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Form **99**0

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Ā	For the	e 2014 cale	ndar year, or tax year begin	ning	April 1	, 2014, a	and ending	Mar Mar	ch 31	, 20 15	
В	Check	ıf applıcable.	C Name of organization Weste	rn States L	earning Corporat	ion			D Employ	er identification i	ıumber
	Address	s change	Doing business as Align							43-2038597	
	Name o	·	Number and street (or P O bo	x if mail is no	t delivered to street a	ddress)	Room/suit	te	E Telepho	ne number	
	Initial re	· 1	1401 Airport Parkway				;	300		(307) 772-9100	J
		um/terminated	City or town, state or province	, country, and	ZIP or foreign posta	l code					
Ē	Amended return Cheyenne WY 82001-1543									eceipts \$	3178299
Ħ			F Name and address of principal	officer. Pl	nillio F Van Horn			H(a) Is this a o	roup return for	subordinates? Ye	s 🗸 No
	, фроц	o por.og	Same as C above							es included? 🗌 Ye	
_	Tayleye	empt status)1(c) () ◀ (insert no) ☐ 4	947(a)(1) or	527	⊣ ''		a list (see instructi	
<u>'</u> -	Website		v.thealignteam.org	71(0) (, , , , , , , , , , , , , , , , , , , ,	3 11 (a)(1) 01.		H(c) Group	exemption	number 🕨	
ĸ				sociation	Other ►	L Yea	ar of formati			of legal domicile	WY
	art I	Summ									
	1		scribe the organization's	mission or	most significant	activities:	Provide	manageme	nt, consu	Ilting and educ	ational
ø	-	-	or other charitable and non							············	
Governance		301 11003 1	01 01101 01101110010 111011	.P							
E	2	Check th	is box ▶□ if the organiza	tion discor	ntinued its opera	tions or di	sposed o	f more than	1 25% of	its net assets.	
ò	3		of voting members of the						I -		5
	4		of independent voting mer				, line 1b)		4		3
es	5		nber of individuals employ						5		23
Ξ	6		nber of volunteers (estima		•				6		0
Activities &	7a		elated business revenue fr						7a	-	0
•	ь		ated business taxable inc						7b		0
	-	110t dillo	atod backlobe taxable inte		RECEIVE	ED T		Prior Ye		Current \	
	8	Contribut	nons and grants (Part VIII,	line (h)		S	۱ 				
Revenue	9		service revenue (Part VIII,		AUC .11 . 4.20				4678256		2207427
Ş	10		nt income (Part VIII, colum		AUG ·1 ·4 ·20	112			48388		150168
æ	11		enue (Part VIII, column (A)						600		180
	12		enue—add lines 8 through				ne 12)		4727244		2357775
	13		nd similar amounts paid (F						1,2,211		
	14		paid to or for members (Pa								
	15		other compensation, emplo				5-10)		1511799		1391859
Expenses	16a		nal fundraising fees (Part						1011700		1001000
ĕ	b		draising expenses (Part IX				· ·				1
ă	17		penses (Part IX, column (A						1221126		1202870
	18		enses. Add lines 13–17 (n						2732925		2594729
	19		less expenses. Subtract li					· · · ·	1994319		236594)
_ v		Hevenue	less expenses. Oubtract in	10 11011	11110 12	• • •		Seginning of Cu		End of Y	
ar S	20	Total acc	ets (Part X, line 16)				-		6568614		5297464
Asse	21		(5		• • • • •		· ·		1192150	1	166987
Net Assets or Fund Balances	22		s or fund balances. Subtr		from line 20				5376464		5130477
	art II		ure Block						0070101	l .	0.00
_			y, I declare that I have examined	this return.	ncluding accompany	na schedules	and staten	nents, and to t	he best of	mv knowledge an	d belief, it is
tru	e, correc	ct, and comple	ete Declaration of preparer (other	r than officer)	is based on all inform	nation of which	ch preparer	has any knowl	edge	, ,	•
_		1124	hills & 1/cm	100				1	Aug	11 2015	
Sig	'n	Šigna	ature of officer	<u> </u>				/Da			
Here PHILLIPF. VAN HOEN CEO											
Type or print name and title											
_	ابد :	_1\	pe preparer's name	Prepar	er's signature		Dat	te,	Chant	PTIN	
Pa		Bran	dy Marron	<	and while	mar	9	15/15	Check self-em	— .	04639
	epare	71 <u> </u>		Paiz IID		🚾		 	n's EIN ▶	83-0331	
US	e On	IV	idress ► PO Box 1088, Che		82003				ne no	(307) 634-2	
Ma	v the IF		this return with the prepa			tructions)					s No

