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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A F	or the	= 2008 calendar year, or tax year beginning $JUL 1, 2008$ and ending	JUN 30, 20	009									
Вс	heck if	Please use IRS	D Employer ide	entification number									
	Addre	ss label or DELLEVILLE COLLEGE ECIDADAMION											
T	_ chang Name	type	⊣	1051671									
	_lchang _lnitial	See Number and street (or P.0. box if mail is not delivered to street address) Room/su											
-	_ return Termi	Specific 2000 TANDED NOTAL CED CED CED	1	25) 564-5074									
F	Jation Amen	ded tions.											
\vdash	⊒return ∏Applic		G Gross receipts \$	1,477,436.									
_	Ution pendi	F Name and address of principal officer GAYNOR HILLS	H(a) Is this a gro										
1 T	3000 LANDERHOLM CIRCLE SE, BELLEVUE, WA 980 H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list. (see instructions)												
		te: NWW.BELLEVUECOLLEGE.EDU/FOUNDATION		nption number									
				8 M State of legal domicile: WA									
	rt I	Summary	car or formation. 277	O W State of legal domicie. WA									
		Briefly describe the organization's mission or most significant activities. SUPPORTS	BELLEVIIE C	OLLEGE, ITS									
Governance		FACULTY AND ITS STUDENTS. (SEE FULL DESCRIPTION											
L Ja		Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets											
) ve		Number of voting members of the governing body (Part VI, line 1a)		30									
		Number of independent voting members of the governing body (Part VI, line 1b)		4 30									
ళ		Total number of employees (Part V, line 2a)		5 0									
Activities		Total number of volunteers (estimate if necessary)		6 0									
į		Total gross unrelated business revenue from Part VIII, line 12, count (6) EIVED	7	7a 0.									
∢	ь	Net unrelated business taxable income from Form 990-T, line 34		7b 0.									
		2010	Prior Year	Current Year									
Φ	8	Contributions and grants (Part VIII, line 1h)	636,75 b										
Revenue		Program service revenue (Part VIII, line 2g)	<u>K</u>										
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,50	3. 66,405.									
<u> </u>	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,748.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	811,25										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	477,41										
		Benefits paid to or for members (Part IX, column (A), line 4)											
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		168,914.									
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		66,194.									
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 222,674.											
Ω !	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	648,37	6. 184,458.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,125,79	1. 636,320.									
	19	Revenue less expenses Subtract line 18 from line 12	-314,53	6. 132,093.									
Net Assets or Fund Balances			Beginning of Year	1									
sets	20	Total assets (Part X, line 16)	3,738,61	0. 3,892,026.									
tA8	21	Total liabilities (Part X, line 26)	1,005,57	6. 1,026,899.									
컐	22	Net assets or fund balances Subtract line 21 from line 20	2,733,03	4. 2,865,127.									
Pa	rt II	Signature Block											
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled.	its, and to the best of my kno ige	owledge and belief, it is true, correct,									
=		Q in a	. 51	1 - 1 -									
() (#Gr (#Gr	1	W W		1 1/10									
<u>He</u> ro	е	Signature of officer	Date	•									
8		GAXNOR HILLS, EXECUTIVE DIRECTOR											
<u>_</u> _		Type or print name and title	0	- 									
Paid				reparer's identifying number see instructions)									
	arer's	signature 7 (10) C 'XXX	employed 🕨 📗	- 									
Hse	Only	Furn's name (or yours if SMITH BUNDAY BERMAN BRITTON, P.S.	EIN ►										
ANN		self-employed), address, and address, and address, and											
₹		ZIP+4 BELLEVUE, WA 98005-1959	Phone no.	<u> </u>									
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No									
83200	ES2001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)												
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEM	MENT CONTIN	UATION Q 77									
			ω_{j}	16-11									
			~	·									

	990 (2008) BELLEVUE COLLEGE FOUNDATION 91-1051671 Page
Pai	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	THE MISSION OF THE BELLEVUE COLLEGE FOUNDATION IS TO RAISE FUNDS TO
	SUPPORT QUALITY EDUCATION AND LEARNING OPPORTUNITIES FOR BELLEVUE
	COLLEGE STUDENTS.
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	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	450 440
4a	(Code:) (Expenses \$ 152,442. including grants of \$ 120,890.) (Revenue \$
	THE BELLEVUE COLLEGE FOUNDATION ("BCF") GIVES FULL AND PARTIAL
	SCHOLARSHIPS TO STUDENTS IN THE FORM OF TUITION AND TUITION REDUCTION
	ARRANGEMENTS. BCF PROVIDED 87 SCHOLARSHIPS TO STUDENTS DURING THE
	2008-2009 ACADEMIC YEAR, ANOTHER 79 SCHOLARSHIPS WERE GIVEN TO
	FAMILIES AND ORGANIZATIONS TO PROVIDE TUITION ASSISTANCE AT DAYCARE
	CENTERS SERVING BELLEVUE COLLEGE STUDENTS. THESE SCHOLARSHIPS ENABLE
	STUDENTS TO FULLY PARTICIPATE IN SCHOOL AND PURSUE THEIR EDUCATIONAL
	GOALS.
4b	(Code:) (Expenses \$ 120,884. including grants of \$ 95,864.) (Revenue \$
	THE BELLEVUE COLLEGE FOUNDATION GAVE EQUIPMENT, MINIGRANTS AND OTHER
	DEPARTMENTAL GRANTS TO BELLEVUE COLLEGE DEPARTMENTS AND PROGRAMS.
	FOURTEEN (14) MINI-GRANTS AND ONE (1) LOCKWOOD GRANT WERE PROVIDED
	DURING THE 2008-2009 ACADEMIC YEAR. THESE GRANTS WERE AWARDED TO
	FACULTY AND STAFF TO FUND A RANGE OF PROJECTS AND ACTIVITIES INCLUDING
	PROFESSIONAL DEVELOPMENT, INSTRUCTIONAL ENHANCEMENT, COMMUNITY
	ENGAGEMENT AND SPECIAL PROJECTS. IN ADDITION, BCF MADE 7 AWARDS TO
	FACULTY AND STAFF AT BELLEVUE COLLEGE IN RECOGNITION OF THEIR
	CONTRIBUTIONS TO BELLEVUE COLLEGE AND THE STUDENTS SERVED BY THE
	COLLEGE.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►\$ 273,326. (Must equal Part IX, Line 25, column (B))
32002	Form 990 (2008)

