

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

A Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 6 6 6 6 6 6 6 6	•⁻ Departm	ent of t	he Treasury			efit trust or p	-						Open to I	
Please C. Name of organization VEBER SCHOOL DISTRICT FOUNDATIO Demotory identification numbers Name change Name of conspiration Name of conspirati							is return to s							
Second Second Program			2008 calenda											
Address change India return Foundation Specific Specific Specific City or town, state or country, and ZiP + 4 Specific City or country, and ZiP + 4	B Chec	ck if licable	Please	C Name of organi	zation WEBER	SCHOOL	DISTRIC	TF	'OUNI	OITAC				number
Institution Specific Specif	Addı	ress ch		Doing Business As				_			B7-6	164	318	
See Sadu Sadu See Sadu Sadu See Sadu See Sadu Sadu See Sadu Sadu See Sadu Sadu Sadu See Sadu	Nam	ne chan		.	or PO box if mail is r	not delivered to st	treet address)			Room/ suite	ı	•		
Apromoted mature Sec attachment #1 Ha In a sign of present of afficiency Yes Sec attachment #1 Ha In a sign of present of afficiency Yes Tax-excempt status % Soft (C)(3) % friest not 4947(a)(1) or 527 Hb No. "astar has (see instructions) Yes Websites: N / A Hc) Cooperation % Cooperation % No. Machine has (see instructions) Yes Tax-excempt status % Soft (C)(3) % friest not 4947(a)(1) or 527 Hc) Cooperation % No. ** ** No.	Initia	al return		5320 S. AI	DAMS AVE	<u></u>					(801) 47	6-7842	
Another Hum Stores Organization See attachment #1 Ha) is the a group multin for affiliates? Yes Tax-exempt status \$\frac{1}{5}\text{ See attachment #1 Ha) is the a group multin for affiliates? Yes Tax-exempt status \$\frac{1}{5} See attachment #1 Ha) Ha Ha) Ha Ha Ha Ha	Term	nination	Specifi	ic City or town, sta	ate or country, a	nd ZIP + 4					G Gro	SS		
See attachment #1 4947(a)(1) or 527 H(b) Are all affiliates includers Yes Tax-exempt status Solic(X) 4 (enser no) 4947(a)(1) or 527 H(c) Group exemption number Massecation Defer Leves of formation 1976 M State of legal demicle H(c) Group exemption number Leves of formation 1976 M State of legal demicle H(c) Group exemption number Leves of formation 1976 M State of legal demicle H(c) Group exemption number Leves of formation 1976 M State of legal demicle H(c) Group exemption number Leves of formation 1976 M State of legal demicle H(c) Group exemption number Leves of formation 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption H(c) Group exemption Leves of formation 1976 M State of legal demicle H(c) Group exemption	Ame	nded n		Ogden UT (34405		_						417	,404
Tax-exempt status X 501(c)(X 3)	Appl	lication	pending F	Name and address	of principal office	cer			H(a)	Is this a g	roup return	n for affili	ates?	Yes X No
Website: N N / A Nascaton Corporation			Se	e attachmen	<u>nt #1</u>				H(b)	Are all aff	filiates inclu	ided?		Yes 🗌 No
K Types of programstom Corporation Not Association Other L Year of formation 1976 M State of legal domicine	1 Tax	(-exe	mpt status	X 501(c)(3) ∢ (ins	ert no) 494	7(a)(1) or	527			If No," a	ittach a list	(see ins	structions)	_
Part	J We	bsite	:▶ N/A						H(c)	Group ex	emption nu	ımber	<u> </u>	
See attachment #2 1 Briefly describe the organization's mission or most significant activities See attachment #2 2 Check this box ▶	К Туре	e of org	anization C	Corporation X Trust	Association	Other ▶		L Year	r of form	ation	1976	M	State of legal domicil	e UT
See attachment #2 Check this box If the organization discontinued its operations or disposed of more than 25% of its assets Sharper Sharp	Par	t I	Summary											
The program service revenue (Part VIII, Inle 1h) 8		1	Briefly describe	e the organization's n	nission or most	significant ac	tivities							
2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1b) 4 Number of voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of voting members of the governing body (Part VI, line 1b) 5 Total number of voting members of the governing body (Part VI, line 1b) 6 Total number of voting members of the governing body (Part VI, line 1b) 7 Total organization of the provided in the control of the provided in the control of the		See	attach	ment #2										
2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1b) 4 Number of voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of voting members of the governing body (Part VI, line 1b) 5 Total number of voting members of the governing body (Part VI, line 1b) 6 Total number of voting members of the governing body (Part VI, line 1b) 7 Total organization of the provided in the control of the provided in the control of the	Ĝ _G [_				
A Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of employees (Part V, line 2a) 5 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 6 7a 7b 7b 7b 7b 7b 7b 7b	10													
A Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of employees (Part V, line 2a) 5 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 6 7a 7b 7b 7b 7b 7b 7b 7b	ΥĚ	2	Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its assets										3	
A Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of employees (Part V, line 2a) 5 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 6 7a 7b 7b 7b 7b 7b 7b 7b	† R	3	Number of vot	ing members of the g	overning body (Part VI, line	1a)					3		32
6 Total number of volunteers (estimate if necessary) 7 Total gross unrelated business revenue from Part VIII. (Part VIII. (Par	Ł A	4	Number of inde	ependent voting men	nbers of the gov	erning body ((Part VI, line	1b)				4		32
6 Total number of volunteers (estimate if necessary) 7 Total gross unrelated business revenue from Part VIII. (Part VIII. (Par	S C	5	Total number of	of employees (Part V	, line 2a)							5		
Total gross unrelated business revenue from Part VIII. ptg 22 doubted Color of Part VIII. ptg 23 doubted Color of Part VIII. ptg 24 doubted Color of Part VIII. ptg 25 doubted Color of Part VIII. ptg 26 doubted Color of Part VIII. ptg 26 doubted Color of Part VIII. ptg 26 doubted Color of Part VIII. ptg 27 doubted Color of Part VIII. ptg 28 doubted Color of Part VIII. ptg 29 doubted Color of Part VI	- 1	6	Total number of	of volunteers (estimat	te if nec <u>essary)</u>							6		
B Net unrelated business taxable income from Form 990 T.mirc 31	о.	7a	Total gross un	related business reve	enue from Part	ALTIG [2]8	glumh(C)	1				7a	3	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 (10 M M M) 11 Other revenue (Part VIII, column (A), lines 5 (10 M M) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-1) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 12e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block 10 Under pendiess of fund balances Subtract line 21 from line 20 10 Total sessets or fund balances Subtract line 21 from line 20 10 Total liabilities (Part X, line 26) 10 Signature Block 11 Type or print name and title 12 Preparer's signature Gordon H. James, CPA 11-11-2009 13 Signature Gordon H. James, CPA 11-11-2009 14 Freparer's signature Gordon H. James, CPA 11-11-2009 15 Signature Gordon H. James, CPA 11-11-2009 15 Signature Gordon H. James, CPA 11-11-2009 16 Self-employed Firms name (or yours CARVER FLOREK & JAMES, CPA's, LLC EIN 17 Event Vear Control of the contro			b Net unrelated business taxable income from Fgmm 990-7, line 34									7Ł	5	0
Program service revenue (Part VIII, Inne 2g) 10 Investment income (Part VIII, column (A), lines 3 (10 and 11) 11 Other revenue (Part VIII, column (A), lines 5 ed. 8c. 9c. 10c. and 110 12 Total revenue — add lines 8 through 11 (must equal Part IVII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 12) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total inabilities (Part X, line 26) 12 Total inabilities (Part X, line 26) 13 Signature Block 14 Date 15 Signature Block 16 Preparer's Under penalties of the formula and title 17 Part III Signature Gordon H. James, CPA					8		Ø	श		P	rior Yea	ar	Current	Year
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	R	8	3 Contributions and grants (Part VIII, line 1h) ☐ DEC 0 7 2009 ☐ 904,9										147	,727
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ַ עַ	9	Program servi											
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	N	10	Investment inc										68	,851
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ĕ	11										101	200	,826
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	12	Total revenue	add lines 8 through	n 11 (must equa	l Part VIII, co	lumn (A), line	e 12)		1,	129,0	071	417	,404
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total labilities (Part X, line 26) 10 Net assets or fund balances Subtract line 21 from line 20 10 Net assets or fund balances Subtract line 21 from line 20 10 Under pendies of fundry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is in corrict and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Gordon H. James, CPA 11-11-2009 Prim's name (or yours of Sarver FLOREK & JAMES, CPA'S, LLC EIN Preparer's leef-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Firm's name (or yours of Sarver FLOREK & JAMES, CPA'S, LLC EIN Firm's name (or yours of Sarver FLOREK & JAMES, CPA'S, LLC EIN Firm's name (or yours of Sarver FLOREK & JAMES, CPA'S, LLC EIN		13	Grants and sin										302	,975
