AND PERSONAL DEVELOPMENT PROGRAMMING, CONSISTENT AND REGULAR COMMUNICATION AND ON-CAMPUS EVENTS IN CONJUNCTION WITH COLLEGE PARTNERS CSF COLLABORATES WITH COMPANIES THAT NOT ONLY PROMOTE JOB AND INTERNSHIP OPPORTUNITIES BUT ALSO VALUE THE DIVERSITY AND THE POTENTIAL OF STUDENTS TO INCREASE THEIR PREPARATION FOR AND SUCCESS IN APPLYING FOR EMPLOYMENT TO DATE, 28% OF CSF ALUMNI HAVE PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN GRADUATE SCHOOL OR RECEIVING AN ADVANCED DEGREE

125,623 including grants of \$) (Expenses \$) (Revenue \$

POLICY, ADVOCACY, AND COALITION BUILDINGGOALS ADVOCATE FOR POLICY CHANGE AND CREATE STATEWIDE COLLEGE ACCESS NETWORKCSF SERVES AS A KEY PROPONENT FOR POLICY CHANGES THAT ENABLE MORE LOW-INCOME STUDENTS TO GRADUATE FROM HIGH SCHOOL COLLEGE- AND CAREER-READY THE ORGANIZATION IS ACTIVELY ENGAGED IN BUILDING A STATEWIDE COALITION THAT SUPPORTS COLLEGE ACCESS AND COMPLETION FOR LOW-INCOME STUDENTS THROUGH ITS POLICY AGENDA, CSF SEEKS TO - SUPPORT AN INCREASED COMMITMENT TO COLLEGE READINESS, MORE RIGOROUS COLLEGE PREPARATORY CURRICULA AND IMPROVEMENTS IN INSTRUCTION - CATALYZE IMPROVED ALIGNMENT OF SECONDARY AND POST-SECONDARY SUPPORTS THAT CATER TO AN Individual student's level of readiness - increase need-based financial aid and college access at the state and federal levels 🕒 improve COLLEGE DEGREE ATTAINMENT RATES AND SUPPORT EMPLOYMENT OPPORTUNITIES FOR NEW GRADUATES CSF IS A FOUNDING ORGANIZATION OF THREE MAJOR COLLECTIVE IMPACT INITIATIVES THE FIRST IS THE WASHINGTON COLLEGE ACCESS NETWORK (WCAN), WHICH IS A PROGRAM OF THE COLLEGE SUCCESS FOUNDATION WCAN COLLABORATES WITH 15 REGIONAL NETWORKS THROUGHOUT THE STATE OF WASHINGTON TO IMPROVE PREPARATION AND ACCESS TO HIGHER EDUCATION TO ALL STUDENTS WCAN DRIVES POSITIVE CHANGE IN EDUCATIONAL ACHIEVEMENT BY HELPING SCHOOLS, DISTRICTS, COMMUNITY-BASED ORGANIZATIONS AND OTHER STAKEHOLDERS WITH THE KNOWLEDGE, TOOLS AND RESOURCES THEY NEED TO MAKE DATA-DRIVEN DECISIONS AND TAKE ACTION ON THE LOCAL/REGIONAL LEVEL 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

Other program services (Describe in Schedule O) 4d

> 506,977 including grants of \$ 173,044) (Expenses \$) (Revenue \$

4e Total program service expenses > 15,713,895

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{\bullet} | 1 | Yes | 140 |
| 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 | 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? <i>If "Yes," complete Schedule C, Part III</i> | 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^{\bullet} | 6 | Yes | |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | No |
| 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 $\sqrt[4]{2}$ | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 | 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 | | Νo |
| 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 | | No |
| 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 | | No |
| 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 | | 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) | 17 | 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 or other assistance to any domestic organization or government 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 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 | 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? <i>If "Yes," complete Schedule J</i> | 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 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 | 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 | | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | ı |
| | | 28a | | No |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| 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 $0.00000000000000000000000000000000000$ | 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? <i>If "Yes," complete Schedule R, Part I</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 or note to any line in this Part V | | Yes | ., N |
|--------|--|-----|-----|----------|
| 12 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 55 | | Yes | N |
| | Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0 | | | |
| | 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 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | N |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | N |
| b | If "Yes," enter the name of the foreign country 🕨 | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | N |
| | | 5b | | - ' |
| С | 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 | | N |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 a | 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 | 7a | Yes | |
| | services provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| C | file Form 8282? | 7c | | N |
| 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 | | N |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | N |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | N |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | N |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| 1- | Note. See the instructions for additional information the organization must report on Schedule O | | | \vdash |
| | 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 | | | |
| C | Enter the amount of reserves on hand | Į į | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ΙN |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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 | VΙ | | | | | | | | | | | | | | |
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| _Se | ection A. Governing Body and Management | | | |
|-----|--|-------|--------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?. | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | 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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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 take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ₩A | | | |
| 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)
- 19 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 $\frac{1}{2}$
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN SPARKS 1605 NW SAMMAMISH ROAD SUITE 200 ISSAQUAH, WA 98027 (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

| (4) | (B) | | | (0) | | | | (5) | (E) | (E) |
|-------------------------------|---|-----------------------------------|-----------------------|-------------------|-----------------------------|------------------------------|-----------------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot ect | not box h ar or/tr | offic ustee | ess er e) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) BOB CRAVES | 30 00 | × | | Х | | | | 142,050 | 0 | 24,919 |
| CEO - THROUGH 8/13 | 20 00 | | | | | | | | | |
| (2) JOE GAFFNEY CHAIR | 2 00 | x | | х | | | | 0 | 0 | 0 |
| (3) JIM MURPHY | 1 50 | | | | | | | | | |
| VICE CHAIR | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| (4) DEBORAH ROSEN | 1 50 | | | | | | | | | |
| SECRETARY | 0 00 | X | | Х | | | | 0 | 0 | 0 |
| (5) SAM SMITH PHD | 2 00 | - | | | | | | | | |
| TREASURER | | х | | Х | | | | 0 | 0 | 0 |
| (6) DEBORAH WILDS PHD | 1 50 45 00 | | | | | | | | | |
| | | х | | Х | | | | 194,334 | 0 | 26,530 |
| COO (7) ANN RAMSAY-JENKINS | 5 00 20 00 | | | | | | | | | |
| | | х | | | | | | 31,250 | 0 | 0 |
| 8) FRED CAMPBELL PHD | 0 00 | | | | | | | | | |
| | | х | | Х | | | | 0 | 0 | 0 |
| PRESIDENT (9) GERRI CRAVES | 0 00 | | | | | | _ | | | |
| • | | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (10) SUSAN DAVIS | 0 00 | | | | | | - | | | |
| | 2 00 | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 0 00 | | | | _ | | | | | |
| (11) FRANK GREER | 1 50 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 0 00 | | | | | | | | | |
| (12) BOB MOSER | 1 50 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 0 00 | | | | | | | | | |
| (13) DOUG PICHA | 2 00 | l x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 1 50 | | | | | | | | | |
| (14) PATRICIA RAIKES | 2 00 | l x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 1 50 | | | | | | | ŭ | | |
| (15) KATHLEEN ROSS PHD | 1 50 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 0 00 | | | | | | | | 0 | 0 |
| (16) HERBERT TILLERY | 1 50 | | | | | | | 0 | 179,660 | 18,614 |
| BOARD MEMBER | 50 00 | X | | L | | | L | | 179,060 | 18,614 |
| (17) LARRY WRIGHT PHD | 1 50 | Ü | | | | | | | 22.671 | 6.315 |
| BOARD MEMBER | 40 00 | X | | | | | | 0 | 22,871 | 6,215 |
| | | | | | - | • | - | - | | Form 990 (2013) |