Form 990 (2008) BELLEVUE COLLEGE FOUNDATION 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	$ \mathbf{x} $	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
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	İ	Х
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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Ì	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
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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor 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		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		X
		Form 9	990 (2	

•			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 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, Part IV	28a		Х
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		х
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	}	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		х
		Form	990 a	2008)
			0	,

008) BELLEVUE COLLEGE FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2008)

•			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 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	Х	
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	,		-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		_X_
b	If "Yes," enter the name of the foreign country	,	•	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		<u>X</u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	_5c		
6a		_6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	i	İ	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ '	1	3.5
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е		_		3.7
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7g</u>		<u> X</u>
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	7h	i	
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	я	Ī	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter: N/A		i	
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ŀ	
11	Section 501(c)(12) organizations. Enter N/A		1	
	Gross income from members or shareholders		ļ	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		Ī	
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
			000	

Form **990** (2008)

Form 990 (2008) BELLEVUE COLLEGE FOUNDATION 91-1051671 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion 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,	Ţ		
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	0		
b	Enter the number of voting members that are independent	0		
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	L	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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?	9b_		
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		Х
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	L	X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		<u>_X</u> _
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)	1		
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		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person of the person who person of the person of th	ation:		
	SUSAN KINGSBURY-COMEAU AT BELLEVUE COLLEGE - (425) 564-5074			
3200	3000 LANDERHOLM CIRCLE SE, BELLEVUE, WA 98007		000	
الاسعاب	•	Γ	OOD (2000

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

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

1a Complete this table for all persons required to be listed. 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, 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 the organization did not c	(B)				C)			(D)	(E)	(F)
Name and Title	Average	_ ا		Pos			1. 3	Reportable	Reportable	Estimated
	hours per	\vdash	(check a		tnat	app	ily) T	compensation from	compensation from related	amount of other
	week	l diecte				_		the	organizations	compensation
		teaor	ustee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		at trus	onal tri		oloyee	0 e		(***2/1099-101130)		organization and related
		Individual trustes or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations
PETER ADLER		<u> </u>						-		
PRESIDENT	1.00	X		X				0.	0.	0.
ROBERT MCKENNA		ľ			1		İ			
PRESIDENT ELECT	1.00	X	ļ	X		L	<u> </u>	0.	0.	0.
PAUL SWEGLE		l			ļ					
SECRETARY	1.00	X	<u> </u>	X		_	ļ	0.	0.	0.
RAMESH RAO		١.	1							
TREASURER, FINANCE CHAIR	1.00	X	_	X	_	 		0.	0.	0.
DALE KING	1 00		l							
CHAIR, DIRECTORS LISA SIMS	1.00	X	-			 		0.	0.	0.
DEVELOPMENT CHAIR	1.00	x							ا م	0
ROBIN NELSON	1.00	^	-					0.	0.	0.
SCHOLARSHIP CHAIR	1.00	X	:					0.	0.	0.
MIKE HUMPHRIES	1.00	21	一					0.		0.
PAST PRESIDENT	1.00	х						0.	0.	0.
KASS SELLS										
MARKETING CHAIR	1.00	х						0.	0.	0.
CAROL TAYLOR										
STRETEGIC PLANNING CHAIR	1.00	Х						0.	0.	0.
BOB ALEXANDER										
BOARD MEMBER	1.00	X	<u> </u>					0.	0.	0.
SHIV BATRA			ł							
BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTINE BENSON										
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN STUART CALHOUN								_	_	
BOARD MEMBER	1.00	X				$\vdash \vdash$		0.	0.	0.
DAVID CALL	1 00									•
BOARD MEMBER COURTNEY COURTER	1.00	X				-		0.	0.	0.
BOARD MEMBER	1 00			ļ					_	^
DON GRANT	1.00			{		\vdash		0.	0.	0.
PAST PRESIDENT	1.00	v		. 1				0.	0.	0.
832007 12-18-08	1.00	41			!					Form 990 (2008)

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Form 990 (2008)

Part VII Section A. Officers, Directors, Tre	ustees, Key E	mple	oyee	es, a	ınd	High	est	Compensated Employ	ees (continued)	 ,		
' (A)	(B)	(C)						(D)	(E)	ļ	l	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable			tımated
	hours	(c	heci	k all	that	app	yly)	compensation	compensation			ount of
	per week	çç						from the	from related organizations			other pensation
	Week	ş				Ē		organization	(W-2/1099-MIS			om the
	ì	ste	as a	Ì	_	eu Sa		(W-2/1099-MISC)	(** 27 1033 14110	~,	i e	anization
		at fr	nal t		loye	E		(,		- 1	_	related
		individual trustee or director	institutional trustee	Officer	y emp	Highest compensated employee	Ē			ı	orga	ınızatıons
		=	Ē	٥	2	로등	೯					
CRYSTAL HOCHHAUS				İ								
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	0.		0.		0.
MICHAEL KALIAN	}			l			Ì					
BOARD MEMBER	1.00	X	<u> </u>	_	_	<u> </u>	<u>Ļ</u> .	0,		0.		0.
BILL KENT												
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>		ļ	<u> </u>	0.	 	0.		0.
STEVE LITZOW			1	1	\		1	_				_
BOARD MEMBER	1.00	X	<u> </u>		_	<u> </u>	ļ	0.		0.		0.
JOHAN LYSNE IV										_		_
BOARD MEMBER	1.00	X	<u> </u>	_	<u> </u>	ļ	_	0.		0.		0.
CISCO MALPARTIDA SMITH												_
BOARD MEMBER	1.00	X	├		<u> </u>	ļ		0.		0.		_0.
DAVE MENTZ	1											•
BOARD MEMBER	1.00	X	-		-	1	_	0.		0.		0.
GARY PRUITT	1 00									ا م		•
BOARD MEMBER	1.00	X	\vdash		 	 —	-	0.		0.		0.
STAN ROSEN	1 00	1	ļ	ļ	ļ		ļ					^
BOARD MEMBER	1.00	X	\vdash		 -	├	⊢	0.		0.		0.
CATHERINE SPRINGMAN	1 00	,,										^
BOARD MEMBER	1.00	IA			<u> </u>	Ļ		0.	233,97	0.		0.
1b Total			!		41	- 01			433,91	<u> </u>		9,134.
Total number of individuals (including those	e in Ta) who re	ceiv	еа п	nore	tna	រាង្	00,0	υυυ in reportable				0
compensation from the organization								· ·	·		$\overline{}$	0 Yes No
3 Did the organization list any former officer,	director or tal	otoc	, ka		مامد		a- h	wahaat aamaanaatad a	anlavaa an	ſ	-+	100
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			;, Ke	y e n	ipio	yee,	OI I	iignest compensated en	npioyee on	i	3	x
4 For any individual listed on line 1a, is the si			amn	oner	ation	anı	d att	har compensation from t	 the organization	ŀ	-	
and related organizations greater than \$15									ine organization	ļ	4	x
5 Did any person listed on line 1a receive or			-					• • • •	ces rendered to	•		
the organization? If "Yes," complete Sched					·,		O,QL	ou organization for borth	000 101100100 10		5	x
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of comp	pensa	ation fr	om
the organization. NONE												
(A)								(B)			(C)
Name and business	address						.	Description of s	ervices	C	omper	sation
							i					
							\dashv					
							- 1					
						-						
							1					
	··				_		\dashv					
							-					
2 Total number of independent contractors (i	including these	, עו פֿ	1) w/		ברבוי	ved :	mor-	e than \$100 000 in com	pensation			·
from the organization	0	- 111	., **1	16	JUE11	v GQ I		C than \$100,000 in Com	portsation			
SEE SCHEDULE J-2 FOR		ΙΙ	, ,	EC	CT.	IO1	1 7	A CONTINUATION	ON		Form 9	990 (2008)
JOHLD JOB J TON		,	, -	\			. 4		 -			- \~ 000/