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 160, 730 323, 2 19 Revenue less expenses Subtract line 18 from line 12 -31, 659 94, 1 Beginning of Year End of Year 1, 456, 774 1, 286, 2 Total assets (Part X, line 16) 1, 456, 774 1, 286, 2 Net assets or fund balances Subtract line 21 from line 20 1, 456, 774 1, 284, 9 Part II Signature Block Under penalies or fund) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Preparer's Signature Gordon H. James, CPA Date Preparer's Signature Gordon H. James, CPA 11-11-2009 Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Check if self-employed). Preparer's identifying number (see self-employed).	_	14	Benefits paid t	to or for members (Pa	art IX, column (A	1), line 4)					-			-
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 160, 730 323, 2 19 Revenue less expenses Subtract line 18 from line 12 -31, 659 94, 1 Beginning of Year End of Year 1, 456, 774 1, 286, 2 Total assets (Part X, line 16) 1, 456, 774 1, 286, 2 Net assets or fund balances Subtract line 21 from line 20 1, 456, 774 1, 284, 9 Part II Signature Block Under penalies or fund) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Preparer's Signature Gordon H. James, CPA Date Preparer's Signature Gordon H. James, CPA 11-11-2009 Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Check if self-employed). Preparer's identifying number (see self-employed).	X	15	Salaries, other	r compensation, empl	loyee benefits (I	Part IX, colun	nn (A), lines :	5-10)						
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 160, 730 323, 2 19 Revenue less expenses Subtract line 18 from line 12 -31, 659 94, 1 Beginning of Year End of Year 1, 456, 774 1, 286, 2 Total assets (Part X, line 16) 1, 456, 774 1, 286, 2 Net assets or fund balances Subtract line 21 from line 20 1, 456, 774 1, 284, 9 Part II Signature Block Under penalies or fund) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Preparer's Signature Gordon H. James, CPA Date Preparer's Signature Gordon H. James, CPA 11-11-2009 Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Check if self-employed). Preparer's identifying number (see self-employed).	P	16a	Professional fu	undraising fees (Part	IX, column (A),	line 11e) .								
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 160, 730 323, 2 19 Revenue less expenses Subtract line 18 from line 12 -31, 659 94, 1 Beginning of Year End of Year 1, 456, 774 1, 286, 2 Total assets (Part X, line 16) 1, 456, 774 1, 286, 2 Net assets or fund balances Subtract line 21 from line 20 1, 456, 774 1, 284, 9 Part II Signature Block Under penalies or fund) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Preparer's Signature Gordon H. James, CPA Date Preparer's Signature Gordon H. James, CPA 11-11-2009 Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Check if self-employed). Preparer's identifying number (see self-employed).	Ň	b	Total fundraisi	ing expenses (Part IX	, column (D), lin	ne 25) ▶								
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 160, 730 323, 2 19 Revenue less expenses Subtract line 18 from line 12 Peginning of Year Beginning of Year End of Year 1, 456, 774 1, 286, 2 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalies of virus declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is this correction complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Gordon H. James, CPA Preparer's signature Gordon H. James, CPA 11-11-2009 Preparer's identifying number (see signature employed). Preparer's identifying number (see signature employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN Preparer's if self-employed).	E	17	Other expense	es (Part IX, column (A	(), lines 11a-11d	d, 11f-24f)				1,	160,	730	20	,284
19 Revenue less expenses Subtract line 18 from line 12 -31,659 94,1	S	18					(), line 25)			1,	160,	730	323	,259
Paid Preparer's Signature Gordon H. James, CPA CARVER FLOREK & JAMES, CPA'S, LLC EIN Preparer's University Carver		19		•			•							
Part II Signature Block Under penalties of requiry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correction complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	N O B									Begi				
Sign Here Under penalties of requiry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correction complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Signature of officer Type or print name and title Preparer's signature Gordon H. James, CPA Preparer's signature Gordon H. James, CPA Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN CARVER FLOREK BLVD	TRA	20	Total assets (F	Part X, line 16)										
Sign Here Under penalties of requiry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correction complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Signature of officer Type or print name and title Preparer's signature Gordon H. James, CPA Preparer's signature Gordon H. James, CPA Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN CARVER FLOREK BLVD	SFR	21								·				,227
Part II Signature Block Under penalties of requiry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correction complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	IN E				act line 21 from	line 20				1.	456.	774		
Under penalities of requiry declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correction complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Type or print name and title Preparer's signature. Gordon H. James, CPA Paid Preparer's signature. Gordon H. James, CPA Firm's name (or yours if self-employed). Firm's name (or yours if self-employed). Value of the best of my knowledge and statements, and to the best of my knowledge and self-employed and self-employed preparer (other than officer) is based on all information of which preparer has any knowledge. Date Check if self-employed. Preparer's identifying number (see self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN 2246 N UNIVERSITY PARK BLVD	Part		Signature B	Block										<u>-</u>
Sign Here Signature of officer Type or print name and title Preparer's signature Gordon H. James, CPA Date Paid Preparer's Signature Gordon H. James, CPA Date Date Self-employed Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN DEGRET Self-employed Firm's name (or yours if self-employed).			Under penalties o	declare that I have	re examined this retu	m, including acco	ompanying sched	lules ar	nd stater	nents, and	to the best	of my kr	nowledge and	
Here Signature of officer Type or print name and title Preparer's signature Gordon H. James, CPA Paid Preparer's Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA 'S, LLC EIN ▶ CARVER FLOREK & BLVD			belief, it is true co	orrich an complete Declar	ation of preparer (oth	er than officer) is	based on all info	rmatio	n of whic	ch preparei	r has any k	nowledge		1
Here Signature of officer Type or print name and title Preparer's signature Gordon H. James, CPA Date 11-11-2009 Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN CARVER FLOREK & BLVD	Sign		\sim	There -									1 11/5/	29
Paid Preparer's Use Only Type or print name and title Preparer's signature Gordon H. James, CPA Date 11-11-2009 Check if self-employed Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN First self-employed if self-employed.	_		Signatu	e of officer									Date /	
Type or print name and title Preparer's signature Gordon H. James, CPA 11-11-2009 Paid Preparer's Use Only Type or print name and title Date Check if self-employed Firm's name (or yours if self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN A CRIT FLOREM BLVD			1	M Zime	MAI									
Paid Preparer's Use Only Preparer's signature Gordon H. James, CPA 11-11-2009 Preparer's identifying number (see			Type or				· · · · · ·							
Paid Preparer's Use Only Signature Gordon H. James, CPA 11-11-2009 self-employed ▶ □ CARVER FLOREK & JAMES, CPA'S, LLC EIN ▶ 2246 N UNIVERSITY PARK BLVD							Date		To	heck if	F	reparer's	s identifying number	(see instr.)
Paid Preparer's Use Only Firm's name (or yours of self-employed). Firm's name (or yours of self-employed). CARVER FLOREK & JAMES, CPA'S, LLC EIN 246 N UNIVERSITY PARK BLVD			1	Gordon H	James.	CPA	1	-20	s	elf-			, , , , , , , , , , , , , , , , , , , ,	,
Use Only If self-employed), 2246 N UNIVERSITY PARK BLVD		_												
*** *** /	•		1						<u>, -</u>					
Electronic Da Davia 1000 100 100 100 100 100 100 100 100 1	use U	ину	1	/				•		—- ,	Phone n	0 - 1	801) 926	5-1177
May the IRS discuss this return with the preparer shown above? (see instructions)	May th	ne IR					ctions)					<u> 1</u>		