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

| (A) Name and Title | | (B) Average hours per week (list any hours | A verage hours per more than one box, unless week (list any hours and a director/trustee) Position (do not check meportable compensation from the organization organization for the and a director/trustee) | | | | | | | | Estim amount o compen from | ated of other isation the |
|-----------------------|--|--|--|--------|----------|-------------------|------------------------------|--------|--|----------------------|-------------------------------------|------------------------------------|
| | | for related organizations below dotted line) | Officer Institutional Trustee Individual trustee or director | | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organiz and re organiz | lated |
| (18) | OLANDA WATSON SPIVA PHD | 45 00 | | | <u>,</u> | | | | | | | |
| PRESI | DENT & CEO - BEGINNING 9/13 | 5 00 | | | X | | | | 55,293 | C | <u>'</u> | 9,307 |
| (19) | OHN MCDOWELL | 43 50 | | | X | | | | 132,284 | O | | 19,785 |
| CFO | | 6 50 | | | Ĺ | | | | 132,231 | | | |
| (20) 9 | SUE BYERS | 50 00 | | | | | x | | 146,600 | C | | 21,587 |
| | RAM MGR GUSAN POLLACK | 0 00 | | | | | | | | | | |
| . , | | 40 00 | | | | | х | | 137,907 | C | | 8,634 |
| PROG | RAM MGR | 10 00 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | • | F | | | | • | |
| С | Total from continuation sheets to Part | VII, Section A | | | | | - ▶ [| | | | | |
| d | Total (add lines 1b and 1c) | <u> </u> | | | | | • | | 839,718 | 202,531 | | 135,591 |
| 2 | Total number of individuals (including b \$100,000 of reportable compensation | | | | ed a | bove | e) who | rec | eived more than | | | |
| | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule 3</i> | | | e, key | y en | nplo _' | yee, o | r hig | hest compensate | d employee | | No |
| 4 | For any individual listed on line 1a, is to organization and related organizations and individual | | | | | | | | | om the | Yes | |
| 5 | Did any person listed on line 1a receive services rendered to the organization? | | | | | | | | _ | ndividual for | | No |
| 6. | ection B. Independent Contracto |)re | | | | | | | | | | |
| 1 | Complete this table for your five highes compensation from the organization Re | t compensated | | | | | | | | | s tax vear | |
| | | (A) | | | -410 | uu | . , cui | | | (B) | (C |) |
| PYR At | Name and b MID COMMUNICATIONS 1932 FIRST AVE SUITE 50 | ousiness address 07 SEATTLE WA 981 | 01 | | | | | | Description Descri | on of services | Comper | 289,786 |
| | EY & WHITNEY LLP P O BOX 1680 MINNEAPOLIS M | | | | | | | | LEGAL | | | 140,124 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| Contribution | and Other S |
|-------------------------|-------------|
| Program Service Revenue | |
| | |
| Other Revenue | |
| | |

| Form 99 | | | _ | | | | | Page 9 |
|---|--------|---|--|----------------------------|-----------------------------|--|---|--|
| Part V | /##T | Statement o Check if Schedu | f Revenue ule O contains a respon | nse or note to any lir | ie in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| <u>ν</u> 2 | 1a | Federated camp | paigns 1a | | | | | |
| ant | ь | Membership du | es 1b | | | | | |
| المَّ ق | С | Fundraising eve | ents 1c | 4,819,154 | | | | |
| iffs ar / | d | Related organiz | ations 1d | | | | | |
| s, G imi | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | sımılar amounts no | | 4,675,858 | | | | |
| iğ 5 | g | Noncash contribution 1a-1f \$ | ons included in lines | 51,033 | | | | |
| Cor | h | Total. Add lines | s 1a-1f | | 9,495,012 | | | |
| | | | | Business Code | | | | |
| wern | 2a | FEES FROM GOVT | AGENCY | 900099 | 3,400,167 | 3,400,167 | | |
| ₽e¥ | b | SO ADMIN SERVICE | E FEES | 900099 | 600,870 | 600,870 | | |
| Program Serwoe Revenue | С | CONFERENCE FEES | S | 900099 | 4,350 | 4,350 | | |
| | d | | | | | | | |
| Tan- | e f | All other progra | ım service revenue | | | | | |
| i) L | ' | - | | | | | | |
| | g 3 | | s 2a-2f | | 4,005,387 | | | |
| | 3 | | ome (including dividend ar amounts) | | 692,910 | | | 692,910 |
| | 4 | | tment of tax-exempt bond p | · · · · · · | | | | |
| | 5 | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 4,560 | (II) Personal | | | | |
| | ь | Less rental expenses | 0 | | | | | |
| | С | Rental income or (loss) | 4,560 | | | | | |
| | d | , , | me or (loss) | | 4,560 | | | 4,560 |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 18,499,493 | | | | | |
| | ь | Less cost or other basis and | 18,834,112 | | | | | |
| | c | sales expenses Gain or (loss) | -334,619 | | | | | |
| | d | | s) | | -334,619 | | | -334,619 |
| <u> </u> | 8a | Gross income for events (not inclined) | rom fundraising | | | | | |
| Other Revenue | | \$ 4,819 of contributions See Part IV , lin | reported on line 1c) | | | | | |
| - | | | a . | 177,566 | | | | |
| ફ | b c | | penses b [(loss) from fundraising e | 552,052 events . | -374,486 | | | -374,486 |
| - | 9a | | rom gaming activities | | · | | | , |
| | ь | Loca divasta | a penses b | | | | | |
| | | | loss) from gaming activ | /ities≱- | | | | |
| | 10a | Gross sales of returns and allo | owances . | | | | | |
| | ь | less costofa | a oodssold b | | | | | |
| | | | (loss) from sales of inve | entory | | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | INSURANCER | ECOVERY | 900099 | 150,000 | | | 150,000 |
| | Ь | | | | | | | |
| | d | All other revenu | | | 780 | | | 780 |
| | e | | ue | 🕨 | | | | , , , , |
| | 12 | | See Instructions | <u>.</u> | 150,780 | | | |
| | | | | • • • • | 13,639,544 | 4,005,387 | (| 139,145 |