Form 99	00 (2014) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Help organizations and businesses advance toward their mission through customized solutions, including program management,
	knowledge development and trusted advising.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 2254828 including grants of \$) (Revenue \$ 2207427)
74	Provided planning, consulting, training, and business services to over 50 non-profit and governmental entities, primarily in Wyoming.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program persian sympnosis A 2014020

Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	✓
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		Ľ.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	✓	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	✓	
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		1
С	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			,
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	14b		√
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.	15		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		√
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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	17		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>√</u>
	If "Yes," complete Schedule G, Part III	19		<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
		,		

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
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		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d		√
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	25a 25b		√
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 "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	<u> </u>	✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

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Part				_
	Check if Schedule O contains a response or note to any line in this Part V		· .	
4-	5 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0.	-1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
b	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	ľ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		١,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		j
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		V
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	
С	required to file Form 8282?	7c		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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. Did a donor advised fund maintained by the			لـــ ـــا
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.	_		ز ز
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ <u>.</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			1
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		į
11	Section 501(c)(12) organizations. Enter:	1 1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u>'</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			,
_	the organization is licensed to issue qualified health plans	1		,
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in School of O	1/16	-	<u> </u>

Part				
·	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Cast	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·</u>	•	. <u>V</u>
Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			ĺ
	if the governing body delegated broad authority to an executive committee or similar			ŀ
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
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		1
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? .	,		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b	, .	V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a b	The governing body?	8a 8b	√	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44	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	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	\	
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		1
13	Did the organization have a written whistleblower policy?	13		\
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	· · · · · · · · · · · · · · · · · · ·	15a	√	
a b	· · · · · · · · · · · · · · · · · · ·	15b	∀	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.05	•	
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		√
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]	
Cooti		16b		
<u>3ectio</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	:)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	(-,(-,0	J. 11 y /
	☐ 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 inte	rest p	olicy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	>	
	William Benskin, 1401 Airport Pkwy Ste 300, Cheyenne, WY 82001-1543 (307) 772-9002			

Form 990 (2014)

Part VII	Compensation of Officers, Directors, Ti	rustees, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
riallo and rillo	hours per					or/trus		compensation	compensation from	
	week (list any hours for	익물	5	Q	Š	9.∓	ਨ੍ਹਾ	from the	related organizations	other compensation
	related	divid	i ii	Officer	y e	항	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	Î		큏	yee c	"	(W-2/1099-MISC)		organization and related
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Į		-		organizations
		stee	uste		"	ens:				J
			8			Highest compensated employee				
(1) James Murphy	1.0			١.						
Director / Chair of the Board		✓		✓	<u> </u>			0	0	0
(2) Phillip Van Horn	40.0	_	1	_		ŀ				
Director / President		✓		✓	<u> </u>	L		162329	0	10214
(3) Ed Boenisch	1.0	_	ļ	١.			ļ	}		
Director / Secretary / Treasurer		✓		✓	_			0	0	0
(4) Anna Marie Hales	1.0	_								
Director		✓		L	<u> </u>			0	0	0
(5) Mona Pearl	40.0							į		
Director / Executive VP		✓		✓	_			135885	0	10299
(6) William Benskin	40.0									
Assistant Treasurer / CFO				✓				102489	0	11833
(7) Kathy Cathcart	40.0				İ					
Assistant Secretary / VP			L	✓				92300	0	13409
(8)										
				L						
(9)				İ		ŀ				
(10)										
			_							
(11)										
					<u></u>					
(12)							l			
(13)	ļ						Ì	1		
		·								
(14)										