Form **990** (2008)

08 99012

TWF 26866

Copyright Forms (Software Only) - 2008 TW

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

4d	Other program	services	(Describe in	Schedule O)
	(Expenses \$	163	.473	including a

(Expenses \$ 163,473 including grants of \$ 163,473

4e Total program service expenses ▶ \$ 302,975 (Must equal F

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Χ	
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.ls the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If `Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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	İ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If `Yes,"			
ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			i
		9		Х
40	complete Schedule D, Part IV	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	х	
	Parts VI, VII, VIII, IX, or X as applicable		Λ	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	42	х	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U S?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			٠,,
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If ``Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If ``Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If ``Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	-		
	Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	 	<u> </u>	
270	the last day of the year, that was issued after December 31, 2002? If ``Yes," answer questions 24b-24d and complete			
	Schedule K. If "No," go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b	-	 -
		240	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
		24d		├─
	Did the organization act as an ``on behalf of' issuer for bonds outstanding at any time during the year? N/A	24u	ļ	\vdash
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a	25-		
	disqualified person during the year? If ``Yes," complete Schedule L, Part I	25a	 	X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			.,
	person from a prior year? If ``Yes," complete Schedule L, Part I	25b	 	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .	27	<u> </u>	X
JVA	08 99034 TWF 26868 Copyright Forms (Software Only) - 2008 TW	Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

-,			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ļ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	}	j	
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If `Yes," complete Schedule L, Part IV .	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]	_
	sections 301 7701-2 and 301 7701-39 If `Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If ``Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ļ		
	Schedule R, Part V, line 2	35		X
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		X
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	L	X
JVA	08 99034 TWF 26869 Copynght Forms (Software Only) - 2008 TW	Form	990	(2008)

Part	V Statements Regarding Other IRS Filings and Tax Compliance						
•						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable .	1a		0			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		00]		
С	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and	reportable				
	gaming (gambling) winnings to prize winners?		•		1c	_	X
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			0		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employmen			N/A	2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret			s)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar cove	ered by				٠,
	this return?	_		NT / N	3a		X
b	If `Yes," has it filed a Form 990-T for this year? If `No," provide an explanation in Schedule			N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature						1
	over, a financial account in a foreign country (such as a bank account, securities account, or	r otner	tinanciai				Х
	account)?		•	•	4a		 ^
ь	If "Yes," enter the name of the foreign country	Fores	an Bank and				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of	roreig	yn bank and				
F-	Financial Accounts Was the exceptration a party to a prohibited tax shelter transaction at any time during the tax	v vear	2		5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt				5a	 	X
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exe			,	30	-	 ^ -
С	Prohibited Tax Shelter Transaction?	ilipt Ei	nity Regarding	N/A	5c		
6-	Did the organization solicit any contributions that were not tax deductible?			III/ A	6a		X
6a b	If "Yes," did the organization include with every solicitation an express statement that such	contrib	outions or		-	 -	+
U	gifts were not tax deductible?	00/10/10	74110110 01	N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•	•	11, 11	 "	 	
a	Did the organization provide goods or services in exchange for any quid pro quo contributio	n of mo	ore than \$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided			N/A	7b	† · · ·	 -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for v		was	,			
	required to file Form 8282?		•		7c	l	X
d	If `Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu	ms on	a personal				
	benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit co	ntract? .		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as	require	ed? .		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	rm 109	8-C as				
	required?				7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fund	ds and	section 509(a)(3)	ĺ		
	supporting organizations. Did the supporting organization, or a fund maintained by a spor	soring	organization,		1		l
	have excess business holdings at any time during the year?				8	-	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fund	ds.					
а	Did the organization make any taxable distributions under section 4966?				9a	1	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	•		9b	 	X
10	Section 501(c)(7) organizations.Enter	امدا	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			-		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			-		1
11	Section 501(c)(12) organizations.Enter	44=	1				1
a	Gross income from members or shareholders	11a			4		
b	Gross income from other sources (Do not net amounts due or paid to other sources						
40-	against amounts due or received from them)	11b	rm 10412		12a		X
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	12b	יווות 10417 	•		<u> </u>	$\overline{\Gamma}_{\nabla}$
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	L				