Form 990 (2013) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 3,458,071 3,458,071 Grants and other assistance to individuals in the United States See Part IV, line 22 4,917,247 4,917,247 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, trustees, and 629,501 138,683 198,364 292,454 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 5,595,195 4,259,569 638,531 697,095 Pension plan accruals and contributions (include section 401(k) 476,588 385,272 43,701 and 403(b) employer contributions) 47.615 581,200 61,828 Other employee benefits 451,382 67,990 10 519,819 389,515 59,712 70,592 11 Fees for services (non-employees) Management 3,982 9,524 Legal 136,132 122,626 Accounting 63,145 63,145 55,279 55,279 Professional fundraising services See Part IV, line 17 325,227 325,227 Investment management fees 55,506 49,864 5,254 388 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 297,559 175,417 18,323 103,819 Schedule O) Advertising and promotion . . 12 13 Office expenses 433,794 263,813 37,870 132,111 15,017 14 Information technology . . . 55,402 34,788 5,597 15 Royalties . 425,819 250,078 133,133 42,608 16 Occupancy **17** Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 230,644 109,694 99,454 21,496 23 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) 410,291 a STAFF EXPENSES 601,429 59,521 131,617 **EDUCATIONAL EVENTS** 352,414 352,414 REPAIRS AND MAINTENANCE 99,475 50,453 40,481 8,541 d VOLUNTEER EXPENSES 13,549 13,362 27 160 e All other expenses Total functional expenses. Add lines 1 through 24e 25 19,322,995 15,713,895 1.483.885 2,125,215 Joint costs. Complete this line only if the organization 26 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

| Fell | τχ | 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 | 13,964,532 | 2 | 26,950,709 |
| | 3 | Pledges and grants receivable, net | 34,269,824 | 3 | 25,002,698 |
| | 4 | Accounts receivable, net | 1,655,063 | 4 | 2,079,487 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | , | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 5 | 6 | |
| Š. | 7 | Notes and loans receivable, net | | 7 | |
| ₹ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 59,690 | ├ | 111,626 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2,393,07 | | | ,525 |
| | Ь | Less accumulated depreciation 10b 1,567,13 | 887,132 | 10c | 825,941 |
| | 11 | Investments—publicly traded securities | 25,806,927 | 11 | 10,081,400 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 121,861 | 15 | 515,332 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 76,765,029 | 16 | 65,567,193 |
| | 17 | Accounts payable and accrued expenses | 933,159 | 17 | 1,506,853 |
| | 18 | Grants payable | 29,460,122 | 18 | 23,197,150 |
| | 19 | Deferred revenue | | 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 | |
| ∺ | 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 | 20, 202, 204 | 25 | 0.4.70.4.000 |
| | 26 | Total liabilities. Add lines 17 through 25 | 30,393,281 | 26 | 24,704,003 |
| S S | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34. | | | |
| ĕ | 27 | Unrestricted net assets | 1,627,477 | 27 | 682,616 |
| Fund Balance | 28 | Temporarily restricted net assets | 19,836,423 | 28 | 27,345,480 |
| <u> </u> | 29 | Permanently restricted net assets | 24,907,848 | 29 | 12,835,094 |
| Ĭ | 23 | Organizations that do not follow SFAS 117 (ASC 958), check here ► and | 24,007,040 | 23 | 12,000,004 |
| | | complete lines 30 through 34. | | | |
| 0. | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| 455 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net / | 33 | Total net assets or fund balances | 46,371,748 | 33 | 40,863,190 |
| ž | 34 | Total liabilities and net assets/fund balances | 76,765,029 | 34 | 65,567,193 |
| | | . otal nabilities and net assets/rana balances | 1 70,700,029 | J-4 | |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
|-----|--|----------|-------------|------|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 I | | 13.6 | 39,544 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 322,995 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | |
| | Not assets as for disclosure of his recovery of court and Dort V. Inc. 22. column (A.V. | 3 | | -5,6 | 83,451 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 46,3 | 371,748 |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | .74,893 |
| 6 | Donated services and use of facilities | | | | .,,,,,, |
| 7 | Investment expenses | 6 | | | |
| , | Threstment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | 9 | | | 0 |
| 10 | column (B)) | 10 | | 40,8 | 363,190 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | 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 or | ו | | |
| | 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? | nt of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O | n | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | е | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309021644

OMP No 1545 004

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

91-2036088

| f g h (i) Nar suppo organiz | section If the concept of the concep | n 509(a)(2) organization this box August 17, 2 ng persons? erson who di i) below, the family memb 35% contro | on managers and other received a written de 2006, has the organistrectly or indirectly of governing body of the rof a person describled entity of a person ginformation about (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | ner than one etermination zation acceptontrols, eith e supported bed in (i) about described | or more pub from the IR oted any gift er alone or t organization ove? in (i) or (ii) a ed organizat the on in ted in rning | olicly support S that it is a or contributi together with n? above? | ed organization on from any persons des | tions describe II, or Type | e III support 110 110 the tion in ganized | on 509(a)(: | No No nount of |
|--|--|---|--|---|---|--|---|---------------------------------------|--|---|----------------|
| f g | section If the concept check Since A followin (i) A p and (iii) A f (iii) A | n 509(a)(2) organization this box August 17, 2 ng persons? erson who di i) below, the family memb 35% contro | on managers and other ceceived a written de 2006, has the organistrectly or indirectly of governing body of the cof a person descripted entity of a person | ner than one etermination zation acceptontrols, eith e supported bed in (i) about described | or more pub from the IR oted any gift er alone or t organization ove? in (i) or (ii) a | olicly support S that it is a or contributi together with n? above? | ed organiza Type I, Typ on from any | tions describe II, or Type | e III support) | Yes g(i) | zation, |
| f | section If the concheck Since A followin (i) A p and (iii) A f | n 509(a)(2) organization this box August 17, 2 ng persons? erson who di i) below, the amily memb | on managers and other control of the | ner than one etermination zation acceptontrols, eith e supported bed in (i) abo | or more pub from the IR oted any gift er alone or t organization ove? | olicly support S that it is a or contributi together with | ed organiza Type I, Typ on from any | tions describe II, or Type | e III support) | Yes g(i) | zation, |
| f | section If the control check Since A followin (i) A p and (ii) | n 509(a)(2) organization this box August 17, 2 ng persons? erson who di i) below, the | on managers and other control of the | ner than one etermination zation accepentrols, eith e supported | or more pub from the IR oted any gift er alone or t organization | olicly support S that it is a or contributi together with | ed organiza Type I, Typ on from any | tions describe II, or Type | e III suppor | Yes | zation, |
| f | section If the concept check Since A followin (i) A p | n 509(a)(2) organization this box August 17, 2 ng persons? erson who di | on managers and other control of the | ner than one etermination zation accep | or more pub from the IR oted any gift er alone or t | olicly support S that it is a or contributi together with | ed organiza Type I, Typ on from any | tions describe II, or Type | e III suppor | on 509(a)(: ting organi: Yes | zation, |
| • | section | n 509(a)(2) | on managers and oth | ner than one | or more pub | olicly support | ed organiza | tions describ | oed in section | on 509(a)(: | 1) or |
| - , | other t | han foundatı | | _ | | - | | · · · · · · · · · · · · · · · · · · · | - | • | |
| еГ | | | b Type II c ox, I certify that the | | | ally integrate | | i ype III - N | on-runction | ally integra | atea |
| 11 厂 | one or the box | more public x that descri | ganized and operated by supported organizations bes the type of supp | ations descr orting organ | ibed in sect ization and (| ion 509(a)(1 complete line |) or section s 11e throu | 509(a)(2) S gh 11h | see section | 509(a)(3). | Check |
| 10 厂 | An org | anızatıon orç | ganized and operated | dexclusively | to test for p | public safety | See sectio | n 509(a)(4). | | | |
| | - | - | janızatıon after June | | | | - | | • | | |
| | | | oss investment inco | | | | | | | | |
| , | _ | | ities related to its ex | | | | | • | • | - | |
| 9 | | - | at normally receives | | | • | - | nutions mam | nharshin faa | s and aros | : c |
| 7 F 8 F | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | | |
| 6 | | | local government or | _ | | | | | | | |
| _ | | | A)(iv). (Complete P | • | | | | | | | |
| 5 | Anorg | anızatıon op | erated for the benefit | t of a college | or universi | ty owned or o | perated by | a governmer | ntal unit des | cribed in | |
| . , | | | ty, and state | | | | | | (-)()()- | | |
| 4 | | | n organization operat | | | | | | (1)(A)(iii). | Enter the | |
| 3 | | | perative hospital sei | | | | n 170(b)(1) | (A)(iii). | | | |
| 2 | | - | in section 170(b)(1 | | | | ection 170(i | D)(1)(A)(I). | | | |
| | | | on of churches, or as | | | | | | | | |
| _ | | not a privat | e foundation becaus | | | | | | nstructions | 5. | |
| Part I he organi 1 | | SON TOF PU | blic Charity Stat | | | · much com | 10to thic - | 12kt / Cac . | | _ | |