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Part IX Statement of Functional Expenses

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

	All other organizations must comple	ete column (A) but are	not required to compl	ete columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	95,864.	95,864.		, , ,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	120,890.	120,890.	, -	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			-	<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	04 400	0 000	20 207	47 005
_	trustees, and key employees	84,402.	8,090.	29,307.	47,005.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,368.	6,170.	22,350.	35,848.
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	4,099.	393.	1,423.	2,283.
9	Other employee benefits	10,619.	1,018.	3,687.	5,914.
10	Payroll taxes	5,426.	520.	1,884.	3,022.
11	Fees for services (non-employees)				
а	Management				
b	Legal , , ,	9,050.		9,050.	
С	Accounting	14,005.		14,005.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	66,194.	•		66,194.
f	Investment management fees				
g	Other	18,226.	18,226.		
12	Advertising and promotion	854.	373.	3.	478.
13	Office expenses .	67,526.	12,675.	32,978.	21,873.
14	Information technology				
15	Royalties				
16	Occupancy	620			
17	Travel	629.	544.	73.	12.
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 Depreciation, depletion, and amortization				
22 23	Insurance	5,031.		5,031.	
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	3,031.		5,031.	
а	MEALS	46,481.	6,354.	9,099.	31,028.
b	MISCELLANEOUS	11,903.	573.	4,053.	7,277.
С	GIFTS	5,875.	1,636.	2,499.	1,740.
d	DUES AND SUBSCRIPTIONS	4,878.		4,878.	
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	636,320.	273,326.	140,320.	222,674.
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 campaign and fundraising solicitation				5 000 (0000)

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•			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	3 3 7	1	16,528.				
	2	Savings and temporary cash investments	122,129.	2	153,945.				
	3	Pledges and grants receivable, net	122/1230	3	<u></u>				
	4	Accounts receivable, net		4					
	5	Receivables from current and former officers, directors, trustees, key							
	J	employees, or other related parties Complete Part II of Schedule L		5					
	6	Receivables from other disqualified persons (as defined under section		.5					
	0	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	-` '		!				
		Part II of Schedule L	[ا ۽	1				
,	7	·		<u>6</u> 7					
Assets	7	Notes and loans receivable, net			- 				
Ass	8	Inventones for sale or use		8					
-	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost basis 10a	1	•					
	ь	·	1	40	1				
		Part VI of Schedule D 10b	2 616 401	10c	2 721 552				
	11	Investments - publicly traded securities	3,616,481.	11	3,721,553.				
	12	Investments - other securities. See Part IV, line 11		12					
	13	Investments - program-related. See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	2 720 610	15	2 002 026				
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	3,738,610.	16	3,892,026.				
	17	Accounts payable and accrued expenses		17					
	18	Grants payable		18					
	19	Deferred revenue	ļ	19					
	20	Tax-exempt bond liabilities	1 005 576	20	1 006 000				
ies	21	Escrow account liability Complete Part IV of Schedule D	1,005,576.	21	1,026,899.				
ij	22	Payables to current and former officers, directors, trustees, key employees,							
Liabilities		highest compensated employees, and disqualified persons Complete Part II							
_		of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities Complete Part X of Schedule D	4 005 576	25	1 006 000				
	26	Total liabilities. Add lines 17 through 25	1,005,576.	26	1,026,899.				
		Organizations that follow SFAS 117, check here X and complete		ŀ					
Ses		lines 27 through 29, and lines 33 and 34.	405 050	Ì					
auc	27	Unrestricted net assets		27	<u>-294,525.</u>				
Bal	28	Temporarily restricted net assets	1,009,950.	28	1,298,518.				
Fund Balanc	29	Permanently restricted net assets	1,849,954.	29	1,861,134.				
F		Organizations that do not follow SFAS 117, check here and		l					
Net Assets or		complete lines 30 through 34.		{					
sets	30	Capital stock or trust principal, or current funds		30					
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
let	32	Retained earnings, endowment, accumulated income, or other funds	l	32					
_	33	Total net assets or fund balances		33	<u>2,865,127.</u>				
	34	Total liabilities and net assets/fund balances	3,738,610.	34	3,892,026.				
Pai	rt XI	Financial Statements and Reporting			I V I N -				
			-		Yes No				
1	Were the organization's financial statements compiled or reviewed by an independent accountant?								
2a									
b	Were	the organization's financial statements audited by an independent accountant?			2b X				
С	If "Y∈	es" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the a	audıt,					
	revie	w, or compilation of its financial statements and selection of an independent acco	ountant?		2c X				
За	As a	nt							
	Act a	and OMB Circular A-133?			3a X				
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?		<u> </u>	3b				
83201	1 12-18	-08			Form 990 (2008)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008 Open to Public