Form 990 (2008) WEBER SCHOOL DISTRICT FOUN 87-6164318 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part Vt required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body. 32 b Enter the number of voting members that are independent 1b 32 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 Χ 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? Х X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following а The governing body? 8a X a8 X Each committee with authority to act on behalf of the governing body? h Χ 9a Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A 9h 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Χ 11 Is there any officer, director or 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 11 Χ Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a Х Are officers, directors or trustees, and key employees required to disclose annually interests that could give N/A12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," A/Adescribe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 X 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 The organization's CEO, Executive Director, or top management official? 15a 15b Other officers or key employees of the organization? 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 X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard N/A 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > UT 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20

organization ▶ See attachment #4

State the name, physical address, and telephone number of the person who possesses the books and records of the

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. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		sition	(check	call the	at apply)	1	Reportable	Reportable	Estimated
	hours per week	TRUSTEE OR	- 201-FUT-024L	OF F - C F K	EMPLOYEE	EMPLOYEE COMPEZSAFED H-GHESF	+ O R ≥ E R	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
hris Zimmerman										
Executive Director	20.00			Х	X	Х		lo	О	0
ist Attached										
										:

Part	VII Section A. Officers	, Director	s, Trust	ees, K	(ey En	nploye	es, and	High	est Compensated E	mployees(continued	(t		
•	(A)	(B)			(0	•			(D)	(E)		(F)	
	Name and title	Average	Po	sition	(check	all th	at apply)		Reportable	Reportable	ı	stimate	
		hours	ITD	I T N R	P	K E E M	H C E	FO	compensation from	compensation from related	a	mount of other	of
		per week	RUSTEE O	N R S U T S	OFFICER	ΥP		ORMER	the	organizations	cor	npensa	ition
			VIC	TEUE	C E	OYE	H E N S E	ĘŔ	organization	(W-2/1099-MISC)		from the	
			U R	Ť	``	Ē	ĂĒ		(W-2/1099-MISC)			ganızat	
			l e R	O N	1		Ė				1	nd relati janizatii	
				A L							J Gig	jai nzati	———
											}		
		}				}			}	}			
							-				1		
									İ				
					ľ						1		
					İ								
						ļ					}		
				İ									
									:				
			ł		1	1			<u> </u>				
						ŀ		ļ					
					İ								
						1							
1b	Total	L		<u> </u>		l	<u> </u>	L	0	0	0		
2	Total number of individuals	(including	hose in	1a) w	ho rec	eived	more tha			<u> </u>			
-	organization ▶	(o.ddii ig		,		0.100		• . •	o,ooo iii vopoitabio i	pomodaom mom a			
					•							Yes	No
3	Did the organization list any						•	yee, c	or highest compensa	ted			
	employee on line 1a? If "Ye										3	Ц	X
4	For any individual listed on l			-									
	the organization and related individual	organizat	ions gre	ater tr	апрі	30,000	/ II TE	s, w	mpiete Schedule 3 k	JI SUCII	4	ı İ	X
5	Did any person listed on line	e 1a receiv	e or acc	rue co	mpen	sation	from an	v unre	lated organization fo	r			+
	services rendered to the org									•	5	;	X
Section	n B. Independent Contracto												
1	Complete this table for your	_	st comp	ensate	ed inde	epende	ent contr	actors	that received more	than \$100,000 of			
	compensation from the orga							_				-(0)	·
	Nama an	(A) d business	oddroce						(B) Description of s	00,400	Com	(C)	ıon.
		business	address		-				Description of s	ervices	Com	pensati	ION
					_								
					_								
2	Total number of independer			uding t	those i	ก 1) w	ho recei	ved m	ore than \$100,000 ir	۱			
	compensation from the orga	inization 🕨								1			

Part VIII Statement of Revenue (A) (C) (D) Unrelated Revenue excluded from tax under sections 512, 513, or 514 Related or Total revenue business revenue GI H C F H C F T S T 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c GRANTS BUTI d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, & 147,727 similar amounts not included above 1f OAAMS 25,658 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 147,727 **Business Code** R S G E R V E f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 68,851 other similar amounts) 68,851 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses . 0 c Gain or (loss) . . . T d Net gain or (loss) н 8a Gross income from fundraising Ε R events (not including \$ 340,824 of contributions reported on line 1c) R See Part IV, line 18 139,998 Ε **b** Less direct expenses c Net income or (loss) from fundraising events 200,826 200,826 Ε N 9a Gross income from gaming activities See Part IV, line 19 . . . **b** Less direct expenses c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11a b C d All other revenue ... e Total. Add lines 11a-11d ▶ Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 417,404 269,677

87-6164318

Form 990 (2008)

WEBER SCHOOL DISTRICT FOUN

Page 9

Part IX 's

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column				
Do not	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	302,975	302,975		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22		,		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			 	
-	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)		1		
7	Other salaries and wages		 		
8	Pension plan contributions (include section 401(k)	 	 	 	
3	and section 403(b) employer contributions)				
9	Other employee benefits		 	 	
10	Payroll taxes		 	 - 	
	•	-		-	
11	Fees for services (non-employees)]	J]	
a	Management		 	 	
b	Legal		 	1	
C	Accounting	4,591	 	4,591	
d	Lobbying			 	
e	Professional fundraising services See Part IV, line 17		ļ		
f	Investment management fees		ļ	ļ 	
g	Other				
12	Advertising and promotion	7,894	<u> </u>	7,894	
13	Office expenses	6,209		6,209	
14	Information technology				
15	Royalties				
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	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,590		1,590	
24	Other expenses Itemize expenses not				 ,
	covered above (Expenses grouped together	1	1		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	j		 	 	
b				 	
c					
d				 	
e			 	 	
f	All other expenses				
	All other expenses	322 250	302 075	20 204	
25_	Total functional expenses. Add lines 1 through 24f	323,259	302,975	20,284	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2.	•			
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational		J]	
	campaign and fundraising solicitation .	L	1	i	