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) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 7,862,566 12,039,205 15,877,319 51,799,164 9,495,012 97,073,266 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 7,862,566 12,039,205 15,877,319 51,799,164 9,495,012 97,073,266 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 48,443,747 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 48,629,519 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) 🟲 7,862,566 12,039,205 15,877,319 51,799,164 Amounts from line 4 9,495,012 97,073,266 Gross income from interest, dividends, payments received on 2,012,875 securities loans, rents, royalties 2,301,215 1,435,260 958,662 697,470 7,405,482 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 150,000 150,000 capital assets (Explain in Part IV) 11 Total support (Add lines 7 104,628,748 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 20,005,515 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 2013 (line 6, column (f) divided by line 11, column (f)) 14 46 480 % Public support percentage for 2012 Schedule A, Part II, line 14 15 43 060 % 16a 33 1/3% support test—2013. 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—2012. 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 - 2013. 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 - 2012. 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) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | 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 | | | | | | |
| 4 | 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 facilities | | | | | | <u> </u> |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 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 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 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 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 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 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 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 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 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 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 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 Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 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 Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| | Facts And Circumstances Test | |
|---|---|--|
| | | |
| Return Reference | Explanation | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | INSURANCE RECOVERY - 2013 AMOUNT \$ 150,000 | |

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493309021644

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

instructions is at www.irs.gov/form990.

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

91-2036088

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

> ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its

- 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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

| 1 | Provide a description of the or | ganızatıon's dırect and ındırect polıtı | cal campaign act | tivities in Part IV | | | |
|-------|--|--|-------------------------------------|---|-----------------|--|--|
| 2 | Political expenditures | | | ► | \$ _ | | |
| 3 | Volunteer hours | | | | - | | |
| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | | | |
| 1 | | e tax incurred by the organization un | | | \$_ | | |
| 2 | Enter the amount of any excise | e tax incurred by organization manaç | jers under sectio | n 4955 🕨 | \$ | | |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 472 | 20 for this year? | | | ┌ Yes | ┌ No |
| 4a | Was a correction made? | | | | | ┌ Yes | ┌ No |
| b | If "Yes," describe in Part IV | | | | | | |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c), except section 5 | 01(| c)(3). | |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ection 527 exem | pt function activities 🕨 | \$ _ | | |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to of | ther organization | s for section 527 | \$. | | |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | 20-POL, line 17b ► | ¢ | | |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | Ψ. | ☐ Yes | Г |
| | amount of political contribution separate segregated fund or a | For each organization listed, enter the ns received that were promptly and continuous political action committee (PAC). If | directly delivered additional space | to a separate political or is needed, provide inforn | ganız natıor | ation, such as 1 in Part IV | 5 a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0 |)- | e) A mount of contributions i and promptl directly delive separate po organization enter - 0 | received ly and ered to a litical If none, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For F | aperwork Reduction Act Notice, so | L ee the instructions for Form 990 or 990 |)-EZ. | Cat No 50084S Schedule (| (For | m 990 or 990- | FZ) 2013 |

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 ► 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 |
|---|---|--|--|--|
| a | Total lobbying expenditures to influence public o | opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legisl | ative body (direct lobbying) | 55,279 | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | 55,279 | |
| d | Other exempt purpose expenditures | | 19,819,768 | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | 19,875,047 | |
| f | Lobbying nontaxable amount Enter the amount to | from 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 lir | ne 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 li | ne 1h or line 1i, did the organization file Form 472 | 0 reporting | |

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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) Total beginning in) Lobbying nontaxable amount 874,067 1,000,000 1,000,000 2,874,067 Lobbying ceiling amount 4,311,101 (150% of line 2a, column(e)) 135,662 87,850 55,279 Total lobbying expenditures 278,791 Grassroots nontaxable amount 218,517 250,000 250,000 718,517 Grassroots ceiling amount 1,077,776 (150% of line 2d, column (e)) Grassroots lobbying expenditures

| | Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)). | | | | | |
|--------|---|---------------------------------|----------|---------|-----------|--------|
| For e | r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri | ption of the lobbying | (8 | a) | (1 | b) |
| | tivity. | | Yes | No | Amo | ount |
| 1 a | legislation, including any attempt to influence public opinion on a legislative r through the use of | | | | | |
| b c | b Paid staff or management (include compensation in expenses reported on line | es 1c through 1ı)? | | | | |
| d | d Mailings to members, legislators, or the public? | | | | | |
| e | e Publications, or published or broadcast statements? | | | | | |
| f | f Grants to other organizations for lobbying purposes? | | | | | |
| g | g Direct contact with legislators, their staffs, government officials, or a legislati | ive body? | | | | |
| h i | | ımılar means? | | | | |
| j | • | | | 1 | | |
| 2a | . | on 501(c)(3)? | | | | |
| b | | | | | | |
| C | , | | | İ | | |
| | d If the filing organization incurred a section 4912 tax, did it file Form 4720 for | - | | | | |
| Par | art III-A Complete if the organization is exempt under section 501(c)(6). | on 501(c)(4), section 5 | 01(c |)(5), c | or sect | ion |
| | 301(0)(0). | | | | Ye | s No |
| 1 | Were substantially all (90% or more) dues received nondeductible by membe | rs? | | Г | 1 | 111 |
| 2 | | | | | 2 | |
| 3 | | | | | 3 | |
| Pai | art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a 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 inclease for which the section 527(f) tax was paid). | lude amounts of political | 20 | | | |
| a | • | | 2a | | | |
| b | | | 2b 2c | | | |
| с 3 | | a saction 163(a) duas | 3 | | | |
| 4 | | | | | | |
| • | does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year? | • | 4 | | | |
| 5 | , | | 5 | | | |
| P | Part IV Supplemental Information | | | | | |
| | Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information | e 5, Part II-A (affiliated grou | p lıst), | Part II | -A , line | 2, and |
| | Return Reference Explanation | | | | | |
| | | | | | | |
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| | | | | | | |

| 201104410 0 (101111 330 01 330 12) 2013 | | i age -i |
|---|-----------------------|---------------------|
| Part IV Supplemental Information | on <i>(continued)</i> | |
| Return Reference | Explanation | |
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Schedule D (Form 990) 2013