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, aı	nd F	lighe	st C	ompensated E	mployees	(continu	ıed)		
•					-	C)								
	(A)	(B)	(do n	ot ch		ition more	than e	one	(D)	(E)			(F)	
	Name and title	Average	box,	unies	s pe	rson	is both	an	Reportable	Reporta	I .		mated	
		hours per week (list any		er and		_	or/trus		compensation	compensation related			ount of	
		hours for	Individual trustee or director	Inst	Officer	Key employee	l agu	Former	the	organizati	ions		ensation	n
		related	li e	₫	<u>e</u>	em	oloy	T eq	organization (W-2/1099-MISC)	(W-2/1099-	MISC)		m the	
		organizations below dotted	호후	ona		탕	8 8		(W-2/1099-MIGC)				nızatıon related	
		line)	rust	켤	ļ	ee.	npe					organ	nizations	3
			e	Institutional trustee			Highest compensated employee	İ		ĺ	i i			
				Ů		<u> </u>	8	<u> </u>						
(15)														
		ļ								ļ				
(16)														
											\longrightarrow			
(17)											1			
(18)														
(19)											İ			
							ļ	<u> </u>						
(20)							i				ŀ			
(21)														
(22)														
(23)											- T			
(24)														
3														
(25)														
31														
1b	Sub-total							▶	493003		0			5755
С	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)							▶	493003		0		4	5755
2	Total number of individuals (including but							e) w		ore than \$1	00.000	of		
	reportable compensation from the organi							,			,	-		
		<u> </u>											Yes	No
3	Did the organization list any former of	ficer, direct	tor, o	r tr	uste	e, l	key e	mp	loyee, or high	est compe	ensated			
	employee on line 1a? If "Yes," complete 3							-		-		3		1
4	For any individual listed on line 1a, is the	sum of rec	oortab	ole d	com	nper	satio	n ai	nd other comp	ensation fr	rom the			
•	organization and related organizations													
	individual	-							-			4	1	
5	Did any person listed on line 1a receive of									ation or inc	dividual			
•	for services rendered to the organization?											5		.
Section	n B. Independent Contractors		'-						·					•
1	Complete this table for your five highest of	compensate	ed ind	lene	nde	ent (contr	acto	ors that receive	d more tha	an \$100	1,000 of		
•	compensation from the organization. Rep													¥
	year.	on compon	1041.0					~. ,	ou. onanig mi			ar in Earli	5	^
	(A)			-					(B)			(C)		-
	Name and business add	ress							Description of se	ervices	(Compens	ation	
		· · · · · ·	-											
														
					-									
						-								
2	Total number of independent contracto	ro (includi-	a b		+ 1:	mi+-	2d +-	44-	200 listed ===					
2	received more than \$100,000 of compens							เกต		ve) wno				
	received infore than proopout of compens	auvii IIVIII I	HE OF	yaii	احطا	וווטו	_		-0-					