		Dalance Street			
•			(A)		(B)
			Beginning of year		End of year
	1	Cash non-interest bearing	445,036		170,941
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,660	4	7,472
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section		İ	
Α		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
S]	Part II of Schedule L		6	
S E T	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost basis . 10a 6,000			
	b	Less accumulated depreciation Complete		1	
		Part VI of Schedule D	6,000	10c	6,000
	1	Investments publicly traded securities .	986,078	11	1,101,811
	l	Investments other securities See Part IV, line 11		12	
	13	Investments program-related See Part IV, line 11		13	- ,,
	1	Intangible assets		14	
	ĺ	Other assets See Part IV, line 11	10,000	15	
	-	Total assets. Add lines 1 through 15 (must equal line 34) .	1,456,774	16	1,286,224
	1	Accounts payable and accrued expenses		17	1,227
	18	Grants payable		18	
L I A B	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
Ľ	22	Payables to current and former officers, directors, trustees, key			
Ī		employees, highest compensated employees, and disqualified		ļ	
T		persons Complete Part II of Schedule L		22	
Ė	l l	Secured mortgages and notes payable to unrelated third parties		23	
S	1	Unsecured notes and loans payable		24	
	1	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	1,227
	1	Organizations that follow SFAS 117, check here ▶ 🗓 and			
N F		complete lines 27 through 29, and lines 33 and 34.			
N F U N D	1	Unrestricted net assets	429,759	27	363,939
T N	1	Temporarily restricted net assets	308,292	28	302,377
A S B	29	Permanently restricted net assets	718,723	29	618,681
ASSET	1	Organizations that do not follow SFAS 117, check here ▶ ☐	Ì		
ĔĻ	_	and complete lines 30 through 34.		_	
TAN	1	Capital stock or trust principal, or current funds		30	
~ c	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
O E R S	l	Retained earnings, endowment, accumulated income, or other funds		32	
. •	1	Total net assets or fund balances	1,456,774	33	1,284,997
		Total liabilities and net assets/fund balances	1,456,774	34	1,286,224
Par	t XI	Financial Statements and Reporting			
_	_				Yes No
		unting method used to prepare the Form 990. Cash X Accrual Other			
		the organization's financial statements compiled or reviewed by an independent ac	countant?	•	2a X
		the organization's financial statements audited by an independent accountant?		•	2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes respons		е	
		, review, or compilation of its financial statements and selection of an independent a		•	2c X
3a		result of a federal award, was the organization required to undergo an audit or audit	s as set forth in		
		ingle Audit Act and OMB Circular A-133?		•	3a X
b	If "Ye	es," did the organization undergo the required audit or audits?.		. N	/A 3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 87-6164318

WEE	BER	SCHOOL	DISTRICT H	FOUNDATION				8	7-616	<u>4318</u>			
Pai	tΪ	Reason	for Public Chari	ty Status (All organ	izations mi	ust comple	te this par	t)(see ins	tructions)				
The o	organ			cause it is (Please che									
1	$\prod I$	A church, conve	ention of churches, or	association of churche	s describe	dın sect i	on 170(b)	(1)(A)(i)					
2		A school descri	bed in section 170(b)(1)(A)(ii).(Attach Sche	dule E)								
3	П	A hospital or a	cooperative hospital s	ervice organization des	cribed in	section 1	70(b)(1)(A)	(iii).(Attac	h Schedu	le H)			
4	\prod_{i}	A medical resea	arch organization ope	rated in conjunction wit	h a hospita	ıl describe	dın secti	on 170(b)	(1)(A)(iii).	Enter th	e hospit	al's na	me,
	_ (city, and state											
5	\prod_{i}	An organization	operated for the ben	efit of a college or unive	ersity owne	d or opera	ated by a g	overnmen	tal unit de	scribed i	n sect	ion	
		170(b)(1)(A)(iv). (Complete Part II)										
6	\prod	A federal, state	, or local government	or governmental unit d	escribed in	section	170(b)(1)(A)(v).					
7	X	An organization	that normally receive	s a substantial part of i	ts support	from a gov	vernmental	unit or fro	m the ger	eral pub	lic desc	ribed ii	n
	_ ;	section 170(b)	(1)(A)(vi) (Complete	Part II)									
8		A community tre	ust described in sect i	on 170(b)(1)(A)(vi).(C	omplete Pa	art II)							
9				es (1) more than 33 1/3									
				exempt functionssubje							s		
				e and unrelated busine					from busir	esses			
	_ '	acquired by the	organization after Ju	ne 30, 1975 See secti e	on 509(a)(2). (Compi	ete Part III)					
10		An organizatior	organized and opera	ited exclusively to test f	or public s	afety See	section 5	509(a)(4). (see instru	ctions)			
11				ited exclusively for the									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III-Functionally integrated d Type III-Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
				gers and other than one	or more p	ublicly su	pported or	ganizations	s describe	d in sect	ion		
	509(a)(1) or section 509(a)(2)												
f	İ	If the organizati	ion received a written	determination from the	IRS that it	ıs a Type	I, Type II o	or Type III	supporting	3			_
	•	organization, ch	neck this box .						-				L
g		•	•	nization accepted any	gift or conti	ibution fro	m any of the	he					
		following perso											 -
	(·	y controls, either alone		r with pers	sons descr	ıbed ın (ıı)		» T / ¬	44 !!!	Yes	No
			-	dy of the supported org	anization?			•		N/A	11g(i)	-	ļ
			ember of a person des	* *				•			11g(ii)	+	
_		• •		on described in (i) or (ii	-					N/A	11g(iii)		
_ <u>h</u> _		Provide the foll	owing information abo	out the organizations th	e organiza	tion suppo	nts						
(i) N	ame	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	roanization	(V) Did you	notify the	(vi) 1		(vii)	Amou	nt of
(1)		anization	(,	(described on lines 1-9	in col (i) ti	-	organization		organizatio		י ועי.	suppor	
	Ŭ			above or IRC section	governing d		of your supp		organize	ea in ine S ?			
				(see instructions))							_		
					Yes	No	Yes	No	Yes	No			
					Yes	No_	Yes	No	Yes	NO	-		
					Yes	No	Yes	No	Yes	NO			
					Yes	No	Yes	No	Yes	NO			
					Yes	No	Yes	No	Yes	NO			
					Yes	No	Yes	No	Yes	NO			
					Yes	No	Yes	No	Yes	NO			
					Yes	No	Yes	No	Yes	No			
					Yes	No	Yes	No	Yes	No			
					Yes	No	Yes	No	Yes	No			
					Yes	No	Yes	No	Yes	No			