DLN: 93493309021644

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

| ema | Revenue Service Tand its instruction | tions is at www.irs.gov/rormsso. | | Inspection | |
|-----|---|--|---------|--------------------------------|-------|
| | me of the organization LEGE SUCCESS FOUNDATION | | | ployer identification number | |
| Pa | organizations Maintaining Donor Advorganization answered "Yes" to Form 990 | | _ | | f the |
| | | (a) Donor advised funds | | (b) Funds and other accounts | ; |
| | Total number at end of year | 0 | | | |
| | Aggregate contributions to (during year) | | | | |
| | Aggregate grants from (during year) | 24,248 | | | |
| | Aggregate value at end of year | 0 | | | |
| | Did the organization inform all donors and donor advis funds are the organization's property, subject to the or | - | or adv | rised ✓ Yes ✓ | No |
| | Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit? | | | er purpose | No |
| 1 | rt III Conservation Easements. Complete if | the organization answered "Yes" to | Forr | m 990, Part IV, line 7. | |
| | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a | or education) Preservation of an Preservation of a c | ertıfıe | ed historic structure | |
| | easement on the last day of the tax year | - | | 1 | |
| | | - | | Held at the End of the Ye | ar |
| | Total number of conservation easements | - | 2a | | |
| | Total acreage restricted by conservation easements | | 2b | | |
| | Number of conservation easements on a certified histo | ` ′ | 2c | | |
| | Number of conservation easements included in (c) acc historic structure listed in the National Register Number of conservation easements modified, transfer | Ĺ | 2d | he organization during | |
| | the tax year - | reu, releaseu, extiliguisileu, or terililiatei | и Бу С | ne organization during | |
| | Number of states where property subject to conservat | ion easement is located 🗠 | _ | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | the periodic monitoring, inspection, hand | ling of | f violations, and Yes T | No |
| | Staff and volunteer hours devoted to monitoring, inspe | ecting, and enforcing conservation easem | ents (| during the year | |
| | A mount of expenses incurred in monitoring, inspecting • \$ | g, and enforcing conservation easements | durın | ng the year | |
| | Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$? | d) above satisfy the requirements of sect | tion 1 | | No |
| | In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme | e footnote to the organization's financial | | | |
| li | Complete if the organization answered "Y | | or Ot | her Similar Assets. | |
| | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnotes | ets held for public exhibition, education, c | r rese | earch in furtherance of public | |
| | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these | l 16 (ASC 958), to report in its revenue s ets held for public exhibition, education, c | tatem | nent and balance sheet | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | |
| | (ii) Assets included in Form 990, Part X | | | - \$ | |
| | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | r finan | | |
| | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | |
| | Assets included in Form 990, Part X | | | ▶ ¢ | |
| | meradea mir omi populate A | | | - Y | |

| Part | Organizations Maintaining Co | llections of Art, I | Histor | ical Treas | sures, or Oth | er Similar Asse | ets (continued) |
|----------|--|--------------------------------------|------------------|--------------------------------|--------------------|---|--------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other records | , check | any of the f | following that are | a significant use of | fits |
| а | Public exhibition | | d 「 | Loan or e | xchange program | S | |
| b | Scholarly research | | е Г | Other | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how th | ey further th | e organızatıon's e | exempt purpose in | |
| 5 | During the year, did the organization solicit | | , | | | _ | _ |
| Do | assets to be sold to raise funds rather than t | | | | | <u> </u> | Yes No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | ion answered | res to form 990 | U, |
| 1a | Is the organization an agent, trustee, custoc included on Form 990, Part X? | | | | s or other assets | | Yes |
| b | If "Yes," explain the arrangement in Part XII | I and complete the fo | llowing | table | | | |
| | | | | | | Amo | unt |
| С | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| e | Distributions during the year | | | | 1e | | |
| f | Ending balance | | | | 1f | <u> </u> | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 2 | 217 | | | J | Yes No |
| ь | If "Yes," explain the arrangement in Part XII | | | | | | <u></u> |
| Pa | rt V Endowment Funds. Complete | f the organization a (a)Current year | answe (b)Prio | | | irt IV, line 10. d)Three years back (e | NEour vears back |
| 1a | Beginning of year balance | 10,208,802 | (D)FIIO | 5,180,966 | 219,138 | 201,200 | 201,200 |
| b | Contributions | 5,181,953 | | 5,000,775 | 5,000,000 | 17,938 | |
| c | Net investment earnings, gains, and losses | 20.722 | | 27.064 | 5.440 | | |
| d | Grants or scholarships | 39,783 | | 27,061 | -6,140 32,032 | | |
| e e | Other expenditures for facilities | | | | 32,032 | | |
| • | and programs | 7,500,000 | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | 7,930,538 | 1 | .0,208,802 | 5,180,966 | 219,138 | 201,200 |
| 2 | Provide the estimated percentage of the cur | rent year end balance | (line 1 | g, column (a |)) held as | | |
| а | Board designated or quasi-endowment ► | | | | | | |
| b | Permanent endowment ► 99 410 % | | | | | | |
| c | remporarily restricted endowinent | 90 % | | | | | |
| 2- | The percentages in lines 2a, 2b, and 2c sho | | | | d - d | 4.10. 0 | |
| За | Are there endowment funds not in the posse organization by | ssion of the organizati | on that | are nero and | u auministereu io | rtile | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) | No |
| | (ii) related organizations | | | | | 3a(ii) | No |
| _ | If "Yes" to 3a(II), are the related organization | • | | | | 3b | |
| 4 Par | Describe in Part XIII the intended uses of the type Land, Buildings, and Equipme | | | | swored 'Ves' to | Serm 000 Part | TV line |
| FGI | 11a. See Form 990, Part X, line | | e orga | ilization an | iswered res to | 7 TOTTI 330, Part | iv, iiie |
| | Description of property | | | a) Cost or othersis (investmen | | r (c) Accumulated depreciation | (d) Book value |
| 1a | and | | | | | | |
| b I | Buildings | | | | | | |
| c l | _easehold improvements | | | | 264,29 | 142,084 | 122,214 |
| d I | Equipment | | | | 434,76 | 386,447 | 48,314 |
| | | | | | | | |
| | Other | | | (=) | 1,694,01 | 1,038,600 | 655,413 825,941 |

| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
|---|---------------------------|--|
| (including name of security) | (2)2001. Turus | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | |
| Part VIII Investments—Program Related. C | omplete ıf the organızatı | ion answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | + | |
| Part IX Other Assets. Complete if the organization | | |
| (a) Descr | ription | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 | | |
| Part X Other Liabilities. Complete if the organization of the organization of the property | anization answered 'Yes' | to Form 990, Part IV, line 11e or 11f. See |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | |
| | | |
| | | |
| | | - |
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| | | |
| | | |
| | 1 | 4 |
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| | | |
| | + | - |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | † |
| Total (Column (b) mast equal form 330, fart A, coll b) mic 23 / | | |