Fair	VIII	Check if Schedule C		ponse or note to	any line in this	Part VIII		
		Officer if defreduce C	o contains a res	porise of flote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s 1a					
iran	ь	Membership dues .				İ		
, Š	C	Fundraising events .						
ar A	d	Related organizations						
imil	е	Government grants (cor	ntributions) 1e			ŀ		
tion er S	f	All other contributions, g						
the state	ļ	and similar amounts not inc	cluded above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	ded in lines 1a-1f. \$					
<u>ರಿ ಕ</u>	h	Total. Add lines 1a-1	f <u></u>					
Ë				Business Code				
γeΓ	2a	Student loan servicing	fees	561499	271052	271052		
Program Service Revenue	b	Mgmt & administrative	fees	561000	83826	83826		
Κį	С	Consulting/training/bu	s services	611600	1852549	1852549		
Ser	d							ļ
ащ	е						· · · · · ·	ļ
ogr	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2			2207427			1
	3	Investment income						44000
		and other similar amo	•		110503			110503
	4	Income from investmen	•	,				-
	5	Royalties	(i) Real	(ii) Personal				
	_							
	6a	Gross rents	180					
	b	Less: rental expenses		ļ				
	C	Rental income or (loss)	180					
	d	Net rental income or	(i) Securities		180			180
	7a	Gross amount from sales of assets other than inventory						
		Less: cost or other basis	860189			į		
		and sales expenses .	000504					
		Gain or (loss)	820524 39665					
	C	Net gain or (loss)			39665			39665
	d	inet gain or (loss) .		· · · · ·	39003		,	3500.
Other Revenue	8a	Gross income from fuevents (not including \$	undraising					
er Re		of contributions reported See Part IV, line 18 .						
Ĕ	b	Less: direct expenses	s b					
U	C	Net income or (loss) f		events . >				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	a					
	b	Less: direct expenses	s b					
	С	Net income or (loss) f	from gaming acti	vities ►				
	10a	Gross sales of in	iventory, less					
		returns and allowance	es a					
	ь	Less: cost of goods s	sold b					
		Net income or (loss) f		entory >				
		Miscellaneous F	Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-	-11d	>				
	12	Total revenue. See in	netructions	.	2257775	2207427		150249

Form 990 (2014) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	II other organization	s must complete col	umn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			,						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	532690	452787	79903						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	702275	596934	105341						
9	Other employee benefits	61979	52682	9297						
10	Payroll taxes	94915	80678	14237						
11	Fees for services (non-employees):									
а	Management									
b	Legal	8465	8465	4047						
C	Accounting	26979	22932	4047						
d	Lobbying									
e f	Investment management fees	24584		24584						
g	Other. (If line 11g amount exceeds 10% of line 25, column	24304		24304						
9	(A) amount, list line 11g expenses on Schedule O.)	235429	235429							
12	Advertising and promotion	60561	60561							
13	Office expenses	173314	147317	25997						
14	Information technology	79215	67333	11882						
15	Royalties									
16	Occupancy	182457	155088	27369						
17	Travel	43248	43248							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	17220	17220							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	31291	26597	4694						
23	Insurance	16988	14440	2548						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Leased employees	134544	134544							
b	Maintenance contracts	132541	112660	19881						
C	Equipment repair and maintenance	7331	6231	1100						
ď	Memberships	5548	40000	5548	<u></u>					
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	23155	19682	3473						
25 26	Joint costs. Complete this line only if the	2594729	2254828	339901						
۷۵	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			:						

LF	art X	Balance Sheet				
_	1	Check if Schedule O contains a response o	r note to any line in this	Part X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		2436755	1	747846
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1908274	4	161573
	5	Loans and other receivables from current and				
		trustees, key employees, and highest co				
		Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volumes to the section 501(c)(9) vo	nd contributing employers ar	nd		
(۵		organizations (see instructions). Complete Part II of Sche			6	
Assets	7			·	7	
\$55	7	Notes and loans receivable, net			8	
1	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		29295	9	47437
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40-		1	1
	١.	·	10a 15717		10-	
	l	Less: accumulated depreciation	10b 14951			76690
	11	· · · · · · · · · · · · · · · · · · ·		2147387		4263918
	12	investments—other securities. See Part IV, line			12	
	13	Investments—program-related. See Part IV, line			14	
	14	Intangible assets		15		
	15	Other assets. See Part IV, line 11		050004		5207404
	16	Total assets. Add lines 1 through 15 (must equa		6568614	 -	5297464
	17	Accounts payable and accrued expenses		206042	17	160206
	18	Grants payable		19		
	19	Deferred revenue				
	20	Tax-exempt bond liabilities		<u> </u>	20	
	21	Escrow or custodial account liability. Complete I		986108	21	6781
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen	sated employees, an			
iab		disqualified persons. Complete Part II of Schedu			22	
-1	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax,			[
		parties, and other liabilities not included on lines of Schedule D	·	*		
					25	
	26	Total liabilities. Add lines 17 through 25		1192150	26	166987
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		na		;
lan	27	Unrestricted net assets		5376464	27	5130477
Ва	28	Temporarily restricted net assets			28	
g	29	Permanently restricted net assets			29	
2		Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🔲 🛚 ar	nd		1
ğ		complete lines 30 through 34.				
its	30	Capital stock or trust principal, or current funds			30	
256	31	Paid-in or capital surplus, or land, building, or ed			31	
ا ک	32	Retained earnings, endowment, accumulated in	come, or other funds .		32	
ž	33			5376464		5130477
	34	Total liabilities and net assets/fund balances .	<u> </u>	6568614	34	5297464