Inspection
Employer identification number

		BELLEVU	E COLLEGE FO	DUNDA'	MOIT				91	<u>L-1051</u>	671	<u> </u>
Part I	Reason	for Public Char	rity Status (All organi	zations mi	ust comple	te this pai	rt.) (see ins	structions)	_			
The organ	nization is not	a private foundation	because it is. (Please ch	heck only	one organı	zatıon.)						
- 1 ∐	A church, co	envention of churche	s, or association of chui	rches desc	enbed in se	ection 170)(b)(1)(A)(i).				
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🛄	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
4 📖	A medical re	search organization	operated in conjunction	with a hos	sprtal desc	nbed in se	ection 170)(b)(1)(A)(i	ii). Enter th	ne hospital	's nan	ne,
	city, and sta	te										
5 X	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govem	mental un	it descnbe	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental un	rt describe	d in sectio	n 170(b)(1)(A)(v).					
7	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	ublic desc	rıbed	ın
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)									
в 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, r	nembersh	ıp fees, an	d gross red	ceipts	from
	activities rela	ated to its exempt fur	nctions - subject to certa	aın except	ions, and (2) no more	e than 33	1/3% of its	s support f	rom gross	invest	tment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anızatıon a	fter June 3	0, 197	75
	See section	509(a)(2). (Complete	e the Part III.)									
10	An organizat	ion organized and o	perated exclusively to te	st for pub	lic safety. S	See sec tio	on 509(a)(4). (see ins	structions)			
11 📖			perated exclusively for ti							•		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		• •		e III - Fund	•	•			Type III · (
e			at the organization is not			-	-		-			ίΠ
			han one or more publicl						9(a)(1) or s	ection 509	(a)(2)	
f			tten determination from	the IRS th	atitisa Iy	pe I, Type	il, or Typ	e III				
	•	organization, check th	•								•	L
g	_		organization accepted a			-		•				Τ
			lirectly controls, either a	ione or tog	getner with	persons o	described	in (ii) and (iii) below,		Yes	No
			upported organization?	,	•	• •	• •			11g(i)		
			n described in (i) above?							11g(ii)		
h		-	person described in (i) or about the organizations			· ··		•	•	11g(iii)	L	1
"	r lovide the i	ollowing information	about the organizations	s trie organ	iization su	oports.						
		(1) 5(1)	(iii) Type of	(iv) Is the	organization	(v) Did voi	u notify the	(vi) Is	the			
	e of supported anization	(ii) EIN	organization		sted in your	organizat		Lorganizátu	on in col l	(vii) Am		ł T
Oi g	ameanon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	 			1								
							j					
				ļ								
Total					<u> </u>		L	<u></u>				
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008

	edule A (Form 990 or 990-EZ) 2008 B					91-105	1671 Page 2
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/ī)
<u>.</u>	(Complete only if you checke	d the box on line 5	6, 7, or 8 of Part I)				
	ction A. Public Support	1			<u></u>	· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	660 044	C2C 241	F02 070	626 752	601 060	2010155
_	include any "unusual grants.")	660,844.	636,341.	593,978.	636,752.	691,260.	<u>3219175.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge	660 044	626 241	E03 070	626 752	601 260	2210175
	Total. Add lines 1 - 3	660,844.	636,341.	593,978.	636,752.	691,260.	3219175.
5	The portion of total contributions	· · · · · ·		-	·		
	by each person (other than a	864.70			(* * * * * * * * * * * * * * * * * * *		
	governmental unit or publicly supported organization) included	,					
	on line 1 that exceeds 2% of the		,		,		
	amount shown on line 11,		•	,	,	,	
	column (f)		•		,		211 441
6	Public Support. Subtract line 5 from line 4	-, ,	· · · · · · · · · · · · · · · · · · ·			7 7	211,441. 3007734.
	etion B. Total Support	<u> </u>					3001134.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	660,844.	636,341.	593,978.	636,752.	691,260.	3219175.
8	Gross income from interest,	•			•		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	85,105.	122,133.	158,971.	181,042.	104,153.	651,404.
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 IV)					10,748.	10,748.
11	Total support. Add lines 7 through 10						3881327.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for		first, second, thire	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
60.	organization, check this box and stop			·	·	·	<u> </u>
	ction C. Computation of Publ				·		
	Public support percentage for 2008 (•	olumn (f))		14	77.49 %
	Public support percentage from 2007					15	75.95 %
ioa	33 1/3% support test - 2008. If the c stop here. The organization qualifies				14 IS 33 1/3% OF IT	ore, cneck this bo	x and ►X
h	33 1/3% support test - 2007. If the c		•	•	line 15 is 33 1/30/	or more, check th	
Ų	and stop here. The organization qual				III 13 13 33 1/3/0	or more, check th	S 00X
172	10% -facts-and-circumstances tes		_		13 16a or 16b a	 nd line 14 is 10% (or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					now the organ	▶
h	10% -facts-and-circumstances tes	-			-	7a. and line 15 is 1	
-	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		•	•	, .,	• •	
						dule A (Form 990	

12-17-08

Schedule A (Form 990 or 990 EZ) 2008				 		Page 3
Part III Support Schedule for O	rganizations	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I.
Section A. Public Support		1	т			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		Ì				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b				 	 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u> </u>	L	L	
	4 > 2004	# > 0005		T	1	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			-			
(less section 511 taxes) from businesses		′				
acquired after June 30, 1975				1		
c Add lines 10a and 10b						
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)					,	
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>	<u> </u>		·		▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2008 (III			olumn (f))		15	%
16 Public support percentage from 2007	,	•	., .		16	%
Section D. Computation of Inves						
47 Investment income percentage for 000			- 10 l ···· (0)		[[

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501	(c)(3) organization,	
	check this box and stop here			•
Sec	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		<u>%</u>
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%
Sec	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%
19a	33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 3	33 1/3	%, and line 17 is not	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation	>	lack
b	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	orted	organization	-
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in:	struct	ons	•
	Cal	مارياه	A /Form 000 or 000 F	71 2000

Schedule A (Form 990 or 990 EZ) 2008 BELLEVUE COLLEGE FOUNDATION	91-1051671 Page
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line	e 10, Part II, line 17a or 17b,
or Part III, line 12 Provide any other additional information (see instructions)	
CCUPDITE A DARM IT I THE 10 EVELANAMION FOR OMIED INCOME.	_
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME	
MANAGEMENT FEES	
	