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 4B - OTHER

10,912,781

INTERCOMPANY ELIMINATIONS 600,870

| Par | | evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line | | nts With Revenue | oer Re | eturn Complete if |
|--------------|--|--|----------|-------------------|----------|-------------------|
| 1 | | er support per audited financial statements | | | 1 | 17,795,928 |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains on invest | ments | 2a | 174,893 | | |
| b | Donated services and use of fa | acılıtıes | 2b | 106,334 | | |
| c | Recoveries of prior year grants | s | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | 4,476,027 | | |
| e | Add lines 2a through 2d . | | | | 2e | 4,757,254 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 13,038,674 |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | 600,870 | | |
| c | Add lines 4a and 4b | | | | 4c | 600,870 |
| 5 | Total revenue Add lines 3 and | d 4c. (This must equal Form 990, Part I, lin | e 12) | | 5 | 13,639,544 |
| Part | | xpenses per Audited Financial St | | | s per | Return. Complete |
| 1 | | swered 'Yes' to Form 990, Part IV, lin | | | 1 | 29,741,240 |
| 2 | · | t not on Form 990, Part IX, line 25 | | | - | 29,741,240 |
| ∠ a | | acilities | . 2a | 106,334 | | |
| b | | | _ | 100,334 | 1 | |
| c | | | 20 2c | | 1 | |
| d | | | 2d | 10,912,781 | 1 | |
| e | Add lines 2a through 2d | | Zu | 10,512,701 | 2e | 11,019,115 |
| 3 | _ | | | | 3 | 18,722,125 |
| 4 | | O, Part IX, line 25, but not on line 1: | | | <u> </u> | 10,722,123 |
| a | | uded on Form 990, Part VIII, line 7b. | . 4a | 1 | | |
| b | | | 4b | 600,870 | 1 | |
| c | Add lines 4a and 4b | | | | 4c | 600,870 |
| 5 | | nd 4c. (This must equal Form 990, Part I, li | ne 18) | | 5 | 19,322,995 |
| Part | XIII Supplemental Inf | <u> </u> | , | | _ | |
| Prov Part | ide the descriptions required for | Part II, lines 3, 5, and 9, Part III, lines 1; , lines 2d and 4b, and Part XII, lines 2d an | | | | de any additional |
| | Return Reference | Explanation | | | | |
| PART | V, LINE 4 | THE FOUNDATION USES THESE ENDO | WMEN | FUNDS FOR SCHOLA | RSHIP | S |
| PART | XI, LINE 2D - OTHER | REVENUE FROM AFFILIATES INCLUDE | DONC | ONSOLIDATED FINAI | NCIAL | STATEMENTS |
| | STMENTS | 4,476,027 | | | | |
| | XI, LINE 4B - OTHER STMENTS | INTERCOMPANY ELIMINATIONS 600, | 870 | | | |
| | XII, LINE 2D - OTHER | EXPENSES FROM AFFILIATES INCLUD | EDON | CONSOLIDATED FINA | NCIAL | LSTATEMENTS |

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
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Schedule D (Form 990) 2013

DLN: 93493309021644

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. See separate instructions. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

| | e of the organization LEGE SUCCESS FOUNDAT | TON | | | | Employer iden | tification number |
|------------------|---|--|---|---|--|---|--|
| O L | LEGE SUCCESS FOUNDAT | ION | | | | 91-2036088 | |
| 'a | | tivities. Complete s are not required | | | | o Form 990, Part IV, | line 17. |
| a b c d | Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten higher | icitations s a written or oral agree! Form 990, Part VII) o st paid individuals or e | ment with | e f g n any indi ^o in connec | Solicitation of non-Solicitation of government Special fundraising vidual (including officers tion with professional fundraising fundraising officers to solicition with professional fundraising officers to solicition with professional fundraising officers. | ergovernment grants ernment grants g events s, directors, trustees undraising services? | V Yes I N o |
| • | to be compensated at leas i) Name and address of | t \$5,000 by the organ | (iii) fundrai cust cont contrib | Did ser have ody or rol of outlons? | (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 |
| 4 | | EVENT PLANNING | Yes | No | | | |
| 1 | TERESA I GOODMAN CONSULTING 2103 NE 33RD PL | & MGMT, SPONSOR SOLICITATION | | No | 398,655 | 27,379 | 371,276 |
| 2 | RENTON, WA 98056 | FUNDRAISING | | | | | |
| _ | PYRAMID COMMUNICATIONS 1932 1ST AVE STE 507 | STRATEGY, PLANNING, & MATERIALS | | No | 0 | 256,977 | -256,977 |
| 3 | JOAN CAINE 14729 38TH AVE NE LAKE FOREST PARK, WA 98155 | DEVELOP STRATEGIC FUNDRAISING PLAN | | No | 0 | 68,250 | -68,250 |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| .0 | | | | | | | |
| ota | 1 | | | • | 398,655 | 352,606 | 46,049 |
| 3 | List all states in which the registration or licensing | organization is registe | ered or li | censed to | solicit contributions or | has been notified it is | exempt from |

| Sche | dule | G (Form 990 or 990-EZ) 2013 | | | | Page 2 | | | | |
|-----------------|-------|---|---|--|-------------------------------------|--|--|--|--|--|
| Pa | rt II | Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g | aising event contributi | | | | | | | |
| | | | (a) Event #1 COSTCO BREAKFAST (event type) | (b) Event #2 EMPOWERING YOUTH SEATTLE LUNCHEON (event type) | (c) O ther events 3 (total number) | (d) Total events (add col (a) through col (c)) | | | | |
| \$ | 1 | Gross receipts | 3,612,835 | 482,612 | 901,273 | 4,996,720 | | | | |
| Revenue | 2 | Less Contributions | 3,567,044 | , | | | | | | |
| <u>*</u> | 3 | Gross income (line 1 minus line 2) | 45,791 | | | 177,566 | | | | |
| | 4 | Cash prizes | | | | | | | | |
| m | 5 | Noncash prizes | | | 15,000 | 15,000 | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | 24,160 | 24,160 | | | | |
| | 7 | Food and beverages . | 54,547 | 46,292 | 49,784 | 150,623 | | | | |
| | 8 | Entertainment | 46,829 | 26,588 | 8,194 | 81,611 | | | | |
| à | 9 | Other direct expenses . | 127,946 | 43,178 | 109,534 | 280,658 | | | | |
| | 10 | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | | | | | |
| | 11 | Net income summary Subtract li | ne 10 from line 3, column | (d) | • | -374,486 | | | | |
| Par | t II | Gaming. Complete if the or \$15,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | rted more than | | | | |
| Revenue | | φ <u>τογούο στι τοτιπί σσο ΕΕ</u> γ πι | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | | | | |
| <u>~</u> | 1 | Gross revenue | | | | | | | | |
| Ses | 2 | Cash prizes | | | | | | | | |
| Expen | 3 | Non-cash prizes | | | | | | | | |
| Direct D | 4 | Rent/facility costs | | | | | | | | |
| ă | 5 | Other direct expenses | | | | | | | | |
| | 6 | Volunteer labor | ☐ Yes | ✓ Yes | │ Yes | | | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column (| d) | | | | | | |
| | 8 | Net gaming income summary Subt | ract line 7 from line 1, co | lumn (d) | | | | | | |
| 9 | | ter the state(s) in which the organiza | | | | | | | | |
| a b | Ist | the organization licensed to operate | gaming activities in each | of these states? | | . 「Yes 「No | | | | |
| | | | | | | | | | | |
| 10a b | | re any of the organization's gaming | licenses revoked, suspen | ded or terminated during | the tax year? | | | | | |