_	4	
Page	-1	4

_			
Form	990	1201	41

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Form 9	90 (2014)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23	<u> 57775</u>
2	Total expenses (must equal Part iX, column (A), line 25)	2		25	<u>94729</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	(23	6954)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		53	<u>76464</u>
5	Net unrealized gains (losses) on investments	5	(9033)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		51:	<u> 30477</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O.		·		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			1
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1:		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			i
	Schedule O.				
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?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization						Employer identification	n number	
Western States Learning Corporation				43-2038597				
Par							ons.	
The c	rganization is not a private founda							
1	A church, convention of church			ibed in se	ction 17	U(b)(1)(A)(i).		
	☐ A school described in section ☐ A hospital or a cooperative ho			n agetion	170/b\/1	\/A\/;;;\		
3	☐ A medical research organization	spital service org	panization described i	nital descr	ribed in s	://^/(ייי). section 170(b)(1)(A)	(iii). Enter the	
	hospital's name, city, and stat	e:						
	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					iai unit described in	
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup	in sectio port from	a goveri	(1)(A)(v). nmental unit or fron	n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities related support from gross investment acquired by the organization as	receives: (1) mod to its exemptent income and ifter June 30, 197	re than 331/3% of its functions—subject to unrelated business 75. See section 509(a	support for certain of taxable in a)(2). (Con	exception ncome (la nplete Pa	ns, and (2) no more ess section 511 ta art III.)	e than 331/3% of its	
10 11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi d organizations d	vely for the benefit of, escribed in section 5	to perforr 09(a)(1) or	m the fun r section	ctions of, or to carry 509(a)(2). See sect	i on 509(a)(3). Check	
а	☐ Type I. A supporting organize the supported organization(sorganization. You must con	ation operated, s	supervised, or control egularly appoint or ele	led by its	supporte	ed organization(s), t	ypically by giving	
b	☐ Type II. A supporting organicantrol or management of the organization(s). You must control to the organization (s).	e supporting org	ganization vested in th	nection w le same p	ith its supersons the	pported organization at control or manage	n(s), by having ge the supported	
С	☐ Type III functionally integrants supported organization(s)	ited. A supportir (see instructions	ng organization opera s). You must comple	ted in con te Part IV	nection v /, Sectio i	with, and functionallns A, D, and E.	ly integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and		
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt is a Type I, Type	II, Type III	
f	Enter the number of supported	organizations .						
g	Provide the following informatio	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the or listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