	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		yr Accounts Complete of the
_ · u	organization answered "Yes" to Form 990, Part IV, line		Accounts. Complete if the
	organization answered tes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(2)	(b) I dilas and other accounts
1	Total number at end of year Aggregate contributions to (during year)		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year [under a those the accepte held in decay and include	£ male
5	Did the organization inform all donors and donor advisors in v		L
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor as		· — —
Pa	for charitable purposes and not for the benefit of the donor of the Conservation Easements. Complete if the org		
1			iv, me /.
•	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	· 	rically important land area
	Protection of natural habitat	Preservation of certified	nistone structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a conserv	vation easement on the last day
	of the tax year.		
	T-t-l		Held at the End of the Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the taxable
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	lodic monitoring, inspection, violations, and	
_	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and e		4\\F\\\)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		•
	include, if applicable, the text of the footnote to the organization	ion's imancial statements that describes the	organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Othe	er Similar Accets
. u	Complete if the organization answered "Yes" to Form 9	•	ei Onillai Assets.
	Complete if the digamental anomales in the terroring	550, 1 411 17, 1110 0.	
10	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and helen	and about wants of ort. bustomen
14	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these it		service, provide, in Part XIV, the text of
ь	If the organization elected, as permitted under SFAS 116, to r		shoot works of art, bustorical traceuros
U	or other similar assets held for public exhibition, education, or		
	these items:	research in furtherance of public service, pr	ovide the following amounts relating to
	(1) Daniel (1) L. L. E. (200 D. 1) (III.)		. .
•			
2	If the organization received or held works of art, historical trea	-	un, provide
	the following amounts required to be reported under SFAS 11	o relating to these items.	. .
a	Revenues included in Form 990, Part VIII, line 1		. 🏲 🌣
D	Assets included in Form 990, Part X		> 5
	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 000	Cabadida D. (Carro 000) 0000
_	- or revacy Act and Faperwork Reduction Act Notice, see	いに いるななしいいろ いい といけい 930.	Schedule D (Form 990) 2008

832051 12-23-08

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. S	OLLEGE FOUNDATI ee Form 990, Part X, line 12		01-1051671 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	<u> </u>		
	 	· · · · · · · · · · · · · · · · · · ·	
70.5			
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.	,	
(a) Description of investment type	(b) Book value	(c) Method of va	luation:
(a) Description of investment type	(b) Book Value	Cost or end-of-year n	narket value
			· · · · · · · · · · · · · · · · · · ·
			·
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Inc.			(b) Book value
(a	Description		(b) Book value
	· 		
		- · · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) should equal Form 990, Part X, col (B)	ine 15)		·
Part X Other Liabilities. See Form 990, Part X	line 25.		<u> </u>
(a) Description of liability) Amount	
ederal income taxes			
otal. (Column (b) should equal Form 990, Part X, col (B) I	ne 25)		
		it reports the organization's liability	for uncertain tax positions
otal. (Column (b) should equal Form 990, Part X, col (B) In Part XIV, provide the text of the footnote to the organization FIN 48		it reports the organization's liability	for uncertain tax positions

	dule D (Form 990) 2008 BELLEVUE COLLEGE FOUNDATIO				<u>91-1</u>	L051671 I	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Financ	ial State	ements			
ነ	Total revenue (Form 990, Part VIII, column (A), line 12)			1		768,4	413.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		636,3	320.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		132,0	
4	Net unrealized gains (losses) on investments	•	•	4		-346,6	
5	Donated services and use of facilities	• •		5	-	<u> </u>	
6	Investment expenses			6	_		_
7	Prior period adjustments	•		7			
	Other (Describe in Part XIV)					489,1	162
8	, , , , , , , , , , , , , , , , , , , ,			8			
9	Total adjustments (net). Add lines 4-8			9		142,5	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		274,6	550.
Pal	t XII Reconciliation of Revenue per Audited Financial Stateme	ents wit	n Kever	iue per i	teturn		
1	Total revenue, gains, and other support per audited financial statements				1	<u>975,5</u>	<u> 569.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-34	<u>6,605.</u>	.]		
b	Donated services and use of facilities	2b	2	7,263.	1		
С	Recoveries of prior year grants	2c	_]		
d	Other (Describe in Part XIV)	2d	52	6,498.	1		
e	Add lines 2a through 2d			<u>., ., .</u>	2e	207,1	156
3	Subtract line 2e from line 1		•	• •	3	768,4	
_	•		••		3	700,4	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1		
Ь	Other (Describe in Part XIV)	4b			4 1		_
С	Add lines 4a and 4b				4c		<u> </u>
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)				5	768,4	<u>113.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expe	nses per	Retur		
1	Total expenses and losses per audited financial statements				1	700,9	<u>19.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	2	7,263.			
b	Pnor year adjustments	2b			1		
С	Losses reported on Form 990, Part IX, line 25	2c			1		
d	Other (Describe in Part XIV)	2d	R	6,802.	1		
e	Add lines 2a through 2d			0,002.	1 1	114,0	165
					2e	586,8	
3	Subtract line 2e from line 1	•		•	3	300,0	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1		
b	Other (Describe in Part XIV)	4b	4:	<u>9,466.</u>			
С	Add lines 4a and 4b				4c	49,4	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5	636,3	<u> 320.</u>
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a	and 4; Par	t IV, lines 1	b and 2t	o, Part V, line 4,	Part
X; Pa	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b						
PAI	RT V, LINE 4: THE PRIMARY PURPOSE OF THE EN	NDOWM:	ENT FI	UNDS I	S TO		
PRO	VIDE CURRENT INCOME FOR THE PURPOSES OF FU	UNDIN	G SCHO	OLARSH	TPS.		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		
OPE	RATIONS, FACILITIES OR AS DIRECTED BY THE	DOMO	פת סם	מ קונית	er.r.e	MIE	
<u> </u>	MATIONO, PACIDITIES ON AS DIRECTED BY THE	DOMO	NO OK	THE D	שתתם	VOE	
COT	I PCP POINTANTON POARD OF DEREGMONG						
<u>CO1</u>	LEGE FOUNDATION BOARD OF DIRECTORS.						
		 .					
PAI	T XI, LINE 8 - OTHER ADJUSTMENTS:					<u> </u>	
<u>ACC</u>	RUAL TO CASH CONVERSION: 489162.						
					Schedu	le D (Form 990)	2008
832054					Jonedu	.5 2 (1 5/11/ 590)	, 2000

Schedule D (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION Part XIV Supplemental Information (continued)	91-1051671 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CASH BASIS PLEDGES RECEIVABLE ADJUSTMENT: 502480.	
INTERNALLY GENERATED CUSTODIAL FEES REMOVED FROM EXPENSES:	24018.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
INTERNALLY GENERATED CUSTODIAL FEES REMOVED FROM EXPENSES:	24018.
BAD DEBT EXPENSES PART OF ACCURAL TO CASH ADJUSTMENT: 62784	l.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
CASH BASIS PAYABLES ADJUSTMENT: 49466.	
J.D. D. D. D. D. D. D. D. D. D. D. D. D.	
	