| | | | | | | 1: |
|----------|--|------------------------|---|----------------------|----------------|---------|
| Does | s the organization operate gaming activi | ties with nonmember | rs? | | T Yes T No | |
| 12 | Is the organization a grantor, beneficia | | | | | |
| | formed to administer charitable gaming | g [,] | | | · Fyes [| – No |
| 13 | Indicate the percentage of gaming act | ıvıty operated ın | | | | |
| а | The organization's facility | | | | | % |
| b | An outside facility | | | 13b | | % |
| 14 | Enter the name and address of the per | son who prepares the | e organization's gaming/special e | vents books and reco | ords | |
| | Name ▶ | | | | | |
| | Address 🟲 | | | | | |
| 15a b | Does the organization have a contract revenue? | evenue received by t | the organization 🟲 \$ | | · · 「Yes「 | – No |
| | amount of gaming revenue retained by | the third party 🟲 \$ _ | | | | |
| C | If "Yes," enter name and address of th | e thırd party | | | | |
| | Name ▶ | | | | | |
| | Address ► | | | | | |
| 16 | Gaming manager information | | | | | |
| | Name 🕨 | | | | | |
| | Gaming manager compensation ► \$ | | | | | |
| | Description of services provided | | | | | |
| | Director/officer | E mployee | ☐ Independent cor | ntractor | | |
| 17 | Mandatory distributions | | | | | |
| а | Is the organization required under stat | e law to make charit | able distributions from the gaming | g proceeds to | | |
| | retain the state gaming license? | | | | ┌ Yes 「 | — No |
| b | Enter the amount of distributions requi | red under state law (| distributed to other exempt organi | ızatıons or spent | | |
| | ın the organızatıon's own exempt actıv | ities during the tax y | ∕ear ⊳ \$ | | | |
| Pai | | 5b, 15c, 16, and 1 | xplanations required by Part I 7b, as applicable. Also compl | | | and |
| | Return Reference | | Explanat | ıon | | |
| | | <u> </u> | <u> </u> | | rm 990 or 990- | 7) 2012 |

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

COLLEGE SUCCESS FOUNDATION

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
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493309021644

Open to Public
Inspection

Employer identification number

91-2036088 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of (a) Name and address of (c) IRC Code section (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (h) Purpose of grant organization if applicable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) (1) SEATTLE UNIVERSITY 91-0565006 501(C)(3) 1,669,598 STUDENT COLLEGE 901 12TH AVE SCHOLARSHIPS SEATTLE, WA 98122 STUDENT COLLEGE (2) UNIVERSITY OF 94-3079432 GOVERNMENT 1,669,598 WASHINGTON SCHOLARSHIPS PO BOX 355820 SEATTLE, WA 98195 (3) WASHINGTON SPACE 91-6001537 501(C)(3) 8,000 STUDENT SUMMER GRANT CONSORTIUM RESEARCH PO BOX 351310 SEATTLE, WA 98195 (4) CENTRUM 23-7348302 501(C)(3) 5,100 STUDENT DANCE PO BOX 1158 THEATER PORT TOWNSEND, WA 98368

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

| (a)Type of grant or assistance | (b) Number of recipients | (c) 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| • | 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 |
| , | RECONCILIATION OF SCHEDULE I - PART III TO FORM 990, PART IX, LINE 2 TOTAL GRANTS PER SCHEDULE I, PART III \$10,537,948 LESS ACCRUED SCHOLARSHIPS PAYABLE FOR CURRENT YEAR ACHIEVERS ACCRUED SCHOLARSHIP \$3,630,569 WASHINGTON STATE OPPORTUNITY SCHOLARSHIP \$2,671,187 GOVERNORS ACCRUED SCHOLARSHIP \$17,869 PLUS COMMITMENT EXPENSE L1000 ACCRUED SCHOLARSHIP \$695,854 REALIZE THE DREAM SCHOLARSHIP \$3,070 TOTAL GRANS PAID REPORTED ON FORM 990, PART IX, LINE 2 \$4,917,247 |

Additional Data

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 | 890 | | 4,342,652 | FMV | SCHOLARSHIPS |
| GOVERNORS SCHOLARSHIP GRANT | 142 | | 309,629 | FMV | SCHOLARSHIPS |
| LEADERSHIP 1000 SCHOLARSHIP GRANT | 246 | | 954,650 | FMV | SCHOLARSHIPS |
| GETTING READY FOR SUCCESS | 74 | | 74,720 | FMV | SCHOLARSHIPS |
| REALIZE THE DREAM | 185 | | 629,505 | FMV | SCHOLARSHIPS |
| O WINES OPPORTUNITY FOR SUCCESS | 11 | | 42,168 | FMV | SCHOLARSHIPS |
| USA FUNDS - JUMPSTART | 13 | | 2,383 | FMV | SCHOLARSHIPS |
| WASHINGTON STATE OPPORTUNITY SCHOLARSHIP | 2698 | | 4,114,373 | FMV | SCHOLARSHIPS |
| HERO STUDENT LAPTOP PROGRAM | 226 | | 67,868 | FMV | LAPTOPS |

DLN: 93493309021644

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

91-2036088

| Pai | rt I Questions Regarding Compensation | | | |
|-----|--|----|-----|-----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ✓ Compensation committee | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| 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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | Νo |
| b | Any related organization? | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | 110 |

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

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

Note. The sum of columns (B)(I)-(III) 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) Compensation |
|-------------------------------------|-------------|--------------------------|---|---|--------------------------------|------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & ıncentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported as deferred in prior Form 990 |
| (1)BOB CRAVES CEO - THROUGH 8/13 | (i) (ii) | 142,050 0 | 0 0 | 0 | 14,937 0 | 9,982 0 | 166,969 0 | 0 0 |
| (2)DEBORAH WILDS PHD COO | (i) (ii) | 194,334 0 | 0 | 0 | 19,635 0 | 6,895 0 | 220,864 | 0 |
| (3)HERBERT TILLERY BOARD MEMBER | (i) (ii) | 0 179,660 | 0 0 | 0 | 0 18,045 | 0 569 | 0 198,274 | 0 |
| (4)JOHN MCDOWELL CFO | (i) (ii) | 132,284 0 | 0 | 0 | 13,368 0 | 6,417 0 | 152,069 | 0 |
| (5)SUE BYERS PROGRAM MGR | (i) (ii) | 146,600 0 | 0 | 0 | 14,841 0 | 6,746 0 | 168,187 0 | 0 |