•	(Complete only if you checked the Part III. If the organization fails to						ality under
Sect	ion A. Public Support					•	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		l	<u> </u>	ļ		
	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop her					· · · · ·	▶ 📋
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2013 Sch 331/3% support test—2014. If the organization qual box and stop here. The organization qual	zation did not	check the box		d line 14 is 33 ¹	15 /3% or more, cl	meck this . ▶ □
b	331/3% support test—2013. If the organ check this box and stop here. The organi	ization did no	ot check a box	on line 13 or		: 15 is 33¹a% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization me supported organization	ion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and sto	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				_		
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose	3245623	3037096	3041393	4678256	2207427	16209795
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3245623	3037096	3041393	4678256	2207427	16209795
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3					<u> </u>	
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Socti	ine 6.)						16209795
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	3245623	3037096	3041393	4678256	2207427	16209795
10a	Gross income from interest, dividends,	3243023	3037030	3041393	4070230	2207427	10203733
	payments received on securities loans, rents,						
	royalties and income from similar sources .	5821	22899	9578	52614	110683	201595
b	Unrelated business taxable income (less					1,0000	
	section 511 taxes) from businesses			ĺ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	5821	22899	9578	52614	110683	201595
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3251444	3059995	3050971	4730870	2318110	16411390
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Scat:	organization, check this box and stop her on C. Computation of Public Suppor			· · · · ·	• • • • •	· · · · ·	· · <u> </u>
<u>3ecu</u>	Public support percentage for 2014 (line 8			2 column (f)		15	00.77.9/
16	Public support percentage from 2013 Sch	. ,,	•			16	98.77 %
	on D. Computation of Investment Inc			· <u>· · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · </u>	10	99.47 %
17	Investment income percentage for 2014 (I			/ line 13 colum	nn (f))	17	1.23 %
18	Investment income percentage from 2013	·	• • •			18	0.53 %
19a	331/3% support tests - 2014. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a b	ox on line 14.	19a, or 19b, cl	heck this box a	and see instruc	tions ▶ □

Part IV Su

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	'.)	
Sect	ion A. All Supporting Organizations			
		,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	Ь
2	Did the organization have any supported organization that does not have an IRS determination of status			ł
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		ļ	
_	organization was described in section 509(a)(1) or (2).	2	<u> </u>	-
3a	-14 mg -19 mm - 17 mm	3a		
	(b) and (c) below.	Sa	├	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	00		
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	100 100 100 100 100 100 100 100 100 100			
-, -,	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	·
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	<u></u>	
5a	, , , , , , , , , , , , , , , , , , , ,			ĺ
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		ļ	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			ĺ
	was accomplished (such as by amendment to the organizing document).			
		<u>5a</u>	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	-	
C	•	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			1
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			ĺ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			i
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	Ĺ		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			l
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	<u> </u>
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	ļ <u></u>		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
100		9c	-	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	The same and the s		·	

determine whether the organization had excess business holdings.)

10b

Schear	DIE A (FORM 990 OF 990-EZ) 2014			raye 🔾
Part	Supporting Organizations (continued)		1	
•		<u></u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
_	below, the governing body of a supported organization?	11b	<u> </u>	
b	A family member of a person described in (a) above?	11c	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	1110	L	
occi.	on b. Type I dupporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities. If the organization had more than one supported organization,		:	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1	ļ	L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			·
Cast		2	l	<u> </u>
Secti	ion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ¢.		l '
	or management of the supporting organization was vested in the same persons that controlled or managed	\ \ \		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
	U. S. S. S. S. S. S. S. S. S. S. S. S. S.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		,	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		,	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			:
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	}		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2	<u> </u>	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		- 1
Secti	ion E. Type III Functionally-Integrated Supporting Organizations		·	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctru	otion	
1		nsuu	CLIOII	3/.
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	etnicti	onsi
·	The organization supported a governmental chitry. Describe in Fair Vinon you supported a government chitry to	,,,,		,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			'
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.		-	
h	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	, • , •	-	!
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	-	ĺ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ļ ,
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1' Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	****	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-int	tegrated Type III support	ing organization (see

	le A (Form 990 or 990-EZ) 2014	· · · ·		Page 7	
Part		Supporting Organi	zations (continued)	 	
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets		-		
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive		
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С	1				
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.				
4	Distributions for 2014 from Section D, line 7: \$			1	
a	Applied to underdistributions of prior years			,	
b	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			,	
8	Breakdown of line 7:				
а					
b					
С	1				
d	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014				
Part VI	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.)			
,				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Inspection