	

. SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization		-]	Employer ide	ntification number
	JE COLLEGE FOUNDAT					91-1051	671
Part I Fundraising Activities	s. Complete if the organization answ	ered "\	'es" to	o Form 990, Part IV,	line 17	<u>'. </u>	
b If "Yes," list the ten highest paid inc	e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p	tion of tion of I fundra I (include profess suant to	non-g gover ising ding o onal f	overnment grants rnment grants events fficers, directors, tru fundraising services? ements under which	stees (X Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	istody trol of	(iv) Gross receipts from activity	tò (or	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
AMANDA MADORNO DBA	STATEGIES &	Yes	No			·	
ROAM CONSULTING LLC	PROGRAM DEVELOPMEN		X	0.		66,194.	0.
Total						66,194.	
3 List all states in which the organizate WA							
I HA For Privacy Act and Panerwork R	eduction Act Notice see the Instru	ections	for F	orm 990	Sched	ule G (Form 9	90 or 990-F7) 2008

(d) Tor (Add col	tal Eve	ents
(Add col	. (a) th	
(Add col	. (a) th	
	DI (C))	
(
(
(
(•	
(d) Total (col. (a) thr		
<u> </u>		
<u> </u>		
<u> </u>		
(
<u> </u>	Yes	No
92		
. 3a		
. 10a	1	
1		
		1
11	-	-
		9a 10a

Schedule G (Form 990 or 990-EZ) 2008 BELLEVUE COLLEGE FOUNDATION 91	-105	167	1_P	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in	ŀ	٠.		
a The organization's facility	%			
b An outside facility	%			
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		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	į	,		
of gaming revenue retained by the third party ▶\$,			-
c If "Yes," enter name and address.				,
Name				
Address >				
		,	,	
16 Gaming manager information.				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided				
	—			
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	l	17a		
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				

SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	to Organizations	ń		OMB No 1545-0047	1
			Governn	Governments, and Individuals in the U.S.	uals in the U.S.			. 5008	
Department of the Treasury Internal Revenue Service		▶ Сошр	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ➤ Attach to Form 990.	" on Form 990, Pa n 990.	art IV, lines 21 or 22.		Open to Public Inspection	
Name of the organization	tion BELLEVUE COLLEGE	l .	FOUNDATION					Employer identification number $91-1051671$	1 .
Part General Ir	General Information on Grants and Assistance	1 1							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	[
	criteria used to award the grants or assistance?	tance?					٠	X Yes No	
핥	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant i	of grant funds in the United States	States	,			,
Part il Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	sovernments and	d Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	Irt IV and Schedule I-1	(Form 990) if addition	al space is needed	1
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(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	
						•		GRANTS TO BELLEVUE	l
BELLEVUE COLLEGE								COLLEGE FACULTY AND STAFF	
3000 LANDERHOLM CIRCLE SE	CIRCLE SE							FUNDING ACTIVITIES, PRO-	
BELLEVUE WA 98007	07	91-0819265	501(C)(3)	95,864.	0			JECTS & ACHVMNT AWARDS.	,
									(
									1
									1
									1
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					1.	, ,
۳,	Enter total number of other organizations							→	,
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions f	or Form 990.				Schedule I (Form 990) 2008	

Page 2

91-1051671

Schedule I (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION

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

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	-	120 890	C		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: RECIPIENTS	1	OF GRANTS FRO	FROM THE BELL	BELLEVUE COLLEGE	
FOUNDATION ARE REQUIRED TO FILE REPORTS		MARIZING	HOW FUNDS	SUMMARIZING HOW FUNDS WERE USED AND	
EVALUATING THE PROJECT UPON COMPLETEION		FOR MAJOR GRANTS,	GRANTS, BCF	F STAFF,	
INCLUDING THE EXECTUTIVE DIRECTOR,	VERIFY	THE ACTIVITY	IN A	VARIETY OF	
WAYS, INCLUDING, BUT NOT LIMITED TO	VISITING	3 THE PROGRAM	RAM, TOURING	NG THE	
FACILITY, EXAMINING THE EQUIPMENT	OR WITNES	ITNESSING THE USE	USE OF THE	GRANT MONEY,	
AND ATTENDING THE EVENTS RELATED TO	O THE USE	3 OF FUNDS.			

Schedule I (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION	91-1051671 Page 2
Part IV Supplemental Information	-
PAYABLE DIRECTLY TO THE STUDENT BUT ARE REMITTED TO BEL	LEVUE COLLEGE
WITH FUNDS DEPOSTED INTO THE RECIPIENT'S ON-CAMPUS ACCO	UNT. STUDENT
RECIPIENTS CAN ONLY ACCESS THEIR ACCOUNT TO PAY FOR TUI	TION, BOOKS AND
COLLEGE FEES. ANY FUNDS NOT EXPENDED FOR THESE PURPOSE	S ARE RETURNED
TO BCF.	
	- ·-···
	_

Schedule I (Form 990) 2008

. SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization BELLEVILE COLLEGE FOINDATION Employer Identification number 91_1051671

BELLEVUE									91-105	
Part I Continuation of Officers, D	irectors, Ti	นร	tee	s, K	(ey	En	npl	oyees, and Highes	t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(0	hecl	k all	that	app	oly)	compensation	compensation	amount of
	per week					_		from the	from related	other
	week	ē				Highest compensated employee		organization	organizations (W-2/1099-MISC)	compensation from the
			ļ			e e		(W-2/1099-MISC)	(11 27 1000 111100)	organization
		Individual trustee or director	Institutional trustee			ansat		`		and related
		ş	nal tr		Key employee	E S				organizations
		N N	titutio	Officer	dwa /	hest	Former			
		를	Ĕ	동	ā	풀	Ē			
JOLANNE STANTON										
BOARD MEMBER	1.00	X						0.	0.	0.
RUDIGER (RUDY) WOLF										
BOARD MEMBER	1.00	X						0.	0.	0.
MARTY BENTROTT										
BOARD MEMBER	1.00	X	<u> </u>					0.	0.	0.
GAYNOR HILLS							İ			
EXECUTIVE DIRECTOR	20.00			X				0.	96,010.	11,461.
MARY CANAN										
DIRECTOR OF FINANCE	4.00			X				0.	85,994.	1,633.
SUSAN KINGSBURY-COMEAU										
FOUNDATION BUSINESS MANA	20.00			Х				0.	51,967.	6,040.
							-			
							<u> </u>			
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832201 12-18-08

Schedule J-2 (Form 990) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

. 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.