Schedule A (Form 990 or 990-EZ) 2008 WEBER SCHOOL DISTRICT FOUN 87-6164318 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 904,976 2,679,845 505,105 490,547 631,490 147,727 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 125,000 125,000 125,000 130,000 125,000 630,000 Total. Add lines 1-3 630,105 615,547 756,490 1,029,976 277,727 3,309,845 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) Public support. Subtract line 5 from line 4 3,309,845 Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 630,105 615,547 756,490 029,976 277,727 309,845 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 32,009 38,761 87,688 98,694 68,851 326,003 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 200,826 200,826 Total support. Add lines 7 through 10 3,836,674 11

12	Gross receipts from related activities, etc. (see instructions)	. 12			
13	First five years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as organization, check this box and stop here	s a section 501(c)(3)		▶ [
Sec	ction C. Computation of Public Support Percentage				
11	Public support percentage for 2009 /line 6, column (f) duided by line 11, column (f)	14	0.6	27	0/.

16a 33 1/3 % support test -- 2008. 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

33 1/3 % support test -- 2007. 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 -- 2008. 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 -- 2007. 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.

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

SCHEDULE D

(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public

▶ Attach to Form 990. To be completed by organizations that

Department of the Treasury answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service Inspection Name of the organization Employer identification number 87-6164318 WEBER SCHOOL DISTRICT FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or AccountsComplete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered `Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X.

(i) Revenues included in Form 990, Part VIII, line 1.

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

Par	T III Organizations Mainta	ining Collect	ions of	Art, Historical Tr	easu	res, or Other Sim	ilar A	(ssetscontinued)			
3	Using the organization's acces	sion and other	records	s, check any of the	e follo	wing that are a sig	ınıfica	int use of its collection	1		
_	items (check all that apply)	0,011 0.110 0.1101	, 000, 00	,,,,			,				
а	Public exhibition			d	ıΠı	oan or exchange	proa	rams			
b	Scholarly research			e	\vdash	Other					
С	Preservation for future gen	erations		_	'Ш						
4	Provide a description of the org		llections	and explain how	thev	further the organiz	ation	's exempt purpose in			
	Part XIV	,						, , , ,			
5	During the year, did the organia	zation solicit o	r receive	e donations of art,	histo	rical treasures, or	other	sımılar			
	assets to be sold to raise funds								Υe	s	No
Pai	rt IV Trust, Escrow and Cu										
	Part IV, line 9, or repor										
			_								
1a	Is the organization an agent, tr	ustee, custodi	an or oth	ner intermediary fo	or cor	tributions or other	asse	ets not			
	included on Form 990, Part X?	•							Y€	s	No
þ	If "Yes," explain the arrangem	ent in Part XIV	and co	mplete the follow	ng tat	ole					
								An	ount		
С	Beginning balance						1c				
d	Additions during the year .			•			1d				
e	Distributions during the year					•	1e	<u> </u>			
f	Ending balance						1f				
2a	Did the organization include ar			, Part X, line 21?		•		•	∐ Ye	S	∐ No
_ <u>b</u>	If "Yes," explain the arrangem										
Pa	rt V Endowment Funds. C								,		
		(a) Current	year	(b) Prior yea	r	(c) Two years ba	ick (d) Three years back	(e) Four	years	back
1a	Beginning of year balance										
þ	Contributions										
С	Investment earning or losses										
d	Grants or scholarships					 					
е	Other expenditures for										
	facilities and programs										
f	Administrative expenses			ļ							
g	End of year balance			<u>L</u>		 			<u> </u>		
2	Provide the estimated percenta	-	r end ba								
а	Board designated or quasi-end	dowment >		%							
b	Permanent endowment		. %								
С	Term endowment ▶	%	_								
3a	Are there endowment funds no	ot in the posse	ssion of	the organization t	that a	re held and admin	istere	ed for the			
	organization by								<u> </u>	Yes	No
	(i) unrelated organizations	·		•		•		·	3a(i)		
	(ii) related organizations								3a(ii)	4	-
b	If "Yes" to 3a(ii), are the relate	_		•				•	36	1	
4	Describe in Part XIV the intend										
Га	rt VI Investments Lan						, ,	e) Depression	(d) Pa	ok vol	
	Description of investmen	nt.		st or other basis	٠,	Cost or other	۱ '	c) Depreciation	(d) Bo	JK Vali	ue
4.	Land		(11	rvestment)		oasis (other)	<u> </u>			<u> </u>	0.0
1a	Land	•	<u> </u>	6,000			-			6,0	00
b	Buildings	• •	<u> </u>				_				
c d	Leasehold improvements Equipment		<u> </u>								
e	Other .		<u> </u>								
	I. Add lines 1a-1e (Column (d)	should equal F	orm ga	0 Part X column	(B) I	ne 10(c))	<u></u>			5,00	0
JVA		Copyright Forms (\ <u>/, "</u>	- 1-10//	···		ile D (For		

	R SCHOOL DISTRIC	T_FOUN 87-6164318_	Page 3
Part VII Investments Other Securities	s. See Form 990, Part X, line 12	2	
(a) Description of security or category	(b) Book value	(c) Method of valua	ition
(including name of security)		Cost or end-of-year mark	ket value
Financial derivatives and other financial products			
Closely-held equity interests .			
Other			
		}	
Total. (Column (b) should equal Form 990, Part X, col. (B) line	12)		
Part VIII Investments Program Relate	d. See Form 990, Part X, line 1.	3	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
		Cost or end-of-year mark	ket value
		j	
Total. (Column (b) should equal Form 990, Part X, col. (B) line			
Part IX Other Assets. See Form 990, Part IX			
	(a) Description		(b) Book value
			ļ
Total. (Column (b) should equal Form 990, Part	Y col (R) line 15 \		
Part X Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(a) Description of liability	(b) Amount		
Federal income taxes	(5) 1 1110511		
Todoral moorno auco			
	1		
	}		
Total. (Column (b) should equal Form 990, Part X col (B) line	25)	 	
In Part XIV, provide the text of the footnote to the		ints that reports the organization's liability for	
uncertain tax positions under FIN 48	- garnada a manada datama	The transfer to the dispersion of the transfer to	