Schedule J (Form 990) 2013

Part III Supplemental Information

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

| 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) 2013

DLN: 93493309021644

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

| | | | | 91 | -2036088 | | | |
|-----|---|----------------------------------|--|---|-------------------------------|-----|-----|-----|
| Pa | rt 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 | Method of a noncash contri | | _ | nts |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | goods | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | Х | 1 | 2,007 | FM∨ | | | |
| 10 | Securities—Closely held stock . | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| | Qualified conservation | | | | | | | |
| | contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—O ther | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| | Other►(| X | 19 | 15,570 | FM∨ | | | |
| | CTION ITEMS) | | 200 | 1 5 000 | EMAN / | | | |
| | Other►(ZES) | X | 200 | 15,000 | | | | |
| | Other►(DD,ETC) | X | 1,330 | 13,415 | FMV | | | |
| | Other►(E - EVENTS) | . X | 188 | 2,272 | FMV | | | |
| 29 | Number of Forms 8283 received by the for which the organization completed F | | | | 9 | | | 0 |
| | | | | | |] | Yes | No |
| 30a | During the year, did the organization | | | | | | | |
| | it must hold for at least three years fr | | | , and which is not required | l to be used | | | |
| | for exempt purposes for the entire ho | ldıng period | [?] | | | 30a | | Νo |
| b | If "Yes," describe the arrangement in | Part II | | | | | | |
| 31 | Does the organization have a gift acc | eptance po | licy that requires the revie | w of any non-standard co | ntributions? | 31 | Yes | |
| 32a | Does the organization hire or use thir contributions? | d parties or | related organizations to s | olicit, process, or sell noi | ncash • • • | 32a | | Νo |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report an a describe in Part II | mount in co | olumn (c) for a type of prop | erty for which column (a) | ıs checked, | | | |

| | nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information. |
|------------------|--|
| Return Reference | Explanation |
| , , , | DONATED PUBLICLY TRADED STOCK IS ON A PER CONTRIBUTOR BASIS OTHER PROPERTY |

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309021644

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Name of the organization COLLEGE SUCCESS FOUNDATION

Employer identification number

91-2036088

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEER SERVICES | |
| 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 IN TERIM 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 IN TEREST 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 C OMMITTEE TO THE PERSONNEL AND COMPENSATION COMMITTEE AND VOTED ON BY THE BOARD OF DIRECTOR S EXTERNAL MARKET SALARY REVIEWS ARE CONDUCTED FOR ALL POSITIONS, INCLUDING THE CEO'S, EV ERY 3-4 YEARS A REVIEW OF THE CEO POSITION WAS COMPLETED AND PRESENTED TO THE PERSONNEL A ND COMPENSATION COMMITTEE IN AUGUST 2013 ALL OTHER OFFICER SALARIES ARE REVIEWED BY THE P ERSONNEL AND COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS IF THE BOARD A PPROVES INCREASES FOR ALL STAFF, THE CEO AND BOARD CHAIR REVIEW EACH INDIVIDUAL IN THE ADM INISTRATION PROCESS OF INCREASES COMPENSATION INCREASES FOR THE 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: 93493309021644

2013

OMB No 1545-0047

Open to Public . Inspection

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization COLLEGE SUCCESS FOUNDATION

(Form 990)

SCHEDULE R

Employer identification number

| | | | | 91-20360 | 88 | | |
|---|---|---|----------------------------|---|--------------------------------------|--------------------|----------|
| Part I Identification of Disregarded Entities Com | nplete if the organization a | answered "Yes" or | n Form 990, Part | IV, line 33. | | | |
| (a) Name, address, and EIN (ıf applıcable) of dısregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income Ei | (e) nd-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during | | l he organization ar | nswered "Yes" or | 1 Form 990, Pa | art IV, line 34 because it | had on | ıe |
| (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 st (if section 501(c | | Section (13) co | |
| (1) COLLEGE SUCCESS FOUNDATION - DISTRICT OF COLUMBIA 1605 NW SAMMAMISH ROAD SUITE 200 | COLLEGE SCHOLARSHIPS AND PROGRAMS FOR DC HIGH SCHOOL STUDENTS | WA | 501(C)(3) | 11A - TYPE I | COLLEGE SUCCESS FOUNDATION | Yes | |
| ISSAQUAH, WA 98027 20-5561911 (2) WASHINGTON STATE MENTORS | SUPPORT TO WASHINGTON STATE MENTORING | WA | 501(C)(3) | 11A - TYPE I | COLLEGE SUCCESS FOUNDATION | Yes | <u> </u> |
| 1605 NW SAMMAMISH ROAD SUITE 200 ISSAQUAH, WA 98027 20-8335617 | ORGANIZATIONS | | | | | | |
| | | | | | | | |
| | | | | | | + | |
| | | | | | | | |
| | | | | | | | |
| For Dananuark Paduction Act Natice can the Instructions for Form | 000 | Cat No E01 | <u> </u> 25V | l | Schodulo P (Form | ~ 000\ 2 | 012 |

| (a) Name, address, and EIN of related organization | | (b) Primary activit | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | | Dispro | prtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging :ner? | (k) Percentag ownersh |
|---|--|-------------------------------|--|--------|---|---------------------------------|---------------------|--------------------------------------|-----------------|---|--|--|-----------------------------|
| | | | | | 314) | | | Yes | No |] | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V Identification of Related Org | | | | | | | | were | d "Yes | " on Form | 990, | Part | IV, |
| (a) Name, address, and EIN of related organization | (b) (c) Primary activity Legal domici (state or fo | | egal Direct contro nicile entity | | ring (e) (1) Type of entity Share of corp, corp, or trust) | | total Share e of | (g) e of end- f-year assets | | | (i) Section 512 (b)(13) controlled entity? | | ! |
| | | | | | 1 | <u> </u> | | | _ | | Yes | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | _ | + | | | ed "Yes" on For | | | | + |

| Part \ | Transactions With Related Organizations Complete if the organization and | swered "Yes" on For | rm 990, Part IV, lin | e 34, 35b, or 36. | | | |
|-----------------|--|---|------------------------|---------------------------------|-------|---------|----|
| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| 1 Durin | g the tax year, did the orgranization engage in any of the following transactions with one or more | e related organizations | listed in Parts II-IV? | • | | | |
| a Re | ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | Yes | |
| b Gif | t, grant, or capital contribution to related organization(s) | | | | 1b | | No |
| c Gıf | t, grant, or capital contribution from related organization(s) | | | | 1c | | No |
| d Lo | ans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| e Lo | ans or loan guarantees by related organization(s) | | | | 1e | | No |
| f Div | vidends from related organization(s) | | | | 1f | | No |
| g Sa | le of assets to related organization(s) | | | | 1g | | No |
| h Pu | rchase of assets from related organization(s) | | | | 1h | | No |
| i Exc | change of assets with related organization(s) | | | | 1i | | No |
| j Lea | ase of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| | | | | | | | |
| k Le | ase of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| I Per | formance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | |
| m Per | formance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No |
| n Sha | iring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| o Sh | aring of paid employees with related organization(s) | | | | 10 | Yes | |
| | | | | | | | |
| p Re | imbursement paid to related organization(s) for expenses | | | | 1p | | No |
| q Re | imbursement paid by related organization(s) for expenses | | | | 1q | Yes | |
| | | | | | | | |
| r Otl | ner transfer of cash or property to related organization(s) | | | | 1r | | No |
| s Ot | her transfer of cash or property from related organization(s) | | | | 1s | | No |
| 2 Ift | he answer to any of the above is "Yes," see the instructions for information on who must compl | ete this line, including | covered relationships | and transaction thresholds | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining an | nount | nvolved | J |
| 1) WASHI | NGTON STATE MENTORS | Α | 26,000 | BOOK VALUE | | | |
| 2) WASHI | NGTON STATE MENTORS | L | 106,000 | BOOK VALUE | | | |
| 3) COLLE | GE SUCCESS FOUNDATION - DISTRICT OF COLUMBIA | L | 468,870 | BOOK VALUE | | | |
| | | | | | | | |
| | | | | | | | |

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

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--|----|--|---|----------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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