2008
Open to Public Inspection

Name of the organization

BELLEVUE COLLEGE FOUNDATION

Employer identification number 91 – 1 0 5 1 6 7 1

FORM 990 IS

DEBERVOR CORRECTION 51 1051071
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BELLEVUE COLLEGE FOUNDATION ("BCF") WORKS IN TANDEM WITH BELLEVUE
COLLEGE TO GENERATE FUNDS FOR THE SCHOOL, SHARING STAFF AND FACILITIES
WITH THE COLLEGE. BCF IS ALSO RESPONSIBLE FOR ADMINISTERING CERTAIN
BELLEVUE COLLEGE PROGRAM FUNDS BY PROVIDING INVESTMENT AND PROGRAM
DISBURSEMENT SERVICES TO THE COLLEGE. AT 6/30/09 THE FAIR MARKET VALUE
OF THE MANAGED FUND IS \$911,911. BCF ENTERED INTO A MULTI-YEAR
FUNDRAISING CAMPAIGN WITH THE COLLEGE WHICH HAS RESULTED IN SIGNIFICANT
UPFRONT FUNDRAISING COSTS OF \$105,000 IN FISCAL YEAR ENDED JUNE 30,
2009 AND \$117,000 IN FISCAL YEAR ENDED JUNE 30, 2008. BCF HAS ALREADY
RAISED MORE THAN \$771,000 AND HAS GENERATED FROM THAN \$2.1 MILLION IN
ADDITIONAL COMMITMENTS AS OF JUNE 30, 2009. DUE TO REGULATORY
REQUIREMENTS MUCH OF THIS FUNDING WILL BYPASS BCF AND PAID DIRECTLY TO
THE COLLEGE.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 DRAFT IS REVIEWED BY
THE EXECUTIVE DIRECTOR AND THE BCF BUSINESS MANAGER, AND DEPENDING ON
AVAILABILITY AND SCHEDULING, THE DRAFT RETURN IS REVIEWED AND POTENTIALLY

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS, EXECUTIVE EMPLOYEES AND ANY OTHER MANAGER OR

REDACTED WITH PARTICIPATION OF SELECT LEADERSHIP OF THE BCF BOARD OF

DISTRIBUTED FOR INFORMATIONAL PURPOSES TO ALL MEMBERS OF THE BOARD OF

DIRECTORS INCLUDING THE TREASURER AND EXECUTIVE COMMITTEE.

SUPERVISOR IDENTIFIED BY THE BOARD OF DIRECTORS ("BOD") OR BOARD PRESIDENT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

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DIRECTORS.

. 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

2008
Open to Public Inspection

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.

Employer identification number 91-1051671

Name of the organization

BELLEVUE COLLEGE FOUNDATION

AS EXERCISING SUBSTANTIAL INFLUENCE OVER THE OPERATIONS OF THE BELLEVUE COLLEGE FOUNDATION ("BCF") ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST OUESTIONAIRE ("COI") ON AN ANNUAL BASIS. NEW BOARD MEMBERS ARE ASKED TO IMMEDIATELY SUBMIT THEIR COI FORMS. BCF REVIEWS AND RETAINS THE COMPLETED COI FORMS AND INVESTIGATES INDENTIFIED CONFLICTS. THE BCF EXECUTIVE DIRECTOR INVESTIGATES AND DISCLOSES TO THE BOD ALL CONFLICTS OF INTEREST REPORTED UNDER THIS POLICY AND THE BOD WILL EVALUATE THE DISCLOSURES AND MATERIAL FACTS RELATING TO THE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE WHETHER WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT FROM THE TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL WHO HAS THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR THIS DISCUSSION UNLESS REQUIRED TO MAKE A PRESENTATION, PROVIDE ADDITIONAL FACTS OR ANSWER OUESTIONS. RESOLUTION TO A DISCLOSED CONFLICT WILL BE BASED ON THE SPECIFIC FACTS AND CIRCUMSTANCES OF THE SITUATION AND MAY INCLUDE SUSPENSION FROM VOTING OR PARTICIPATING IN DECISIONS WITH REGARD TO THE CONFLICT TRANSACTION. EVERY BOARD MEETING AGENDA INCLUDES A WRITTEN STATEMENT ASKING BOARD MEMBERS TO INFORM BCF OF ANY CHANGES WHICH MAY PRESENT A PROTENTIAL CONFLICT OF INTEREST AND TO SUBMIT UPDATED COI FORMS TO DOCUMENT THE CHANGES SO THEY THEY MAY BE EVALUATED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE

DIRECTOR AND OTHER OFFICERS OF BELLEVUE COLLEGE FOUNDATION ("BCF") IS SET

AND REVISED NOT BY BCF BUT BY THE TRUSTEES OF BELLEVUE COLLEGE, A SEPARATE

BUT FINANCIALLY INTERRELATED PUBLIC AGENCY. THE EXECUTIVE DIRECTOR AND

OTHER STAFF OF BCF ARE EMPLOYEES OF BELLEVUE COLLEGE ("THE COLLEGE") AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

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· 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.