Page 4	4
--------	---

CHE	ddie D (Folin 990) 2008 WEBER SCHOOL DISIRICI F	OON	07-0104310		rage 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financia	I State	ments		
'1	Total revenue (Form 990, Part VIII, column (A), line 12)		Ĺ	1	417,404
2	Total expenses (Form 990, Part IX, column (A), line 25)		. [2	323,259
3	Excess or (deficit) for the year. Subtract line 2 from line 1		Ţ	3	94,145
4	Net unrealized gains (losses) on investments			4	-265,922
5	Donated services and use of facilities		Į.	5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)		. [8	
9	Total adjustments (net) Add lines 4-8			9	-265,922
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	-171,777
Par	t XII Reconciliation of Revenue per Audited Financial Statements With	Reven	ue per Return		
1	Total revenue, gains, and other support per audited financial statements			1	687,402
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities .	2b	130,000	_	
C	Recoveries of prior year grants	2c	·		
d	Other (Describe in Part XIV)	2d	139,998		
е	Add lines 2a through 2d .			2e	269,998
3	Subtract line 2e from line 1			3	417,404
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	···	_	
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b		•	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	417,404
Pa	T XIII Reconciliation of Expenses per Audited Financial Statements With	Expe	nses per Return	.,	,
1	Total expenses and losses per audited financial statements .			1	859,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities .	2a	130,000	_	
	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c	265,922	_	
d	Other (Describe in Part XIV)	2d	139,998		
е	Add lines 2a through 2d			2e	535,920
3	Subtract line 2e from line 1 .			3	323,259
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV)	4b		╛	
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	323,259

Part XIV Supplemental information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Sch D Part XII, Line 2d and Part XIII, Line 2d- Fundraising expenses from Part VIII. line 8a.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer Yes* to Form 990, Part IV. lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 87-6164318 WEBER SCHOOL DISTRICT FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants b Email solicitations Phone solicitations Special fundraising events С In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to have custody or entity (fundraiser) from activity (or retained by) fund-(or retained by) or control of contributions? raiser listed in col (i) organization Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	_	•		•			
		more than \$15,000 on Form 990-EZ,				- 7.5 = 1		
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota		
			Christmas	Golf Class		(Add col (ugh
R E			(event type)	(event type)	(total number)	col	(c))	
VI		Out to the state of the		67.746		١		
E N	1	Gross receipts .	273,678	67,146		34	0,82	4
υl	2	Less Charitable)		ļ		
Ε	•	contributions				 		
ł	3	Gross revenue (line 1	072 670	67.746		1		
_ D		minus line 2)	273,678	67,146		34	0,82	<u>4</u>
	4	Cash prizes						
R	_	Casii piizes		 		 -		
RECT	5	Non-cash prizes .						
T	•					 		
E	6	Rent/facility costs	33,660	9,362		4	3,02	2
X	_		33,000	3,302		 	3,02	<u> </u>
EXPEN	7	Other direct expenses	81,362	15,614		و	6,97	6
Й			0-/00-		· — · · · · · · · · · · · · · · · · · ·	 	<u> </u>	
S E S	8	Direct expense summary Add lines 4 thr	ough 7 in column (d)		•	()	139,9	98)
S	9	Net income summary Combine lines 3 a	ind 8 in column (d)				0,82	
Pa	rt III	Gaming. Complete if the organization		orm 990, Part IV, line 19,	or reported more			
		than \$15,000 on Form 990-EZ, line 6	Sa .			_		
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total g	aming ((Add
ž			(a) Birigo	bingo/progressive bingo	(c) Other gaining	col (a) th	ru col.	(c))
ポートリスしゅ								
	1	Gross revenue						
DIRECT								
R	2	Cash prizes .	ļ			ļ		
Ç								
	3	Non-cash prizes	 			 		
P						İ		
E N	4	Rent/facility costs						
EXP EZ O E O	_	Others described						
-5	_5_	Other direct expenses	Yes %	Yes %	Yes %	,		
	e	Valuatoes labor	Yes%	No No	No No)		
	6	Volunteer labor	IIINO] 140	NO	 		
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	1,		,
	′	Direct expense summary Add lines 2 an	ough 5 in column (u)					
	8	Net gaming income summary Combine	lines 1 and 7 in column ((d)		1		
	<u> </u>	tioning income community community				<u></u>	Yes	No
9	En	ter the state(s) in which the organization of	perates gaming activitie	S				
а		the organization licensed to operate gamir				9a		ĺ
b		`No," Explain.						Γ
		•				1		
								ĺ
10a	We	ere any of the organization's gaming licens	ses revoked, suspended	or terminated during the	tax year?	10a		ĺ
b	If `	`Yes," Explain						
							1 1	ĺ
	_							1
11		es the organization operate gaming activities				. 11	\perp	 _
12		the organization a grantor, beneficiary or t	rustee of a trust or a me	mber of a partnership or o	other entity	Ì		1
_	for	med to administer charitable gaming?	<u> </u>	<u> </u>	<u> </u>	12		

Schedi	ule G (Form 990 or 990-EZ) 2008 WEBER SCHOOL DISTRICT FOUN 87-6164318			age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	_		
b	An outside facility	4		
14	Provide the name and address of the person who prepares the organization's gaming/special events books]		
	and records			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		<u> </u>
b	revenue? If ``Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ł		
	of gaming revenue retained by the third party > \$			1
С	If ``Yes," enter name and address			
	Name >			
	Address ▶			
16	Gaming manager information			
	Name ▶		<u> </u> 	
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor		:	
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$			
JVA	08 990G3 TWF 26904 Copyright Forms (Software Only) - 2008 TW Schedule G (Form 9	90 or 9	90-EZ) 20

SCHEDULE I	O	Grants and Other Assistance to Organizations Governments and Individuals in the U.S.	er Assistance and Individu	to Organiza tals in the U.	tions S.		OMB No 1545-0047 2008
	Complete if the	te if the organization a	organization answered "Yes." on Form 990. Part IV. lines 21 or 22.	Form 990. Part IV.	lines 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		•	Attach to Form 990.	0.			Inspection
Name of the organization WEBER SCHOOL	DISTRICT FOUNDATION					Employer identific 87-6164318	Employer identification number 37-6164318
1	General Information on Grants and Assistan	sistance					
1 Does the organization the selection criteria t	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	amount of the grants or	assistance, the grant	tees' eligibility for the	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	and	X Yes
튑	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ring the use of grant fun	ids in the United Star	tes	3		
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered	nments and Organ	nizations in the	United States.	Complete if the organi	zation answered "Yes" on	"on
Form 990, Pa	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1.1 (Form 990) if additional space is needed.	eived more than \$5,000	Check this box if no	one recipient receiv	ed more than \$5,000	Use Part IV and	4
1 (a) Name and address of organization or government	f organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	Enter total number of section 501(c)(3) and government organizations	anizations					
For Privacy Act and Paperwol	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JA 08 99011 TWF 26911 Copyright Forms (Software Only) - 2008 TW	Instructions for Form 8 TW	.066			Sched	Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete of the organization answered "Yes" on Form 990, Part IV, line 22

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV

Ϋ́

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

WEBER SCHOOL DISTRICT FOUNDATION

Employer identification number

87-6164318

Part VI, Line 10- 990 Given to Executive Director and Finance commmitte to review before filing.