Name	of the organization		Employer identification number
Weste	rn States Learning Corporation		43-2038597
Pa	t I Organizations Maintaining Donor Ad		ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	r advisors in writing that the assets he ne organization's exclusive legal contro	eld in donor advised ol? Yes . No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		f
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
_	Preservation of open space Complete lines 2a through 2d if the organization h	old a qualified consequence contribute	on in the form of a conseniation
2	easement on the last day of the tax year.	eld a quaimed conservation contribution	Held at the End of the Tax Year
_	•		
a			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified Number of conservation easements included in		
d	historic structure listed in the National Register .	· · · · · · · · · · · · · · · · · · ·	· · 2d
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	asements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspect	cting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text organization's accounting for conservation easement		ancial statements that describes the
Dar	III Organizations Maintaining Collection		Other Similar Assets
ı uı	Complete if the organization answered		outer outline 7000tor
	If the organization elected, as permitted under SF		revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fi	r assets held for public exhibition, ec	lucation, or research in furtherance of
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relat	ing to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	assets for financial gain, provide the ems:
а	Revenue included in Form 990, Part VIII, line 1 .		
	Assets included in Form 990 Part X		• •

Par										
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	ne follov	wing that are a s	ignificar	it use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		е	☐ Other	r					
C	☐ Preservation for future generation									
4	Provide a description of the organiza XIII.	ation's collections a	and expl	ain how t	hey further	the org	ganization's exer	npt purp	iose ii	n Part
5	During the year, did the organization assets to be sold to raise funds rather								'es 「	□ No
Par	IV Escrow and Custodial Arr	angements.								
	Complete if the organization 990, Part X, line 21.								ı Fori	m
1a	Is the organization an agent, trusted included on Form 990, Part X?								′es [·	☑ No
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the fo	ollowing to	able:			mount		
•	Reginning halance					10		mount		
c C	Beginning balance					10				
d	Distributions during the year					16				
e f	Ending balance					11				
2a	Did the organization include an amou							2 7 Y	es [No
	If "Yes," explain the arrangement in F									
Par		are Am. Oncon non	0 11 1110 0	Apianatio.		provid				
	Complete if the organization	n answered "Yes	" to For	m 990. P	art IV. line	10.				
		(a) Current year		or year	(c) Two yea		(d) Three years bac	((e) Fou	ır years	back
1a	Beginning of year balance						<u> </u>			
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and			· -						
	programs									
f	Administrative expenses			_						
g	End of year balance									
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a	i)) held	as:			-
а	Board designated or quasi-endowme		%	-	•					
b	Permanent endowment ▶	%	- -							
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and	2c should equal 10	0%.							
За	Are there endowment funds not in the	ne possession of th	ie organi	zation tha	at are held	and ad	ministered for th	е		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)	└	<u> </u>
	(ii) related organizations							3a(ii)	Щ_	<u> </u>
b	If "Yes" to 3a(II), are the related organ							3b	<u> </u>	<u> </u>
4	Describe in Part XIII the intended use		n's endo	wment fu	unds.					
Part										
	Complete if the organization	n answered "Yes'	" to For	n 990, P	art IV, line	11a. S	See Form 990,	Part X,	line 1	0.
	Description of property	(a) Cost or ot			or other basis ther)		Accumulated epreciation	(d) Bo	ok valu	e
1a	Land									
b	Buildings									
С	Leasehold improvements				86063		81717			4346
d	Equipment				1485734		1413390	,	7	72344
е.	Other		20.5	<u> </u>	(5) (
Total.	Add lines 1a through 1e. <i>(Column (d) i</i>	must equal Form 99	90, Part)	(, column	(B), line 10	<i>)c.) .</i> .	. 🕨		7	<u>76690</u>