2008
Open to Public Inspection

Name of the organization

BELLEVUE COLLEGE FOUNDATION

Employer identification number 91-1051671

PERFORM 50% OR MORE OF THEIR WORK FOR THE COLLEGE. BCF REI	MBURSES THE
COLLEGE FOR THE PORTION OF THESE EMPLOYEES' TIME SPENT ON B	CF WORK BUT DOES
NOT SEPARATELY PROVIDE COMPENSATION DIRECTLY TO THE INDIVID	UALS. THE
COLLEGE TRUSTEES BASE THEIR APPROVAL OF COMPENSATION ON SUR	VEYS OF THE
RESPONSIBILITIES, DUTIES AND COMPENSATION OF PERSONS IN COM	PARABLE
POSITIONS INSIDE AND OUTSIDE THE SYSTEM OF WASHINGTON STATE	COMMUNITY AND
TECHNICAL COLLEGES, WASHINGTON STATE EMPLOYEES AS A WHOLE,	AND THE BROADER
SPECTRUM OF SIMILAR POSITIONS IN THE SEATTLE METROPOLITAN A	REA. THIS
PERIODIC SURVEY IS CONDUCTED BY A PROFESSIONAL FIRM SPECIAL	IZING IN THE
AREA OF COMPENSATION REVIEWS. MEETINGS OF THE TRUSTEES ARE	OPEN TO THE
PUBLIC AND MINUTES ARE KEPT OF ALL ACTIONS.	
FORM 990, PART VI, SECTION C, LINE 19: ALL APPLICABLE TAX F	ORMS - FORMS
1023 AND 990 ARE AVAILABLE UPON REQUEST IN OUR OFFICES DURI	NG NORMAL
BUSINESS HOURS. IN ADDITION, THE FOUNDATION'S GOVERNING DO	CUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS ARE ALS	O AVAILABLE FOR
REVIEW UPON REQUEST IN OUR OFFICE DURING NORMAL BUSINESS HO	URS. SOME OR ALL
OF THESE DOCUMENTS MAY ALSO BE AVAILABLE AT OUR WEBSITE AT	
BELLEVUECOLLEGE.EDU/FOUNDATION.	
FORM 990, PAGE 11, PART XI, LINE 2C	
AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANT:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE AUDIT	COMMITTEE
ANNUALLY APPOINTS THE INDEPENDENT ACCOUNTING FIRM WHO IS TO	PERFORM THE
AUDIT. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE AUD	ITED
FINANCIAL STATEMENTS ANNUALLY.	0.1.11.0/5
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2008

. SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

➤ 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 Open to Public

Inspection

Name of the organization BELLEVUE COLLEGE FOUNDATION Employer identification number 91-1051671

SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISER WAS ENGAGED TO
PROVIDE CONSULTING SERVICES IN SUPPORT OF A MULTI-YEAR COOPERATIVE
FUNDRAISING CAMPAIGN BY BCF AND BELLEVUE COLLEGE. RESULTING GIFT
COMMITMENTS AND PAYMENTS ARE ANTICIPATED OVER SEVERAL YEARS. WHILE SOME
GIFTS WILL COME DIRECTLY TO BCF, OTHER AS REQUIRED BY DONOR CONSTRAINTS
WILL BYPASS BCF AND BE MADE DIRECTLY TO BELLEVUE COLLEGE. SEPARATELY,
THIS VENDOR WAS ADDITIONALLY RETAINED TO PROVIDE GENERAL BUSINESS
CONSULTING, BOARD RETREAT DESIGN AND FACILITATION SERVICES.
PART VI, SECTION B, QUESTION 13
ORGANIZATION WRITTEN WHISTLEBLOWER POLICY
BCF IS STAFFED BY BELLEVUE COLLEGE EMPLOYEES WHO ARE REQUIRED TO COMPLY
WITH THE WASHINGTON STATE EMPLOYEE WHISTLEBLOWER POLICY AS DEFINED BY
RCW 42.40, SO WHILE BCF DOES NOT ITSELF HAVE A SEPARATELY ADOPTED
POLICY THERE IS A POLICY WHICH IS REQUIRED TO ADHERED TO BY ALL OF ITS
STAFF.

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2008 2008 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 91-1051671 entity entity Œ X X End-of-year assets status (if section Public charity Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Exempt Code Total income section 9 9 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▼ See separate instructions. WASHINGTON LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY LEVEL EDUCATION Primary activity Primary activity BELLEVUE COLLEGE FOUNDATION <u>@</u> Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity BELLEVUE COLLEGE - 91-0819265 3000 LANDERSHOLM CIRCLE SE BELLEVUE WA 98007-6484 Name of the organization Part II Part

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Schedule R (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION

91-1051671 Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing le partner? (S) Yes No				(H) Percentage ownership				990) 2008
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				(G) Share of end-of-year assets				Schedule R (Form 990) 2008
(H) Disproportionate alto altocations?								Sche
(G) Share of end-of-year assets				(F) Share of total p, income				
otal		 		(E) Type of entity (C corp., S corp, or trust)				
				(D) Direct controlling entity				
(E) Predominant income (related, investment, unrelated)								
				(C) Legal domicile (state or foreign country)				
(D) Direct controlling entity			rust	(B) Primary activity				36
(C) Legal domicile (state or foreign country)			poration or 1	Prm		- - 		
(B) Primary activity			Identification of Related Organizations Taxable as a Corporation or Trust	N. C.				1
(A) Name, address, and EIN of related organization			Part IV Identification of Related Org	(A) Name, address, and EIN of related organization				832162 12-23-08

Yes

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Schedule R (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION

Part V Transactions With Related Organizations

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

Performance of services or membership or fundraising solicitations for other organization(s)

Performance of services or membership or fundraising solicitations by other organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets

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Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

q Other transfer of cash or property from other organization(s)

(C) Amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (B) Transaction type (a·r) Name of other organization(s)

,747, 95,864, 120,890, 168,914 10, Д ф Z 0 PAYROLL TAXES & BENEFITS FOR SHARED EMPLOYEES TO BELLEVUE COLLEGE (4) MANAGEMENT FEE INCOME FROM MANAGEMENT OF BELLEVUE COLLEGE PROGRAM FUNDS (1) GRANTS AND FACILITY AND STAFF RECOGNITION AWARDS TO BELLEVUE COLLEGE (2) SCHOLARSHIPS TO INDIVIDUALS WHO ATTEND BELLEVUE COLLEGE (3) SALARIES

 \mathbf{z} - BELLEVUE COLLEGE (6) SHARED FACILITY COSTS OF INDETERMINABLE VALUE

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Schedule R (Form 990) 2008 BELLEVUE COLLEGE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

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

The restrict of the restriction	מפונים מו כפו נפוון ווואפטנוופוור ליפורופוי						
(A)	(B)	<u>(</u>)	<u>0</u>	(E)	Ē	(9)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K·1 (Form 1065)	1 -
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