PRINCIPAL OFFICER NAME AND ADDRESS

Name of Organization WEBER SCHOOL DISTRICT FOUNDATION 990, Page 1, Line F Principal officer name or Business Name Street Address 777 RIVERDALE ROAD	Attachment 1: Form 990 Page 1, Line F		
Name of Organization WEBER SCHOOL DISTRICT FOUNDATION WEBER SCHOOL DISTRICT FOUNDATION Principal officer name or Business Name Street Address Zip code 84405 or Foreign Address City Riverdale State UT Foreign Address	Open to Public		
WEBER SCHOOL DISTRICT FOUNDATION 87-6164318 Principal officer name or Business Name Street Address 777 RIVERDALE ROAD U.S. Address Zip code 84405 City Riverdale State UT or Foreign Address	Inspection For calendar year 2008, or tax period beginning	07-01-2008, and ending	
Principal officer name or Business Name Street Address Zip code 84405 or Foreign Address TONY DIVINO TONY	Name of Organization		
Principal officer name or Business Name Street Address			87-6164318
or Business Name Street Address	990, Page 1, Line F		
or Business Name Street Address	Principal officer name	TONY DIVINO	
Street Address			
U.S. Address Zip code 84405 City Riverdale State UT or Foreign Address	Business Name		
U.S. Address Zip code 84405 City Riverdale State UT or Foreign Address			
U.S. Address Zip code 84405 City Riverdale State UT or Foreign Address			
Zıp code 84405 Cıty <u>Riverdale</u> State <u>UT</u> or Foreign Address	Street Address	777 RIVERDALE R	CAO
Zip code 84405 City Riverdale State UT or Foreign Address		<u>, , , , , , , , , , , , , , , , , , , </u>	
Zip code 84405 City Riverdale State UT or Foreign Address			
or Foreign Address	U S Address		
or Foreign Address	- · 04405		
Foreign Address		Sta	te <u>UT</u>
City	Foreign Address		
	City		
Province or State	Province or State		<u> </u>
Country	Country		
Postal code	Postal code		·

L1106F

PRIMARY EXEMPT PURPOSE

<u>At'tachmer</u>	<u>nt 2: Form 990 Page 1, Part 1</u>	[
Open to Public					
Inspection	For calendar year 2008 or tax period beginning	07-01	, and ending	06-30-2009.	
Name of Organia	zation			Employer Identification Number	
WEBER SCH	HOOL DISTRICT FOUNDATION			87-6164318	

Primary Purpose

The Foundation manages monetary and in-kind for and on behalf of the Weber School District in Ogden, Ut The Foundation also seeks out and awards worthy recipients of certain discretionary donations such as scholarships and awards.

Attachment	t 3: Form 990 P	age 2, Part	: III		
Open to Public Inspection	For calendar year 2008, o	tax period beginni	ng 07-01-2008,	and ending	06-30-2009.
Name of Organiza	ition				Employer Identification Number
WEBER SCHO	OOL DISTRICT FO	UNDATION			87-6164318
Part III - Statement	of Program Service Accompli	shments			
Code	Expenses	60,200	including Grants of.	60,20	0 Revenue
		Exem	pt Purpose Achievements		
Donations	to local schoo	ls for scho	ool improvement	t proje	cts.

Attachment	t 3: Form	990 P	age 2,	Part	III		
Open to Public							
Inspection	For calendar ye	ar 2008, o	r tax period	beginning	07-01-2	008, and ending	06-30-2009.
Name of Organiza	tion						Employer Identification Number
WEBER SCHO	OOL DISTRI	CT FO	UNDATI	ON			87-6164318
Part III - Statement	of Program Servic	e Accompli	shments				
Code	Expe	nses	22,8	100	ncluding Grants of	22,80	0 Revenue
				Exempt	Purpose Achieven	nents	

Grants to schools for Roads to Success program

Attachmen	t 3: Form 990 P	age 2, Part	III		
Open to Public					
Inspection	For calendar year 2008, o	r tax period beginning	g 07-01-200	8, and ending	06-30-2009.
Name of Organiza	ation				Employer Identification Number
WEBER SCH	OOL DISTRICT FO	UNDATION			87-6164318
Part III - Statement	t of Program Service Accompli	shments			
Code	Expenses	56,502	including Grants of.	56,50	2 Revenue
		Evemn	Purpose Achievements		

Exempt Purpose Achievements

Grants to schools for improving special needs childrens programs.

Attachmen	t 3: Form 990	Page 2, Part	III		
Open to Public					
Inspection	For calendar year 2008,	or tax period beginning	g 07-01-200	8, and ending	06-30-2009.
Name of Organiza	ation	···			Employer Identification Number
WEBER SCH	OOL DISTRICT F	OUNDATION			87-6164318
Part III - Statemen	t of Program Service Accom	plishments			
Code	Expenses	163,473	including Grants of	163,47	3 Revenue
		Exemp	t Purpose Achievement	s	

Various grants and donations related to education and schools

BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20					
Open to Public					
Inspection		08 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organizat					mployer Identification Number
WEBER SCHOOL DISTRICT FOUNDATION 87-6164318					7-6164318
Part VII Books in Care of					
Individual Name			CHRIS	ZIMMERMAN.	EXEC DIRECTOR
ОГ					
Business Name					
Street Address			5320	SOUTH ADAMS	AVENUE
				_	
U S Address.					
•					
Zip code	84405-6998	c _{ity} Ogden		State	UT
or		-			
Foreign Address					
City					
,	•				
Province or	State .				
Country					
•			•	·	· —
Postal code	•				
Phone Num	ber				. (801)476-7827
					(001) ARC ROOF
Fax Numbe	r		• •	•	(801)476-7897