Part VII	Investments – Other Securitie Complete if the organization an		m 990, Part IV, lın	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					· · ·-
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)			<u> </u>	
Part VIII	Investments—Program Relate		000 D-+ IV II-	. 11. Cas Farm	000 David V lima 10
	Complete if the organization an	iswered "Yes" to For			
	(a) Description of investment		(b) Book value		hod of valuation of-year market value
(1)				•	
(2)					
(3)					
(4)					
_(5)					
(6)					
_(7)					
(8)			-		
(9)	15 000 D 17 1 DI 1 101 D				
	n) must equal Form 990, Part X, col. (B) line 13.) ▶	···			
Part IX	Other Assets. Complete if the organization an	awarad "Vaa" ta Ear	m 000 Part IV lin	o 11d. Soo Form	000 Part V line 15
	Complete if the organization an	(a) Description	in 990, Fait IV, iii	e Tra. Gee Follin	(b) Book value
(1)		(a) bosonphon			(4) 20011 1880
(1)					
(2)					
		<u>. ,, ,</u>			
(4)					
(5) (6)					
(7)					
(8)					
(9)					
Total. (Colur	nn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization and line 25.	swered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 25.) 🕨				
2. Liability for	uncertain tax positions. In Part XIII, pro	vide the text of the footn	ote to the organization	n's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part		•	Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements	3	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		^
а	Net unrealized gains (losses) on investments	2a	-
b	Donated services and use of facilities		
C	Recoveries of prior year grants		┤ ,``,
d	Other (Describe in Part XIII.)		2e
e	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII.)		1
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			
	Complete if the organization answered "Yes" to Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		÷ 1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	<u>-</u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, 😁
а	Investment expenses not included on Form 990, Part VIII, line 7b		4 1
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In	ne 18.)	5
Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	nd 4: Part IV lines 1h and 2	h: Part V. line 4: Part X. line
2. Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional i	nformation.
•	Line 2b - Liability for education loan principal and interest payments receive		
Part IV	Line 20 - Liability for education loan principal and interest payments receive	a but not yet remitted to the i	loider of the loans.
Dart Y	ine 2 - Management evaluated the Corporation's tax positions and conclude	d that the Corporation had ta	ken no uncertain tax
rait A.	Inte 2 - Management evaluated the outpointion 3 tax positions and continued	a that the corporation has to	
nositio	ns that require adjustments to the financial statements.		
Positio	is that require adjustments to the interior statements.		

Schedule D (Fo	m 990) 2014	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Department of the Treasury

Western States Learning Corporation

Internal Revenue Service Name of the organization Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Employer identification number

43-2038597

Open to Public Inspection

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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. ☐ Written employment contract ✓ Compensation committee Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee 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: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5b If "Yes" to line 5a or 5b, describe in Part III. 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: 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

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 (RIAL-IIII) 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.

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.	or eac	n listed individual mu	ed individual must equal the total amount of Form 99	ount of Form 990, Par	t VII, Section A, line 1	a, applicable columr	(D) and (E) amounts	s for that individual.
		(a) breakdown o	r vv-z and/or iuss-mis	C compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)+(i)(a)	in column (B) reported as deferred in prior Form 990
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Open to Public Inspection

Employer identification number

43-2038597 Western States Learning Corporation Form 990 Part II Line 3 - The Corporation ceased servicing Federal Family Education Loans in May 2014. The portfolio was sold by a client and the servicing was transferred by the Corporation to the new holder of the student loans. Form 990 Part VI Section B Line 11 - The Form 990 was e-mailed to the Board members for their review prior to filing. Form 990 Part VI Section B Line 15a - The compensation committee of the Board of Directors, which is comprised of the outside, independent members, reviews and approves the compensation of the President of the Corporation. The process involves the use of data from the State of Wyoming Department of Workforce Services to demonstrate comparable compensation. All procedings are recorded in the compensation committee's minutes. This process is also followed to determine the compensation of other key officers of the Corporation. Form 990 Part VI Section C Line 19 - Public documents are available upon request.

Schedule O (Form 990 or 990-EZ) (2014)	Page :
Name of the organization	Employer identification number
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